



November 13, 2019

Ms. Ann Winger  
Administrator  
Guardian Elder Care at Oil City, LLC  
8796 Route 20, VSI Building  
Brockway, Pennsylvania 15284

RE: Oil City Healthcare and  
Rehabilitation Center  
1293 Grandview Road  
Oil City, Pennsylvania 16301  
Certificate #: 447980

Dear Ms. Winger:

As a result of the Department's Bureau of Human Services Licensing annual inspection on March 22, 2019, 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 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](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 "Kevin Hancock", written over a white background.

Kevin Hancock  
Deputy Secretary  
Office of Long Term Living

Enclosure  
Violation Report

RECEIVED

JUL 31 2019

## Violation Report

Western Region

License Number: 447980

### Facility Information

Name: OIL CITY HEALTHCARE AND REHABILITATION CENTER  
Address: 1293 GRANDVIEW ROAD, OIL CITY, PA 16301  
County: VENANGO Region: WESTERN

### Administrator

Name: *Ahn Winger* Phone: 8146768208 Email: BRIAN.RENDOS@GUARDIANELDERCARE.NET

### Legal Entity

Name: GUARDIAN ELDER CARE AT OIL CITY LLC  
Address: 8796 ROUTE 219 VSI BUILDING, BROCKWAY, PA, 15824

### Certificate(s) of Occupancy

Type: C-1 Date: 08/07/1998 Issued By: DOH

### Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 22 Waking Staff: 17

### Inspection

Type: Full Reason: *Renewal* BHA Docket #: Notice: *Unannounced*

### Inspection Dates and Department Representative

03/22/2019 - On-Site: *Lynn Winters, Lori Gillette*

### Resident Demographic Data as of Inspection Dates

#### General Information

License Capacity: 22 Residents Served: 22

#### Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

#### Hospice

Current Residents: 1

#### Number of Residents Who:

Receive Supplemental Security Income: 7  
Diagnosed with Mental Illness: 3  
Have Mobility Need: 0  
Are 60 Years of Age or Older: 19  
Diagnosed with Intellectual Disability: 3  
Have Physical Disability: 0

25b SOPa - Rent Rebate: Contract

Regulations

2600.

25b.a. The resident-home contract is to include whether the home collects a portion of a resident's rent rebate under § 2600.25(d) (relating to resident-home contract).

Description of Violation

Resident #1's resident-home contract, dated 2/8/19, does not indicate whether the home collects a portion of the resident's rent rebate benefit.

Resident #2's resident-home contract, dated 1/21/17, does not indicate whether the home collects a portion of the resident's rent rebate benefit.

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 Admission Agreement states that the facility may seek up to half of the Rent Rebate. The facility does not at this time.

The Admission Agreement was updated to state that the facility will not seek any of the rent rebate monies.

In the future if the facility intends to seek up to half of the Rent Rebate monies the Admission Agreement will be amended and all current residents will be notified in writing 30 days prior to the change.

Within 30 days of receipt of the plan of correction: The administrator or designated staff person shall review all resident records to ensure the resident – home contract indicates the facility will not seek any of the rent rebate monies. Any contract that does not indicate this shall be updated immediately and a copy shall be given to the resident.

 10/15/19


Legal Entity Representative

  
Signature

ANN WINGER, LPN, PERSONAL CARE HOME ADMINISTRATOR 07/29/19  
Printed Name and Title Date

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The above plan of correction is approved as of 10/15/19 (Date) Plan of correction implementation status as of 10/15/19 (Date)

The above plan of correction was approved by  (Initials)  
 Fully Implemented  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

102h - Toilet Paper

Regulations

2600.

102.h. Toilet paper shall be provided for every toilet.

Description of Violation

At 10:10 AM, there was no toilet paper in resident #2's private bathroom (room 109).

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 was given toilet paper immediately.

Staff checked every bathroom to ensure there was toilet paper. 10/15/19

A designated *SE* Staff will check toilet paper daily during daily bathroom cleaning and an extra roll will be placed in each bathroom as needed.

Residents also encourage to inform staff of the need for toilet paper before they run out.

10/15/19

Legal Entity Representative

*Ann Winger PC HA*  
Signature

ANN WINGER, LPN, PERSONAL CARE HOME ADMINISTRATOR  
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132b - Safety Inspection/Fire Drill

Regulations

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The most recent fire drill conducted by a fire safety expert occurred on 7/14/17.

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.)

A Fire drill was conducted by the Local Fire Expert on 8/6/18. Documentation of Fire Evacuation Time/Fire Safe Area Designation Letter attached. Local Fire Safety Expert failed to sign the Supervised Fire Drill and Fire Safety Inspection Letter at the time of the drill.

On 8/19/19 the facility underwent a Supervised Fire Drill and the Fire Chief signed to verify that he had in fact completed the drill on 8/18/18. Copy attached.

Within 30 days of receipt of the plan of correction: The administrator shall develop and implement a tracking system to ensure a fire safety inspection and fire drill is conducted by a fire safety expert at least annually. The tracking system shall include verifying the fire safety documentation is accurate, complete and signed by the fire safety expert. Documentation shall be kept.

 10/15/19


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132c - Fire Drill Records

Regulations

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The home held a supervised fire drill on 8/6/18. However, the home did not keep a written fire drill record indicating the time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

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.)

