



Sent via e-mail: [pwinkler@srcare.org](mailto:pwinkler@srcare.org)  
[mtomko@srcare.org](mailto:mtomko@srcare.org)

MAILING DATE: February 18, 2020

Mr. Paul M. Winkler  
CEO/President  
Presbyterian Senior Care, Inc.  
1215 Hulton Road  
Oakmont, Pennsylvania 15139

RE: Woodside Place of Oakmont  
Certificate #: 429730

Dear Mr. Winkler:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on November 26, 2019, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Jon B. Kimberland".

Jon Kimberland  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# Violation Report

Received BHSL

2/6/2020

## Facility Information

Name: WOODSIDE PLACE OF OAKMONT

License Number: 42973

Address: 1215 HULTON ROAD,, OAKMONT, PA 15139

County: ALLEGHENY

Region: WESTERN

## Administrator

Name: Melissa Tomko

Phone: 4128266500

Email: mtomko@srcare.org

## Legal Entity

Name: PRESBYTERIAN SENIOR CARE INC

Address: 1215 HULTON ROAD, OAKMONT, PA, 15139

## Certificate(s) of Occupancy

Type: C-2 LP

Date: 06/04/1991

Issued By: L & I

## Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 74

Waking Staff: 56

## Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

## Inspection Dates and Department Representative

11/26/2019 - On-Site: Karen Georgoulis, Laren Spagna

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: 37

Residents Served: 37

### Secured Dementia Care Unit

In Home: Yes

Area: AllSCDU

Capacity: 37

Residents Served: 37

### Hospice

Current Residents: 3

### Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 37

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 27

Have Physical Disability: 0

20b1 - Financial Records

Regulations

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 1. The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

Description of Violation

The home provides financial management of the personal funds for resident #1, #2, #3, and #4, kept in envelopes in the med carts. The home does not keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance for any of the residents. The residents envelop contain the following;

- \*Resident #1's envelope contained \$8.00.
- \*Resident #2's envelope contained \$20.00.
- \*Resident #3's envelope contained \$60.00.
- \*Resident #4's envelope contained \$10.00.

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 11/27/19, financial transaction records were implemented on Resident #1, Resident #2, Resident #3, and Resident #4 by the social worker. These envelopes were taken to our lock box in the social work office. The form used was the form from the DHS website called record of financial transactions so all correct information was written. (See forms attached)

Moving forward, team members were instructed to give all money found in a Resident's room or given by a family member for a Resident to the social worker so the proper documentation can be kept. Please see education form attached. All team members will be educated and sign forms by 2/8/20 by the administrator.

Legal Entity Representative

*Melissa Tomko*  
Signature

Melissa Tomko Administrator 1/5/20  
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 2/7/2020  
(Date)

Plan of correction implementation status as of 2/7/2020  
(Date)

The above plan of correction was approved by *[Signature]*  
(Initials)

- Implemented
- Not Implemented

20b3 - Written Receipts

Regulations

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 3. The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

Description of Violation

The home provides financial management of the personal funds for resident #1, #2, #3, and #4, kept in envelopes in the med carts. The home has not kept a record of any written receipt from the resident for cash disbursements at the time of disbursement for any of the resident's transactions.

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.)

For Resident #1, #3, and #4, the money was found in the Resident's room and returned to the family. There were no receipts due to no transactions with the funds found.

Resident #2 had used their money to purchase lunch. The receipt was in the envelope. The receipt and money was returned to the family member with appropriate documentation needed. Please attached.

Moving forward, the appropriate education will be completed with the team by Friday, February 8, 2020 by the administrator.

Legal Entity Representative

*Melissa Tomko*  
Signature

Melissa Tomko Administrator 2/5/20  
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 2/7/2020  
(Date)

Plan of correction implementation status as of 2/7/2020  
(Date)

The above plan of correction was approved by *[Signature]*  
(Initials)

- Implemented
- Not Implemented

20b8 - Quarterly Account

Regulations

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 8. The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

Description of Violation

The home provides financial management of the personal funds for resident #1, #2, #3, and #4. The money is kept in envelopes in the med cart. The home has not provided the resident and the resident's designated person, an itemized account of the financial transactions made on the resident's behalf on a quarterly basis:

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 education being provided to the team by the administrator shows a sample of the forms that need to be completed. This education will be completed by 2/8/20 by the administrator.

The financial monitoring log will be completed by the social worker monthly to make sure that all finances given to us by Residents are handled properly and correct documentation is completed.

Legal Entity Representative

*Melissa Tomko*  
Signature

Melissa Tomko, Administrator 2/1/20  
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 2/10/2020  
(Date)

Plan of correction implementation status as of 2/10/2020  
(Date)

The above plan of correction was approved by *[Signature]*  
(Initials)

- Implemented
- Not Implemented

20b9 - Record Keeping

Regulations

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

9. A copy of the itemized account shall be kept in the resident's record.

Description of Violation

The home provides financial management of the personal funds for resident #1, #2, #3, and #4. There is no itemized accounts of financial transactions kept in any of the residents record.

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.)

For Resident #1, #3, and #4, the money was found in the Resident's room and returned to the family. There were no receipts due to no transactions with the funds found to keep itemized records.

Resident #2 had used their money to purchase lunch. The receipt was in the envelope. The receipt and money was returned to the family member with appropriate documentation needed. Please attached.

Moving forward, the appropriate education will be completed with the team by Friday, February 8, 2020 by the administrator.

Legal Entity Representative

*Melissa Tomko*

Signature

Melissa Tomko Administrator 2/5/20

Printed Name and Title

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 2/7/2020 (Date)

Plan of correction implementation status as of 2/7/2020 (Date)

- Implemented
- Not Implemented

The above plan of correction was approved by

*MT*  
(initials)

101j7 - Lighting/Operable Lamp

Regulations

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On 11/26/19, the bedside lamp in bedroom 309b was approximately 3' from the bed and could not be reached to turn on/off from the resident's bedside.

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 administrator purchased the clip on lamps suggested by the surveyor to assist with Residents that like to move their furniture.

The lamp in 309b was placed back in the appropriate distance by administrator.

Administrative Assistant will complete bed lamp monitoring log monthly during safety rounds. Please see monitoring log attached.

Legal Entity Representative

*Melissa Tomko*  
Signature

Melissa Tomko, Administrator 2/7/20  
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 2/10/2020  
(Date)

Plan of correction implementation status as of 2/20/2020  
(Date)

The above plan of correction was approved by *[Signature]*  
(Initials)

- Implemented
- Not Implemented