

Department of Human Services  
Bureau of Human Service Licensing

August 3, 2021

[REDACTED] DIRECTOR OF PERSONAL CARE  
LONGWOOD AT OAKMONT INC  
500 ROUTE 909  
VERONA, PA 15147

RE: LONGWOOD AT OAKMONT  
PERSONAL CARE CENTER  
500 ROUTE 909  
VERONA, PA, 15147  
LICENSE/COC#: 42990

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/26/2021, 05/27/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Jason Williams

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY - PUBLIC**

**Facility Information**

**Name:** LONGWOOD AT OAKMONT PERSONAL CARE CENTER    **Licen e #:** 42990    **Licen e Expiration Date:** 06/03/2022  
**Addr e :** 500 ROUTE 909, VERONA, PA 15147  
**County:** ALLEGHENY                      **Region:** WESTERN

**Administrator**

**Name:** [REDACTED]                      **Phone:** 4128264800                      **Email:** [REDACTED]

**Legal Entity**

**Name:** LONGWOOD AT OAKMONT INC  
**Address:** 500 ROUTE 909, VERONA, PA, 15147  
**Phone:** 4128264800                      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-2 LP                                      **Date:** 12/02/1998                                      **Issued By:** L&I

**Staffing Hours**

**Re ident Support Staff:** 0                      **Total Daily Staff:** 18                                      **Waking Staff:** 14

**Inspection**

**Type:** Full                                      **Notice:** Unannounced                                      **BHA Docket #:**  
**Reason:** Renewal, Complaint                                      **Exit Conference Date:** 05/27/2021

**Inspection Dates and Department Representative**

05/26/2021 - On-Site: [REDACTED]  
05/27/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 49                                      **Residents Served:** 18

**Secured Dementia Care Unit**

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

**Hospice**

**Current Re ident :** 1

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0                      **Are 60 Years of Age or Older:** 18  
**Diagnosed with Mental Illness:** 0                      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 0                      **Have Physical Disability:** 0

## Inspections / Reviews

05/26/2021 - Full

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow-Up Date: *07/10/2021*

7/13/2021 POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/16/2021*

8/3/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [REDACTED] for resident #1 was not signed by the resident.

Plan of Correction

Accept

Administrator provided re-education to the administrative assistant and Resident Services Coordinator on the regulatory requirements for resident signatures on all contracts on 5/28/21.

Administrative Assistant developed an audit tool to utilize for a thorough audit of residents' charts on 5/28/21. Please see attached addendum A.

Administrative Assistant reviewed all Brookwood Resident files for contract signatures on 6/1/2021.

Administrative Assistant will audit resident files accordingly on a quarterly basis thereafter with the initial audit taking place on 6/1/2021 The next audit is scheduled to take place in September 2021 and quarterly subsequently thereafter.

Completion Date: 07/09/2021

Document Submission

Implemented

please see attached documents as evidence of chart audit completion and contract violation correction. All Brookwood resident charts / files have been reviewed, education has been completed,

25c2 - Fee Schedule

1. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

- 2. A fee schedule that lists the specify the following: actual amount of allowable resident charges for each of the home's available services.

Description of Violation

The resident-home contract, dated [REDACTED] for resident #1 does not include the amount the resident is charged for monthly room and board.

The resident-home contract, dated [REDACTED] for resident #2 does not include the amount the resident is charged for monthly room and board.

Plan of Correction

Accept

Resident #1 & #2 are Lifecare Residents at LAO. They do have contracts that entitle them to transition to a higher evel of care at the same rate, which is clearly specified in the contract and refers to the original contract for financial specifics. A copy of the most current rate increase letter was provided at the time of inspection. I respectfully disagree with this violation since the fee schedule is signed by the resident and maintained on campus. Moving forward , LAO PC will have LifeCare contracted residents sign and date the most current copy of the annual rate ncrease letter, and attach it to the PC contract. Administrative Assistant created an audit form and will audit resident contracts quarterly for a rate increase.

