



October 29, 2019

Ms. Nicole Waugaman  
Director  
Longwood at Oakmont, Inc.  
500 Route 909  
Verona, Pennsylvania 15147

RE: Longwood at Oakmont  
Personal Care Center  
Certificate #: 441390

Dear Ms. Waugaman:

As a result of the Department's Bureau of Human Services Licensing annual inspection on May 29, 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". The signature is fluid and cursive.

Kevin Hancock  
Deputy Secretary  
Office of Long Term Living

Enclosure  
Violation Report

## Violation Report

### Facility Information

Name: *LONGWOOD AT OAKMONT PERSONAL CARE CENTER*  
Address: *500 ROUTE 909,, VERONA, PA 15147*  
County: *ALLEGHENY*                      Region: *WESTERN*

License Number: *44139*

### Administrator

Name: *NICOLE WAUGAMAN*                      Phone: *4128264800*                      Email: *NWAUGAMAN@SRCARE.ORG*

### Legal Entity

Name: *LONGWOOD AT OAKMONT INC*  
Address: *500 ROUTE 909, VERONA, PA, 15147*

### Certificate(s) of Occupancy

Type: *C-2 LP*                      Date: *12/02/1998*                      Issued By: *Labor & Industry*

### Staffing Hours

Resident Support Staff: *0*                      Total Daily Staff: *15*                      Waking Staff: *11*

### Inspection

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

### Inspection Dates and Department Representative

*05/29/2019 - On-Site: Lisa Flinner-Alman, Cindy Mulick, Belinda Graziano*

### Resident Demographic Data as of Inspection Dates

#### General Information

License Capacity: *40*                      Residents Served: *15*

#### Secured Dementia Care Unit

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

#### Hospice

Current Residents: *1*

#### Number of Residents Who:

Receive Supplemental Security Income: *0*                      Are 60 Years of Age or Older: *15*  
Diagnosed with Mental Illness: *0*                      Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *0*                      Have Physical Disability: *0*

*Nicole Waugaman BSN, PCHA, CDP*  
05/29/2019

9/3/19

103c - Food Protected

Regulations

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

The following foods were uncovered, in the walk-in cooler across from dishwashing area in the main campus kitchen:

- Two pies and 22 plated pieces of pie
- A metal tray of bean salad

There was an uncovered tray of ground meat on a rack in the walk-in cooler next to the kitchen office in the main campus kitchen.

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.)

Dining Services Director and Dining Services Management Team will provide re-education to employees on proper food storage, including utilizing rack cover bags consistently to ensure all items, including cooling items are covered such as pies. This will be completed by Sept. 15, 2019. Documentation of such will be maintained by the Dining Services Department.

Dining Services Director and Dining Services Management Team will provide re-education to employees on proper food storage of items in metals pans and other receptacles, including labeling and dating procedures by Sept. 15, 2019. Documentation of such will be maintained by the Dining Services Department.

Dining Services Director and Dining Services Management Team will complete Quality Assurance monitoring daily to ensure all products are being stored, prepared, transported and served in accordance with AHD regulations. Documentation of such will be maintained by the Dining Services Department.

Legal Entity Representative

Please see addendum A&G (10)

*Nicole Waugaman BSN, PCHA, CDP*  
Signature

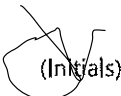
Nicole Waugaman BSN, PCHA, CDP, Director of PC  
Printed Name and Title

Date 9/3/19

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The above plan of correction is approved as of 9/9/19  
(Date)

Plan of correction implementation status as of 9/17/19  
(Date)

The above plan of correction was approved by   
(Initials)

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

103f - Refrigerator/Freezer Temps

Regulations

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.

Description of Violation

At 10:44 a.m., the temperature of the walk-in freezer next to the dry storage room in the main campus kitchen measured 6 degrees Fahrenheit.

At 10:44 a.m., the temperature of the the stainless-steel deli meat cooler located in the main campus kitchen measured 42 degrees Fahrenheit.

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.)

Dining Services Director and Dining Services Management Team will provide re-education to Dining Services Team regarding proper food temperatures including refrigerated and freezer storage temperatures by 9/15/2019. Documentation of such will be maintained in the Dining Services Department.  
Dining Services Director and Dining Services Management Team will complete quality assurance checks three times a day. These reading will be written and kept on the equipment temperature form. Documentation of such will be maintained by the Dining Services Department.  
Dining Services Director and Dining Services Management Team will provide education to Dining Service Team that if the Freezer temperatures are above 0 degree F or the refrigerator temps are above 40 degrees F, that they are to notify the on duty Dining Service Manager , and the manager will take appropriate actions to rectify the temperature variances. Documentation of such will be maintained by the Dining Services Department. Education will be completed by Sept. 15, 2019.  
Dining Services Director and Dining Services Management Team will provide re-education to Dining Service Team about the need for internal thermometers in all refrigerator and freezers at all times. Education will be completed by Sept. 15, 2019. Extra thermometers will be kept in stock in case of breakage or missing thermometers. Quality Assurance measure will be taken three times a day to ensure thermometers are in place in working. Documentation of such will be maintained in the Dining Services Department.

Please see addendum A&G 1

*Nicole Waugaman BSN, PCHA, CDP*

Signature

Nicole Waugaman BSN, PCHA, CDP, Director of PC


Printed Name and Title

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103g - Storing Food

Regulations

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

The following foods were unsealed in the main campus kitchen, including:

- A 20 pound bag of rice on a shelf in the dry storage area
- 2 bags of grapes and a 50 pound bag of carrots in the walk-in cooler across from the dishwashing area

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.)

