

Department of Human Services  
Bureau of Human Service Licensing

August 10, 2021

[REDACTED] PRESIDENT/CEO  
PRESBYTERIAN SENIOR CARE INC  
1215 HULTON ROAD  
OAKMONT, PA 15139

RE: WESTMINSTER PLACE OF  
OAKMONT  
1215 HULTON ROAD  
OAKMONT, PA, 15139  
LICENSE/COC#: 42962

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/12/2021, 07/13/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Larry Mazza

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:** WESTMINSTER PLACE OF OAKMONT      **Licen e #:** 42962      **Licen e Expiration Date:** 06/30/2022  
**Addr e :** 1215 HULTON ROAD, OAKMONT, PA 15139  
**County:** ALLEGHENY      **Region:** WESTERN

**Administrator**

**Name:** [REDACTED]      **Phone:** 4128266088      **Email:** [REDACTED]

**Legal Entity**

**Name:** PRESBYTERIAN SENIOR CARE INC  
**Address:** 1215 HULTON ROAD, OAKMONT, PA, 15139  
**Phone:** 4128266088      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** I-2      **Date:** 07/07/2015      **Issued By:** Borough of Oakmont  
**Type:** I-1      **Date:** 12/09/2011      **Issued By:** Borough of Oakmont

**Staffing Hours**

**Re ident Support Staff:** 0      **Total Daily Staff:** 85      **Waking Staff:** 64

**Inspection**

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Renewal, Complaint      **Exit Conference Date:** 07/13/2021

**Inspection Dates and Department Representative**

07/12/2021 - On-Site: [REDACTED]  
07/13/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 120      **Residents Served:** 80

**Secured Dementia Care Unit**

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

**Hospice**

**Current Re ident :** 4

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 80  
**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 5      **Have Physical Disability:** 0

## Inspections / Reviews

07/12/2021 - Full

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow-Up Date: *07/29/2021*

7/28/2021 POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/03/2021*

8/3/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/09/2021*

8/10/2021 - 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 7/12/21 at 10:30am, a binder labeled "24 hour report and care aid binder", which contained shower schedules for residents #1 and #2, as well as "new resident introduction letters" for residents #3 and #4, which included their names, dates of birth and health diagnoses, were unlocked and unattended in drawer in the 1st floor kitchenette.

On 7/12/21 at 10:50am, a binder containing narcotic logs and physicians orders for numerous residents, to include residents #5 and #6, was unlocked and unattended on top of the medication cart in the 1st floor hallway.

Plan of Correction

Accept

17-Record Confidentiality-

The 24 hour report, care binder containing shower schedules for residents #3, 4 and introduction letters for residents #1 and 2 were removed out of the kitchenette area and secured in the aide's office. The binder with narcotic logs for resident's #5 and 6 was placed inside of the med cart and locked.

The administrator re-educated team members during shift change huddles on 7/13 and 7/14 and 7/16 regarding the importance of record confidentiality and security. (Exhibit A1-3) All team members will complete and sign off on HIPPA education and record confidentiality by 7/28/21. (Exhibit B)

Random audits will be done by nursing x 3 months to monitor for unlocked binders containing personal confidential information. Findings to be shared with Administrator for QA monitoring. (Exhibit C)

Completion Date: 07/27/2021

Document Submission

Implemented

No changes needed.

81b Resident Personal Equipment

1. Requirements

2600.

- 81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

81b - Resident Personal Equipment (continued)

**Description of Violation**

On 7/13/21, resident #7's bed enabler was moved approximately 2" from the mattress on one side, and the entire bed enabler could be pulled 2" away from the mattress with minimal force. Also, the enabler cover had an approximately 2" by 5" opening at the top, posing a possible entrapment hazard.

On 7/13/21, resident #8's bed enabler was positioned approximately 1" from the mattress and could be moved approximately 1" in each direction. Also, the enabler cover had an approximately 2" by 5" opening at the top, posing a possible entrapment hazard.