Completion Date: 07/16/2021

25c2 - Fee Schedule (continued)

Document Submission

Implemented

Please see attached documents . Brookwood resident files have been update to prevent further confusion with the amount on the contract along with the current rate letters in each applicable resident file.

85e - Trash Outside Home

1. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 5/26/21, there were multiple bits of garbage and debris on the ground next to the trash compactor to include: A full black garbage bag, leaves, paper, plastic cups, plastic bottles, a clear plastic bag, soda can, cardboard, squeeze bottle, and a shovel

In addition, there were multiple bits of garbage and debris on the ground next to the dumpster to include: Two red garbage bags, plastic bottles, a black garbage bag, plastic containers, Styrofoam containers, a clear plastic bag, leaves, and a pitch fork

Plan of Correction

Accept

1. Immediately when we were notified the area was cleaned and swept. All trash was disposed of properly
2. We began a weekly inspection program, that has now progressed into the attached Trash Room Inspection Checklist. Every other Thursday the team member assigned to trash pickup will complete the attached form. We will require all trash to be picked up and disposed of properly, the area swept or hosed off if necessary, the area inspected for any bugs or rodents, and the area disinfected or deodorized if necessary
3. The team member will be required to sign and date each checklist acknowledging their understanding of the expectations and requirements.
4. The Environmental Services Supervisor will collect, sign and file these sheets making them available for examination
5. The ES Supervisor will conduct spot inspections of these areas to assure compliance to these expectations is being met. These spot inspections will happen at least quarterly, and documentation of conditions will be recorded and kept in the same file
6. These spot inspection results will be conveyed to the Safety Committee at their scheduled meeting by the ES department Safety Committee designee

Completion Date: 07/09/2021

Document Submission

Implemented

Please see attached copies of flow sheets as evidence of areas being monitored and cleaned appropriately. Monitoring will continue to be on going.

91 - Telephone Numbers

1. Requirements

91 - Telephone Numbers (continued)

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers on or by the following telephones:

Beige corded phones in resident rooms [redacted] & [redacted], white corded phone in resident room [redacted] and two black cordless phones in resident room [redacted]

Plan of Correction

Accept

Brookwood was immediately audited for phone tags upon discovery, and phone tags (containing required contact nfo) where put on any phone missing the phone tag.

Education was provided to the team at the monthly meeting on 6/8/21 about the regulatory requirement related to 2600.91.

A resident education flyer will be created to pass out to residents and family members to educate them on this requirement as well , since they often remove the phone tags the team places on the phones.

An audit tool was created and will be completed on a monthly basis by the 3-11 Nurse Supervisor.

Completion Date: 07/10/2021

Document Submission

Implemented

Auditing tool submitted for review as evidence of task completion.

101j7 - Lighting/Operable Lamp

1. Requirements

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

Resident #3 does not have access to a source of light that can be turned on/off at bedside. The lamp did not have a light blub.

Plan of Correction

Accept

Brookwood was immediately audited for functionable lamps at the bedside upon discovery, As appropriate / if needed light bulbs were installed and lights where re-plugged in,

Education was provided to the team at the monthly meeting on 6/8/21 about the regulatory requirement of 2600.101.j.7

A resident education flyer will be created to pass out to residents and family members to educate them on this requirement as well ,

An audit tool was created and will be completed on a monthly basis by the 3-11 Nurse Supervisor.

Completion Date: 07/10/2021

Document Submission

Implemented

Auditing tool submitted for review as evidence of task completion.

103d - Storing Food Off Floor

1. Requirements

2600.

103.d. Food shall be stored off the floor.

Description of Violation

On 5/26/2021 at approximately 10:00 a.m., -seven 10-pound boxes of broccoli were stored on the floor in the walk-in cooler. The broccoli had ice on the box and appeared to be thawing. The boxes were wet, soggy and leaking water onto the floor.

In addition, there were 4 boxes of chocolate mint cream pies and 8 boxes of 10 pounds of chicken stored on the floor in the walk-in freezer.

