

Department of Human Services
Bureau of Human Service Licensing

July 30, 2021

[REDACTED], CEO/PRESIDENT
[REDACTED]
[REDACTED]

RE: WOODSIDE PLACE OF OAKMONT
1215 HULTON ROAD
OAKMONT, PA, 15139
LICENSE/COC#: 42973

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 06/24/2021, 06/25/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing

August 11, 2021

[REDACTED], CEO/PRESIDENT
[REDACTED]
[REDACTED]

RE: WOODSIDE PLACE OF OAKMONT
1215 HULTON ROAD
OAKMONT, PA, 15139
LICENSE/COC#: 42973

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/24/2021, 06/25/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

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: *WOODSIDE PLACE OF OAKMONT* License #: *42973* License Expiration Date: *08/02/2021*
Address: *1215 HULTON ROAD, OAKMONT, PA 15139*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *06/04/1991* Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *72* Waking Staff: *54*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint* Exit Conference Date: *06/25/2021*

Inspection Dates and Department Representative

06/24/2021 - On-Site: [REDACTED]
06/25/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *37* Residents Served: *36*

Secured Dementia Care Unit

In Home: *Yes* Area: *Entire Home* Capacity: *37* Residents Served: *36*

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *36*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *36* Have Physical Disability: *0*

Inspections / Reviews

06/24/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/25/2021*

7/27/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/31/2021*

7/30/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/08/2021*

8/10/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/14/2021*

8/11/2021 - Document Submission

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

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 6/24/21 at 11:19 a.m., the Licensing Inspection summary dated 11/26/19, in a white binder at the main entrance, included the privacy coding document listing the names of residents #1, #2, #3 and #4. The binder also included cash distribution records for residents #1, #2, #4, and #5.

Plan of Correction

Accept

On 6/24/2021, administrator immediately discarded privacy information in the appropriate shredding bin. An education was created by the administrator, [REDACTED], for the administrative assistants who upkeep the board and binder with appropriate information. Administrator met with [REDACTED] and [REDACTED] on why the information was not permitted by re-educating on the confidentiality policy and how that correlates with the DHS plan of correction. Please find the copies attached of the signed education. Also, the administrative assistants will be checking the board and binder on a quarterly basis to make sure the appropriate information is posted. Please see checklist attached.

Completion Date: 07/26/2021

Document Submission

Implemented

No changes needed

85a - Sanitary Conditions

1. Requirements

2600.

- 85.a. Sanitary conditions shall be maintained.

Description of Violation

An unlabeled house glucometer was used to test the blood glucose levels of multiple residents to include following residents on the following dates:

- Resident #6, 4/13/21, blood glucose reading 106
- Resident #7, 5/31/21, blood glucose reading 130
- Resident #8, 6/20/21, blood glucose reading 123

85a - Sanitary Conditions (continued)

Plan of Correction**Accept**

: The unlabeled "house" glucometer was immediately removed from the medication room on 6/25/21 during inspection and secured by the Resident Service Coordinator. "Infection Prevention during Blood Glucose Monitoring and Insulin Administration" was printed (see attached) from the CDC website and copies were given to all team members who pass medications and use blood glucose monitoring equipment. "Infection Control in Personal Care Homes" was also printed (see attached) from the PA DOH website and copies were given to the above mentioned team members. Both handouts were reviewed and discussed during the Nursing Meeting held on 7/1/21 and sign in sheet was signed (attached). All above referenced team members who were not present at the Nursing Meeting were met with individually by the Resident Service Coordinator to review and discuss and sign in sheet was signed. We also had a voluntary Infection Control Assessment completed on 7/7/21, offered by the RRHCP and performed by Safety Specialist [REDACTED] and an infection control Nurse. They met with multiple team members from administration to direct care to environmental services during 2 different sessions on that day to discuss multiple areas of infection control including blood borne pathogens and glucose monitoring equipment. Sign in sheet attached. Moving forward, there will be no "house" glucometer available for use. This will be monitored by the Resident Service Coordinator monthly during Glucose equipment check and calibration – refer to next plan of correction.