**Plan of Correction**

**Directed**

*81b- Residents Personal Equipment*

The enablers to Resident's #7 and #8 beds were removed on 7/22/21, due to their enablers posing a possible hazard or entrapment due to movement with minimal force. The residents and their families received written notification (Exhibit D) Additional resources related to safety education provided. (Exhibit E)

Team members were educated 7/29/21 of monitoring and reporting of any hazards or safety concerns as related to residents personal equipment. (Exhibit Y) EVS team leader to schedule routine cleaning of personal equipment, with maintenance checks as needed for any reported issues or concerns.

The Social Services coordinator will complete an audit of all residents' personal equipment by 7/30/21 (Exhibit Z1-2), to ensure resident's personal equipment is clean, in good repair and free from hazards. Results of the audit will be forwarded to administrator for QA monitoring.

*DIRECTED: Within 48 hours of receipt of the plan of correction: A designated staff person shall inspect all resident bed enablers daily to ensure they are clean, in good repair, secured to the bed and that a cover is present over the enabler. LM 8/3/21*

**Completion Date:** 08/02/2021

**Document Submission**

**Implemented**

On 8/3/21, social services completed an audit of all residents personal equipment and noted three residents that previously had bed enablers were removed. Daily inspections initiated within 48 hrs of receipt of plan of correction confirm there are no enablers. (exhibit 1) Any residents that need assistance with bed transfers will be offered assistance as needed. Therapies to be consulted as needed for any equipment recommendations.

82a - Poisonous Materials

**1. Requirements**

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

**Description of Violation**

On 7/12/21 at 10:15am, an unlabeled spray bottle, which was approximately ¾ full of an unknown pink liquid, was present under the hot foods table in a cabinet in the 2nd floor kitchenette.

82a - Poisonous Materials (continued)

Plan of Correction

Accept

82a Poisonous Materials

The unlabeled spray bottle with a pink cleaner which was noted under the steamtable cabinet was removed and wasted prior to survey exit on 7/13/21. Staff education was completed during shift huddles on 7/13 16. (Exhibit A1 3)

The Director of Environmental Services was notified to re educate EVS team on the proper procedures for filling, labeling and storage of spray bottles by 7/27/21. (Exhibit F)

The EVS director will complete random audits x 2 months to monitor the neighborhoods for any unlabeled spray bottles and submit findings to administrator for review and QA purposes. (Exhibit G)

Completion Date 07/27/2021

Document Submission

Implemented

No changes needed

91 - Telephone Numbers

1. Requirements

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

On 7/13/21, there were no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone on resident #10's dresser.

Plan of Correction

Accept

91- Telephone Numbers

An emergency telephone numbers phone tag was enlarged, printed and place on resident #10 new phone on 7/19/21. (Exhibit H)

The administrator re-educated team members during shift huddles on 7/13-16, to monitor and report any missing emergency phone tags. (Exhibit A1-3)

The concierge will complete an audit by 7/23/21, to ensure no other residents are missing emergency telephone tags for their phones. (Exhibit I) Findings will be forwarded to Administrator for QA monitoring.

Completion Date: 07/27/2021

Document Submission

Implemented

No changes needed.

121a - Unobstructed Egress

1. Requirements

2600.

- 121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

121a - Unobstructed Egress (continued)

**Description of Violation**

On 7/12/21 at 11:00am, a metal chain blocked the egress route from the home's front porch to the steps.

**Plan of Correction**

**Directed**

*121a- Unobstructed Egress*

*A plastic chain that was attached to a railing by the steps leading to the front porch was removed on 7/12/21. The survey inspector observed that the chain had been removed. The Maintenance Director educated his team on 7/29/21 regarding unobstructed egress. (Exhibit X)*

*Monitoring of outside grounds for any safety concerns and obstruction is completed monthly by a team member from the campus safety committee.*

*The safety checklist was revised to include "Stairways, hallways, passageways and egress routes from rooms and the building must be unlocked and unobstructed" (Exhibit J) Findings will be noted and shared at the monthly safety committee meeting for any further comments or corrective actions. The Administrator will note any safety concerns or corrective actions for QA purposes.*