Plan of Correction

Accept

Immediate action was taken by the receiver. [redacted] removed the newly delivered broccoli from the wet boxes and disposed of them. The utility person removed the soaked boxes, wet mopped and then dry mopped the cooler floor.

The pies and chicken that were left on the freezer floor were disposed of.

The Receiver is responsible for putting away all food deliveries. He has been instructed that nothing is to be left on the floor. If there is not any shelf space then he is to use plastic crates to place all overflow of product. If there is any liquid on floor from a delivery the Receiver will promptly mop the area.

All walk-in coolers are swept and mopped nightly by the utility person.

Both the Receiver and all utility persons have been educated to the procedures.

A sign off sheet has been created that requires the utility person/receiver to sign off when they have cleaned the walk-in floors. Staff has been in serviced about the procedure.

Management will do a weekly audit to insure tasks are being completed as well as a daily closing check.

Completion Date: 07/09/2021

Document Submission

Implemented

Auditing tool submitted for review as evidence of task completion.

131f Fire E tinguisher Inspection

1. Requirements

2600.

131f - Fire Extinguisher Inspection (continued)

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

**Description of Violation**

*The fire extinguisher in the Ford Crown Victoria, which is used to transport residents, has not been inspected by a fire safety expert since January 2018.*

**Plan of Correction**

**Accept**

*This violation occurred because the Crown Victoria was not part of our program for vehicle inspections. It will be now.*

*1. The maintenance department is responsible for lining up the annual inspections of fire extinguishers by a certified professional. These have been added to the list, and the contractor has been contacted to come out and inspect all of these as soon as possible. They have been added to the annual inspection list.*

*2. Every time one of the Transportation team goes to take a vehicle for resident transport, he/she will fill out the attached Vehicle Safety Checklist. This will now include the Crown Victoria. If a vehicle is not used for 30 days, the Supervisor of Transportation and Security, or the Transportation Coordinator will complete the Vehicle Safety Checklist. All of these are to be kept in a designated folder in the Supervisors office.*

*3. Quarterly either the Supervisor or Coordinator will conduct a vehicle first aid kit inspection per the attached. This same inspection will additionally be conducted anytime any part of the first aid kit is opened or used.*

*4. It will be the responsibility of the representative of the Security and Transportation department on the Safety Committee to report monthly the compliance of both programs  
Let me know if you need anything else. This begins immediately*

**Completion Date:** 07/09/2021

**Document Submission**

**Implemented**

*Auditing tool submitted for review as evidence of task completion.*

171b5 - First Aid Kit

**1. Requirements**

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

**Description of Violation**

*The first aid kit in the Ford Crown Victoria used to transport residents does not include a thermometer and eye coverings.*

171b5 - First Aid Kit (*continued*)**Plan of Correction****Accept**

*This violation occurred because the Crown Victoria was not part of our program for vehicle inspections. It will be now.*

- 1. The maintenance department is responsible for lining up the annual inspections of fire extinguishers by a certified professional. These have been added to the list, and the contractor has been contacted to come out and inspect all of these as soon as possible. They will be added to the annual inspection list*
  - 2. Every time one of the Transportation team goes to take a vehicle for resident transport, he/she will fill out the attached Vehicle Safety Checklist. This will now include the Crown Victoria. If a vehicle is not used for 30 days, the Supervisor of Transportation and Security, or the Transportation Coordinator will complete the Vehicle Safety Checklist. All of these are to be kept in a designated folder in the Supervisors office*
  - 3. Quarterly either the Supervisor or Coordinator will conduct a vehicle first aid kit inspection per the attached. This same inspection will additionally be conducted anytime any part of the first aid kit is opened or used.*
  - 4. It will be the responsibility of the representative of the Security and Transportation department on the Safety Committee to report monthly the compliance of both programs*
- Let me know if you need anything else. This begins immediately*

**Completion Date:** 07/09/2021

**Document Submission****Implemented**

*Auditing tool submitted for review as evidence of task completion.  
A new fire extinguisher has been added to the Crown Vic*