Completion Date: 07/10/2021

Document Submission**Implemented**

Please see uploaded checklist

95 - Furniture and Equipment

1. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 6/24/21 at 10:28 a.m., the hot water handle for the sink in the common bathroom across from the beauty shop near the activity room was twisted tight making it difficult to turn the water on.

Plan of Correction**Directed**

The administrator put in a work order right away on 6/24/21 and the sink was fixed and in working condition on 6/24/21. Please find a copy of the rounding form that is completed by the administrator and Director of Maintenance to check on environmental needs and proper working equipment on a monthly basis. Please find the attached safety check form which is completed by the safety committee team members which is currently [REDACTED] and [REDACTED] on a monthly basis. A row was added to specifically check working conditions of the main restrooms. After the safety checks are completed, work orders are immediately placed for any needs found during the checks. Please see safety committee bylaws page 4 explaining this procedure.

(Directed)-

By 8/8/21, all staff members will be educated on \$2600.95 and the home's procedures for checking working conditions in main restrooms, conducting safety checks and completing work orders. Documentation will be submitted to the Department. [REDACTED] 7/28/21)

Completion Date: 07/27/2021

Document Submission**Implemented**

Please see uploaded monthly safety checklist and signed education forms

103f - Refrigerator/Freezer Temps

1. Requirements

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

On 6/24/21 at 11:09 a.m., the temperature in the freezer compartment of the Star House kitchen refrigerator was 10 degrees Fahrenheit, and at 4:29 p.m., it was 4 degrees Fahrenheit.

Plan of Correction

Directed

Administrator replaced thermometer in freezer the morning of 6/25/21. After a few hours, administrator re-checked temperature and it was 0. Since only a 0 temperature was maintained, the administrator contacted purchasing to purchase new refrigerators. Please find the invoice and capital budget form attached to purchase refrigerators with expected delivery date for 8/08/21. We will continue the daily temperature checks, please find log attached. Also, new refrigerator will have electronic digital temperature for easier reading(specs are attached)

(Directed)-

By 8/8/21, all staff responsible for food service will be educated on §2600.103(f) and daily temperature checks. Documentation will be provided to the Department. (██████ 7/30/21)

Completion Date: 07/27/2021

Document Submission

Implemented

See attached education form and signatures and current temperature logs

185a - Implement Storage Procedures

1. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On 6/25/21, resident #9's glucometer was not calibrated to the current date.

Plan of Correction

Accept

A resident's personal glucometer was not calibrated with the proper date. The Resident Service Coordinator was able to immediately set the proper date and time on the above referenced glucometer on 6/25/21 during the inspection. The Resident Service Coordinator will develop and implement a form for the monthly checking of proper glucose monitoring equipment for assigned residents, including but not limited to appropriate and sufficient supplies, machine calibration and function (see attached). A step by step instruction guide has been placed with the glucose machine as an added measure. Please see picture attached.

Completion Date: 07/27/2021

Document Submission

Implemented

No changes needed

233c - Key-Locking Devices

1. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

On 6/24/21, the directions for operating the home's locking mechanism were not conspicuously posted near the door to the Secure Dementia Care Unit (SDCU) exits leading to the courtyard from Tree House, Star House and School House.

Plan of Correction**Directed**

The administrator created laminated signs to post at each courtyard door to allow a conspicuous look to create access to individuals when the doors are secured. These signs were posted on 6/25/21. Please find sign attached. A line item was added to the monthly safety check to check on posting of code at all doors including all doors leading to the courtyard and gate. Please see safety checklist attached.

(Directed)-

By 8/8/21, all staff will be educated on §2600.233(c) and documentation will be provided to the Department. (█).

7/30/21)

Completion Date: 07/27/2021

Document Submission**Implemented**

See attached education form and signatures and monthly safety checklist