*DIRECTED: Within 48 hours of receipt of the plan of correction: A designated staff person shall inspect stairways, hallways, doorways, passageways and egress routes from the building to ensure they are unlocked and unobstructed. LM 8/3/21*

**Completion Date:** 08/02/2021

**Document Submission**

**Implemented**

*Directed: Within 48 hours of receipt of plan of correction, the director of maintenance completed an inspection of stairways, hallways, doorways, passageways and egress routes from the building to ensure that they are unlocked and unobstructed. (exhibit 2) All areas remain clear, free from obstruction.*

184a - Labeling OTC/CAM

**1. Requirements**

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.

## 184a - Labeling OTC/CAM (continued)

**Description of Repeat Violation**

*Resident #11's Breo-Ellipta-100mcg/25mcg inhaler does not include a pharmacy label.*

*On 5/24/21, resident # 11 was prescribed Tramadol HCL-50mg tablets-Take 1 tablet by mouth every 4 hours as needed; however, the pharmacy label indicates "Tramadol HCL-50mg-Take 1 tablet by mouth five times a day, as well as Tramadol-HCL 50mg-Take 2 tablets by mouth twice daily as needed.*

**REPEAT VIOLATION:** 12/18/2019

**Plan of Correction****Accept***184a- Labeling OTC/CAM*

*Resident # 11 Breo-Ellipta inhaler did not have a pharmacy label on the inhaler. It appears that the original box or bag with the pharmacy label was missing. A replacement inhaler was received. (Exhibit K) Staff re-educated to keep inhalers in original packaging as pharmacy is unable to directly label residents inhaler which comes sealed in foil from manufacturer. (Exhibit A1-3)*

*Resident #11 Tramadol 50mg – take 1 tab by mouth 5 times daily, in addition to 1 tablet twice daily as needed for pain was changed on 3/23/21 -to 1 tablet every 6 hours as needed for pain. A directional change sticker should have been applied to all cards to refer to chart to alert staff of order change.*

*On 5/24/21, the nurse documented in the nursing notes of notifying the PCP of the change in orders by a hospital physician for Tramadol 50mg to- 1 tablet every 4 hours for pain. However, it is noted that the PCP deferred changing the order until further review. (Exhibit L) Review of current physicians' orders note no changes were made in May. Tramadol 50mg 1 tablet every 6 hours as needed for pain remains active. (Exhibit M)*

*The administrator re-educated nurses and med techs regarding pharmacy labeling during shift huddles on 7/13-15. (Exhibit A1-3) The consultant pharmacist completed an onsite visit on 7/16/21, and provided additional education resources for training purposes. (Exhibit N1-2) A Pharmacy technician completed cart audits on 7/24/21 to ensure all residents inhalers, OTC/CAM are properly labeled. (Exhibit O1-2)*

*Nursing will complete weekly audits x 2 months to monitor for any unlabeled medications or medications requiring directional change stickers for med changes. (Exhibit P) The administrator will work with pharmacy to set up routine cart audit to monitor pharmacy labels. Findings to be forwarded to Administrator for QA monitoring.*

**Completion Date:** 07/27/2021

**Document Submission****Implemented**

*No changes needed.*

## 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.

185a - Implement Storage Procedures (*continued*)**Description of Violation**

*Resident #11 is prescribed Oxycodone 5mg tablet-Take 1 tablet by mouth 3 times daily as needed"; however, the medication was not available in the home on 7/13/21 for administration.*

**Plan of Correction****Accept**

*185a- Implement Storage Procedures*

*Resident #11 Oxycodone 5mg tablet- take 1 tablet by mouth daily as needed for pain was not available in the cart and needed authorization for re-order by PCP for refill. The medication was received from pharmacy on 7/14/21 Exhibit Q), counted and placed in double locked box for storage.*

*The administrator re-educated med techs on re-ordering process and nurse notification for narcotic refills on 7/14-16. (Exhibit A1-3)*

