



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 22 2019

Mr. Coler J. Gestetner
Managing Member
Oakwood Residence, LLC
2109 Red Lion Road
Philadelphia, Pennsylvania 19115

RE: Oakwood Residence
License #: 132560

Dear Mr. Gestetner:

As a result of the Department's Bureau of Human Services Licensing annual inspection on December 27, 2018 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) must be maintained.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report: 13256 - 12/27/2018 - Braswell, Natasha
 PCH Name: OAKWOOD RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 12-27-18, at 3:45 pm, the trash lid was on top of the ice cream freezer in the kitchen posing a risk for contamination.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Trash lid was immediately removed from top of freezer.

Kitchen staff has been serviced on maintaining sanitary conditions in kitchen including not placing garbage lids on top of freezers. (See attachment A).

Director of dietary services or designee will conduct rounds daily and report monthly to the administrator on sanitary conditions in the kitchen. Administrator will conduct weekly rounds to ensure compliance.

Completion Date: 4/5/19

Maintain audits for Department review for a period of three years 4/8/19 *MDJ*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

MDJ

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Nochun Feder, Administrator

Date

4/5/19

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 4/8/19
 (Date)

Plan of correction implementation status as of 4/8/19
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

MDJ
 (Initials)

Violation Report: 13256 - 12/27/2018 - Braswell, Natasha
 PCH Name: OAKWOOD RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
 On 12/27/18, at 3:45 pm, 4 large trash cans in the kitchen were uncovered.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The 4 trash cans were immediately covered.

Kitchen staff has been serviced on keeping trash receptacles covered. (See attachment A).

Director of dietary services or designee will conduct rounds daily and report monthly to the administrator. Administrator will conduct weekly rounds to ensure compliance.

Completion Date: 4/5/19

Maintain audits for Department review for a period of three years 4/8/19 *MSJ*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

MSJ

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Nochvm Feder Adminstr

Date 4/5/19

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The above plan of correction was approved by *MSJ*
 (Initials)

Violation Report: 13256 - 12/27/2018 - Braswell, Natasha

PCH Name: OAKWOOD RESIDENCE

1. REGULATION 55 Pa.Code §2600

2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

The ceiling in room 319 was in poor repair displaying water damage from a previous leak. The baseboards and walls were peeling and not in good repair in the dining room on the 2nd floor.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Ceiling in Room 319 has been repaired. Affected area in Dining Room was in midst of renovations during inspection. Renovations in the affected room are completed.

Administrator will meet with Director of Maintenance weekly to review status of areas requiring repair to ensure building remains in good repair.

Administrator will conduct monthly environmental rounds to ensure compliance.

Completion Date: 4/5/19

Maintain audits for Department review for a period of three years 4/8/19 *MY*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

MY

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Nochum Feder Administrator

Date *4/5/19*

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- Not Implemented

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(Initials)

Violation Report: 13256 - 12/27/2018 - Braswell, Natasha
 PCH Name: OAKWOOD RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
 On 12-27-18, at 3:45 pm the ice cream freezer in the main kitchen did not have a thermometer.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Thermometer was concealed underneath an ice cream container and was not revealed until after the inspection.
 All freezers and refrigerators have thermometers in a conspicuous area.
 Kitchen staff were serviced on requirement to have thermometers in all freezers and refrigerators. See Attachment A.
 Director of dietary services or designee will conduct rounds daily to ensure that thermometers are in place and report monthly to the administrator. Administrator will conduct weekly rounds to ensure compliance.
 Completion Date: 4/5/19

Maintain audits for Department review for a period of three years 4/8/19 *MLJ*

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| Repeat Violation: No | Date(s) of Previous Violation(s): | | |
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Nashun Fedt*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Nashun Fedt Administrator* Date *4/5/19*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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| The above plan of correction is approved as of <u>4/8/19</u> (Date) | Plan of correction implementation status as of <u>4/8/19</u> (Date) |
| The above plan of correction was approved by <u><i>MLJ</i></u> (Initials) | <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |

Violation Report: 13256 - 12/27/2018 - Braswell, Natasha
 PCH Name: OAKWOOD RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following: (2) Medical diagnosis including physical or mental disabilities of the resident, if any.

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #1, dated 4/26/18, does not include a list of medications.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The list of medication for resident #1 was kept in a different section of the resident chart and has been reattached to the medical evaluation.

All medical evaluations will be reviewed by the Director of Nursing to ensure the list of medications are attached.

The Administrator will conduct monthly audits to ensure compliance.

Completion Date: 4/5/19

Maintain audits for Department review for a period of three years 4/8/19 *mg*

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| Repeat Violation: No | Date(s) of Previous Violation(s): | | | |
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Nochum Feder*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Noel Feder Administrator* Date *4/5/19*

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 (Initials)

Violation Report: 13256 - 12/27/2018 - Braswell, Natasha
 PCH Name: OAKWOOD RESIDENCE

1. REGULATION 55 Pa.Code §2600

2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION

Resident # 1 has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident #1 received and signed a notice of resident's right to question or refuse medication on 12/27/18. (See Attachment B)

All admission agreements were audited to ensure all residents received and signed a notice of resident's right to question or refuse medication.

Admissions Director has been educated to include notice of resident's right to question or refuse medication for every admission.

Administrator will review all new admission agreements and accompanying documents to ensure compliance.

Completion Date: 4/5/19

Maintain audits for Department review for a period of three years 4/8/19 *my*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

M. Feder

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Nochva Feder - Administrator

Date *4/5/19*

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The above plan of correction was approved by *MJ*
 (Initials)

Violation Report: 13256 - 12/27/2018 - Braswell, Natasha
 PCH Name: OAKWOOD RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.223(a) - The home shall have a current written description of services and activities that the home provides including the following:
 (1) The scope and general description of the services and activities that the home provides.
 (2) The criteria for admission and discharge.
 (3) Specific services that the home does not provide, but will arrange or coordinate.

2a. DESCRIPTION OF VIOLATION
 The home's current written description of services does not include providing services for wound care by certified nursing assistants.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The home description of services has been updated include providing services for wound care by certified nursing assistants.
 (See Attachment C)

The Administrator will ensure that home provides services as outlined in the home description of services.

Completion Date: 4/5/19

Maintain audits for Department review for a period of three years 4/8/19 *my*

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Signature of Legal Entity Representative
 (Required on EVERY Page) *Nickon Feder*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Nickon Feder Administrator* Date *4/5/19*

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