Documentation of such will be maintained by the Dining Services Department Dining Services Director and Dining Services Management Team will purchase appropriate size Lexan Containers an lids for larger items. This will be completed by Sept. 15, 2019.

Dining Services Director and Dining Services Management Team will provide re-education to Dining Services Team regarding food storage, including utilizing the proper Lexan or Rubermaid storage container with matching lids for larger sized items, and bagged or cling wrapped items are appropriate wrapped , labeled and dated . Documentation of such will be completed by Sept. 15, 2019 and maintained in the Dining Services Department.

Dining Services will complete daily Quality Assurance Audits to ensure all food items are stored , sealed, and labeled appropriately. Documentation of such will be maintained by the Dining Services Department.

Legal Entity Representative

Please see addendum A


Please see addendum G

*Nicole Waugaman BSN, PCHA, CDP*  
 Signature

Nicole Waugaman BSN, PCHA, CDP, Director of PC  
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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

The medical evaluation, dated 6/30/18, for resident #2 is blank in the areas of height, weight, pulse rate, blood pressure and temperature.

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 Medical Evaluation was reviewed for resident #2 on 9/3/2019 by the resident #2's PCP, and updated with vital statistics. Information was added to the form with the physician's signature and date signifying his acknowledgment of the correction / addition of information.  
The Resident Assessment Coordinator and Resident Services Coordinator will complete an audit of all personal care charts to ensure that Medical Evaluations are complete, including vital statistic information by Sept. 15, 2019. As the Resident Assessment Coordinator will complete a required form audit for the Personal Care Division , and moving forward the audit will be completed on a quarterly basis as an ongoing quality assurance measure. (Please see attached form)  
The Resident Assessment Coordinator will provide education to the Personal Care Licensed Team about form completion requirement on all Medical Evaluation by Sept. 15, 2019. Documentation of such will be maintained in the PC administrative office.

Legal Entity Representative

Please see Addendums A&B  
Please see Addendum E


*Nicole Waugaman BSN, PCHA, CDP*  
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144c1 - Smoking Area Guidelines

Regulations

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

- 1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

In the home's outside designated smoking area, there were three cushions on the concrete bench and three cushions along the wall had no tags indicating they were made of fire-resistant material.

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.)

Director of Personal Care and Resident Services Coordinator immediately removed said cushions upon discovery, However area is not within the regulated Personal care Home designated exterior or interior areas. This was shown to the inspector onsite.

Director of Personal Care provided education to the campus Senior Director and Building Services Director about the cushions , and the need for fire resistant materials in the designated smoking area on 5/29/19. Signs were also posted in the area to ensure smokers were aware that non fire safe materials were not permitted in campus designated smoking area.

Director of Personal Care and Resident Services Coordinator will provide weekly quality assurance checks to the smoking area on a weekly basis to ensure that all materials are appropriate fire resistant.

Legal Entity Representative

Please see addendum A & F

*Nicole Waugaman BSN, PCHA, CDP*  
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190c - Record of Training

Regulations

2600.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

The home's medication administration training record, dated 4/10/19, for staff person A is not dated and does not indicate whether the staff person passed or failed.

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.)

Document of Student Initial Training was reviewed by the trainer KH, and updated with the appropriate information on the Initial Training form. Please note supporting documentation of successful completion of the course, including medication passes was attached to the form during the time of inspection. Education was provided to the trainer on 5/29/19.

The Resident Services Coordinator will complete a team chart audit for training record completion including medication training documents by Sept 19, 2019, and then quarterly moving forward . Documentation of such will be maintained in the PC administration office.

The Resident Services Coordinator will provide education to the Personal Care Licensed Team about form completion requirement on all training documents by Sept. 15, 2019. Documentation of such will be maintained in the PC administrative office.

Legal Entity Representative

Please see addendum A&C  
Please see addendum H


*Nicole Waugaman BSN, PCHA, CDP*  
Signature

Nicole Waugaman BSN, PCHA, CDP, Director of PC  
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224a - Preadmission Screen Form

Regulations

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

The preadmission screening form, dated 1/20/19, for resident #3, does not indicate if the resident can safely avoid poisons.

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 Pre-admission screen was reviewed for resident #3 on 9/3/2019 by the Resident Assessment Coordinator and updated with the resident's ability to avoid poisonous materials. Information was added to the form with the Resident Assessment Coordinator's signature and date signifying her acknowledgment of the correction / addition of information.  
The Resident Assessment Coordinator and Resident Services Coordinator will complete an audit of all personal care charts to ensure that Pre-Admission Tools are complete, including poisonous material information by Sept. 15, 2019. As the Resident Assessment Coordinator will complete a Required Form Audit for the Personal Care Division on a quarterly basis as an ongoing quality assurance measure. ( Please see attached form)  
The Resident Assessment Coordinator will provide education to the Personal Care Licensed Team about form completion requirement on all Pre-Admission tools by Sept. 15, 2019. Documentation of such will be maintained in the PC administration office.

Legal Entity Representative

Please see Addendums A,D&E

*Nicole Waugaman BSN, PCHA, CDP*  
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Nicole Waugaman BSN, PCHA, CDP, Director of PC  
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