*The consultant pharmacist completed an onsite visit on 7/16 and provided additional education for receiving controlled medications. (Exhibits N1, N3). Changes from daily pharmacy delivery to cycle refill for routine medications to be implemented in the next few months to support the medication management process. (Exhibit N4)*

*Nursing will complete weekly audits x2 months of Narcotic sheets to monitor supply availability and refill needs.*

*Exhibit R) Audits to be forwarded to Administrator for QA monitoring and for additional recommendations or changes.*

**Completion Date:** 07/27/2021

**Document Submission****Implemented**

*No changes needed.*

## 187a - Medication Record

**1. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

**Description of Violation**

*On [REDACTED] resident # 11 was prescribed Tramadol HCL-50 mg tablets-Take 1 tablet by mouth every 4 hours as needed; however, the the resident's July 2021 medication administration record (MAR) indicates Tramadol HCL-50mg tab-Take 1 tablet by mouth every 6 hours as needed.*

187a - Medication Record *(continued)***Plan of Correction****Accept***187a- Medication Record*

On [REDACTED], Resident #11 hospital discharge summary noted time change for Tramadol 50mg – take 1 tablet by mouth every 6 hours to 1 tablet every 4 hrs as needed for pain. Nursing notified the resident PCP, who requested to hold changing current med list from discharge orders until pharmacist review. (Exhibit L)

On 5/25/21, the pharmacist reviewed the hospital discharge summary. The pharmacist recommendations was to continue Tramadol PRN Q6hrs, which is what the resident was on prior to hospitalization, instead of Q4h as indicated on the discharge summary. The PCP noted the pharmacist recommendations to continue Tramadol PRN Q6 hrs as previous order. (Exhibit M1-2)

Nurses were educated on 7/30/21, regarding new procedure for reviewing hospital discharge summary upon admission when comparing discharge medications against resident's current med list. Any changes or PCP recommendations should be noted on the summary sheet. (Exhibit M3)

Nursing Supervisor/designee will complete random discharge summary audits x2 months to review for follow up actions and report any concerns to administrator for QA purposes. (Exhibit M4)

Completion Date: 08/02/2021

**Document Submission****Implemented**

No changes needed.

## 187b - Date/Time of Medication Admin.

**1. Requirements**

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

## 187b - Date/Time of Medication Admin. (continued)

**Description of Violation**

Resident #11 is prescribed Tramadol HCL 50mg tablets Take 1 tablet by mouth every 4 hours as needed, as well as Xanax 0.25mg Take 1 tablet by mouth at bedtime as needed. The resident's Tramadol was administered to the resident on 7/1/21, 7/3/21, 7/5/21, 7/6/21 and 7/8/21, and the resident's Xanax was administered to the resident on 7/1/21, 7/2/21, 7/4/21 through 7/9/21 and 7/11/21; however, the resident's July 2021 MAR only indicates the time of administration and does not include the initials of the staff persons who administered the medications.

According to the narcotic log for resident #11's Tramadol HCL 50mg, the medication was administered to the resident on the following dates and times; however, the resident's July 2021 MAR does not include the initials of the staff persons who administered the medication:

- | <b>Date</b> | <b>Time</b> |
|-------------|-------------|
| • 7/7/21    | 4:30pm      |
| • 7/11/21   | 4:30pm      |
| • 7/12/21   | 5:00pm      |

According to the narcotic log for resident #11's Xanax-0.25mg, the medication was administered to the resident on 7/3/21 at 8:35pm; however, the resident's July 2021 MAR does not include the initials of the staff person who administered the medication.

Resident #12 is prescribed Lorazepam 1mg tablet-Take 1 tablet by mouth twice daily as needed. The resident's Lorazepam was administered to the resident on 7/1/21, 7/5/21 and 7/12/21; however, the resident's July 2021 MAR only indicates the time of administration and does not include the initials of the staff persons who administered the medications.

According to the narcotic log for resident #12's Lorazepam, the medication was administered to the resident on 7/11/21 at 4:00am; however, the resident's July 2021 MAR does not include the initials of the staff person who administered the medication.