On 8/19/19 the facility underwent a Supervised Fire Drill and Safety Inspection. All appropriate documentation was obtained at the time of the drill. Copies attached. The Maintenance Department was given blank copies of all paperwork and instructions on how to complete.

Immediately - The administrator or designated staff person shall monitor all fire drills to ensure a fire drill is conducted at least once a month and is documented on a fire drill record in accordance with 2600.132c. Documentation of monitoring shall be kept.

 10/15/19


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141b1 - Annual Medical Evaluation

Regulations

2600.

141.b.1. A resident shall have a medical evaluation; At least annually.

Description of Violation

Resident #3's most recent medical evaluation, dated 9/5/18, does not contain immunization information or the medical professional number.

Resident #4's most recent medical evaluation was completed on 8/20/18; however, his previous medical evaluation was completed on 8/4/17.

Resident #4's most recent medical evaluation, dated 8/20/18, does not contain the medical professional number.

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 #3 DME indicates the Resident received her Flu vaccine 10/10/17. The DME was completed 9/5/18. Flu vaccine not due until 10/10/18. DME updated with MD number 3/23/19

Resident #4 - DME updated with MD number 3/23/19

Whole house audit completed 3/23/19 to ensure all DME were complete including MD number.

RCC will audit for completeness as returned by physician. — to include the medical professional number. *SE* 10/15/19

Legal Entity Representative

*Ann Winger*  
Signature

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144b - Policy on Smoking

Regulations

2600.

144.b. The home rules shall specify whether the home is designated as smoking or nonsmoking.

Description of Violation

The home rules indicate Oil City Senior Living is a smoke free facility and the resident-home contract indicates smoking is prohibited on the property. However, there is a fireproof receptacle to the right of the main entrance, off the walkway, and a sign that indicates this is the designated smoking area for visitors.

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 Smoking Policy was amended 10/3/2017 and posted- copy attached.

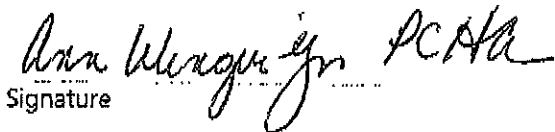
Smoking for Residents is prohibited.

The home's smoking policy, amended 10/3/17, indicates the facility is smoke free for residents. Visitors who smoke are required to smoke in the designated smoking areas and staff are permitted to smoke in their cars only.



10/15/19

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184a - Labeling OTC/CAM

Regulations

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

Resident #1 is prescribed Dimethicone Cream 5%, Apply to affected area topically two times a day for pain and protection; however, the pharmacy label indicates apply topically one time per day.

Repeat Violation: 3/2/18

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.)

A change in Direction sticker was placed over the label immediately.

A new pharmacy label requested.

Within 30 days of receipt of the plan of correction: All staff qualified to administer medication shall be educated on this policy. Documentation of education shall be kept.

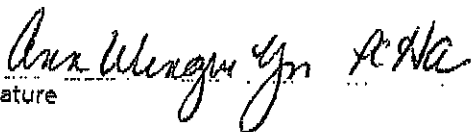
Medications are to not be entered into the MAR until delivered by the pharmacy and compared with the original order. If an error is found a new label will be requested and a change in direction label placed on the medication (as to not delay care) and a new label requested. 10/15/19

Administrator and/or designee will monitor new medications daily for correct labeling.

Immediately, then at least monthly, a designated staff person qualified to administer medications shall audit prescription medications to ensure they are stored in their original container and labeled with a pharmacy label that includes the resident's name, the name of the medication, the date the prescription was issued, the prescribed dosage, instructions for administration and the name and title of the prescriber. The pharmacy label and the MAR shall be compared to the prescriber's order. Any discrepancies shall be verified with the prescriber and immediately corrected.

10/15/19 


Legal Entity Representative

  
Signature

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227a - Support Plan 30 Days

Regulations

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident #1's initial assessment, dated 2/14/19, includes a diagnosis of Parkinson's disease, dementia, depressive disorder, hypertension, atrial flutter, GERD, chronic pain syndrome, and hyperlipidemia. However, his initial support plan, dated 2/14/19, only lists "medications" as the services the home will provide to assist the resident with these diagnoses.

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 Assessment updated 03/23/2019. Copy attached.

03/23/2019 Whole house audit completed by Administrator and RCC.

Administrator will monitor monthly for accuracy, including the care and services the home shall provide. *SE* 10/15/19

Legal Entity Representative

*Ann Winger*  
Signature

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227c - Support Plan Revision

Regulations

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident #2's most recent assessment, dated 1/30/19, includes a diagnosis of chronic renal disease, hypothyroidism, Alzheimer's disease, hypertension, GERD, hiatal hernia, and congestive heart failure. However, his most recent support plan, dated 1/30/19, only lists "administer medications" as the services the home will provide to assist the resident with these diagnoses.

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 #2 Assessment updated 03/23/19.

3/23/2019 A whole house audit completed by Administrator and RCC.

Administrator to monitor monthly, — for accuracy, including the care and services the home shall provide. *SE* 10/15/19

Legal Entity Representative

*Ann Winger*  
Signature

ANN WINGER, LPN, PERSONAL CARE HOME ADMINISTRATOR  
Printed Name and Title  
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