187b - Date/Time of Medication Admin. (continued)

**Plan of Correction**

**Directed**

*187b-Date/Time of Medication Administration*

*The printed July MARs used to view Residents # 11 PRNs (as needed), displayed the last date/time for Tramadol HCL -50mg which was administered on 7/1, 7/3, 7/5, 7/6 and 7/8; and Xanax 0.25mg which was administered on 7/1, 7/2, 7/4-9, and 7/11. The staff initials did not display on printed MAR, although noted when in EMAR view.*

*Resident # 12 printed July MAR for PRN Lorazepam 1mg -administered on 7/1, 7/5 and 7/12 displayed the last date/time for medication administered, but the staff initials did not display on the printed MAR, although noted when in EMAR view.*

*A Medication Administered report for JULY PRN medications administered for Resident #11 and #12 was generated, which displays the residents name, name of medication, date and time of administration and included the staff initials when printed. (Exhibit S1-3)*

*When reviewing resident #11's Narcotic log for dates and times of Tramadol HCL 50mg given as needed, the MAR did not have a corresponding entry with staff initials for medications administered on 7/7 at 4:30pm, 7/11 at 4:30pm and 7/12 at 5pm. Xanax -0.25mg was administered on 7/3 at 8:35pm as noted on the Narcotic log, however the MAR did not have a corresponding entry with staff initials for medication administered.*

*In reviewing Resident #12's Lorazepam documented on Narcotic log for 7/11/21 at 4am, it appears to be a date entry error on the narcotic sheet as the EMAR time notes 4am on 7/12. The administrator provided education on 7/13-16 regarding PRN documentation in EMAR to correspond with dates and times as noted on the Narcotic logs. (Exhibit A1-3) Additional education on PRN documentation completed 7/30/21. (exhibit A4)*

*Nursing supervisor/designee to complete weekly audits x2 months, (Exhibit ZZ) for review of Narcotic logs to ensure corresponding documentation of PRN medications administered are noted in MAR. Audits to be forward to Administrator for QA monitoring.*

*DIRECTED: Within 5 days of receipt of the plan of correction: All staff persons qualified to administer medications shall be reeducated on proper medication administration procedures, which includes documentation on resident MAR's at the time of medication administration. Documentation of the education shall be kept. LM 8/3/21*

*DIRECTED: Within 48 hours of receipt of the plan of correction: A designated staff person shall review at least 5 resident MAR's daily for a week, then weekly thereafter, to ensure resident MAR's are initialed by staff persons at the time of medication administration. Documentation of the audits shall be kept. LM 8/3/21*

**Completion Date: 08/02/2021**

**Document Submission**

**Implemented**

*Directed POC: All qualified staff persons who administer medications were re-educated within 5 days of receipt of POC, on proper medication administration procedures, which includes documentation on residents MAR at the time of medication administration. Review of P&P for Medication Administration, PRN protocols, Medication Pass procedures and Error prevention reviewed.*

*Within 48 hrs of receipt of plan of correction, designated team leaders/nurse reviewed at least 5 resident MARs daily, to ensure initials by staff completed at time of medication administration.*

*(See exhibit 3 -daily audits with documentation)*

## 224a - Preadmission Screen Form

**1. Requirements**

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**

Resident #13's preadmission screening, dated [REDACTED] does not indicate if the resident can safely use and avoid poisonous materials. This section of the form is blank.

**Plan of Correction****Accept**

224a- Prescreen

The prescreen for Resident #13 was reviewed and corrected on 7/12/21, as this resident CAN safely use and avoid poisonous materials. (Exhibit T) A copy of the corrected prescreen was provided to the inspector on 7/13.

The Social Services coordinator completed an audit of all other residents' preadmission screenings by 7/23/21, to ensure this section is not blank on any other assessments. (Exhibit U1-2) Results of the audit will be forwarded to the administrator for QA purposes.

The Admission Assessment coordinator will review any new preadmission screenings for completion of this section as she completes the resident's assessment and support plans.

**Completion Date:** 07/27/2021

**Document Submission****Implemented**

No changes needed.