


Department of Human Services
Bureau of Human Service Licensing

October 14, 2021

 DIRECTOR OF PERSONAL CARE

RE: LONGWOOD AT OAKMONT
PERSONAL CARE CENTER
500 ROUTE 909
VERONA, PA, 15147
LICENSE/COC#: 44139

Dear ,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/14/2021, 07/15/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,


Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *LONGWOOD AT OAKMONT PERSONAL CARE CENTER* License #: *44139* License Expiration Date: *10/29/2021*
Address: *500 ROUTE 909, VERONA, PA 15147*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *29* Waking Staff: *22*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *07/15/2021*

Inspection Dates and Department Representative

07/14/2021 - On-Site: [REDACTED]
07/15/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *40* Residents Served: *28*

Secured Dementia Care Unit

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

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *28*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *1* Have Physical Disability: *1*

Inspections / Reviews

07/14/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/05/2021*

9/13/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *09/17/2021*

10/14/2021 - 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 7/14/21, at approximately 10:50 a.m., the licensing inspection summary, dated 1/17/19 was posted with the Chapter 2600 Regulations on a pillar at the front desk. The resident privacy coding document was attached to the licensing inspection summary listing resident #1.

Plan of Correction

Accept

The privacy code page was immediately removed.

Administrative Assistant was educated about the violation. upon discovery.

A team education was provided on Tuesday 9/7/21.

Administrative Assistant will monitor the violation report public report posting quarterly for like violations.

Please see attached monitoring tool.

Completion Date: 09/08/2021

Document Submission

Implemented

Initial audit has been completed

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

Resident #2's contract, dated [REDACTED], 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 8/30/21.

Administrative Assistant developed an audit tool to utilize for a thorough audit of residents' charts on .

Please see attached audit tool .

.Administrative Assistant reviewed all Parkview Resident files for contract signatures on 8/30/21

Administrative Assistant will audit resident files accordingly on a quarterly basis thereafter with the initial audit taking place on 9/7/21 The next audit is scheduled to take place in Dec.2021 and quarterly subsequently thereafter.

Completion Date: 09/07/2021

Document Submission

Implemented

See attached audit tool.

91 - Telephone Numbers

1. Requirements

2600.

91 - Telephone Numbers (continued)

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 7/14/21, at approximately [redacted] none of the required emergency numbers posted on or near resident #3's telephone in bedroom [redacted]

Plan of Correction

Accept

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

Education will be provided to the team at the monthly meeting on 9/7/21 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 the need for phone tags by 9/7/21. this is education is being provided since residents and families 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. The 3-11 Supervisor or designee will complete phone tag audits quarterly with the initial audit being completed by September 14,2021, and quarterly there after.

Completion Date: 09/14/2021

Document Submission

Implemented

see audit tool

92 - Windows

1. Requirements

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

On 7/14/21 at approximately 11:30 a.m. the two windows in the country kitchen in the memory care on the second floor had books holding the sash open in each window. The window sashes appeared to be broken on both windows. The first window would only stay open approximately 6" without the book propping it open. However, the second window slammed shut and could not stay open at all without being propped up.

Plan of Correction

Accept

please note - this community does not have a memory care neighborhood.

2 new windows have been ordered to replace the current defective windows, as parts to repair the windows are no longer available, Documentation of a work order for a new windows for the second floor country kitchen will follow. The time frame for delivery is 4-5 weeks., which is why the completion is delayed.

The shift charge nurse will round daily to ensure the window is shut until a new windows arrive and are installed.

Education has been provided to the team on 9/7/21

Completion Date: 10/15/2021

Document Submission

Implemented

window was secured shut while waiting for window arrival. window has not arrived a the time of this update.

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

On 7/14/21 at approximately 11:51 a.m., resident #3 does not have a source of light to be turned on/off from bedside in bedroom [REDACTED]. The light bulb was burnt out and no other light at bedside was available.

On 7/14/21, the bedside lamp in resident #4's bedroom [REDACTED] cannot be turned on/off from the bedside. The bedside table is between the bed and a tall five drawer dresser that the lamp sits upon.

Plan of Correction**Accept**

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

Education was provided to the team at the monthly meeting on 9/7/21 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 by 9/7/21.

An audit tool was created and will be completed on a quarterly basis by the 3-11 Nurse Supervisor. Initial audit will be completed by Sept. 14, 2021 and then quarterly thereafter.

Completion Date: 09/14/2021

Document Submission**Implemented**

please see attached .

103g - Storing Food**1. Requirements**

2600.

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

Description of Violation

On 7/14/21, at approximately 10:17 a.m., the following items were open and unsealed in the walk-in freezer of the main kitchen, to include:

- A 10lb. box of whole wheat pancakes in an open bag inside the box and the box was open. Approximately 1/2 full.
- A box of individual 1.5oz scoops of Gourmet Heath Bar Crunch cookie dough in an open bag inside the box and the box was open. Approximately 3/4 full.
- A box of 7" Riches Pizza shells open.

Plan of Correction**Accept**

Education was provided to the dining services team by the dining services manager on 9/1/21.

Dining Services Team will be Checking all refrigeration for opened boxes , and [REDACTED] has been added to kitchen closing checklist.

This checklist is completed nightly by the dietary worker and checked by the closing manager.

The checklist will be kept for a year.

Completion Date: 09/14/2021

103g - Storing Food (continued)

Document Submission

Implemented

please see attached audit tool

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.

Description of Violation

On 7/14/21 at approximately 10:22 a.m., the emergency exit door in the dining room to the exterior of the home was locked.

Plan of Correction

Accept

Door was unlocked immediately upon discovery .

Education was provided to the team on 9/7/21.

The shift charge nurse will check to dining room door on shift basis to ensure it is unlocked.

The building services team will install panic hardware to prevent this situation from reoccurring.

Completion Date: 09/14/2021

Document Submission

Implemented

please see attached proposal for new doors with panic hardware . This fix requires a new door instead of just hardware . Item is ordered and installers will be prepared to install upon arrival.

131f - Fire Extinguisher Inspection

1. Requirements

2600.

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

On 7/14/21, the homes fire extinguishers have not been inspected by a fire safety expert in the 2021 year. The tags on all the fire extinguishers indicates an inspection date of June 2020.

Plan of Correction

Accept

1.On 7/15/21 Fire Fighters reported to Longwood at Oakmont Campus, and inspected all fire extinguisher.

3. We now have a contract to do this work annually with Firefighters

4. Operation and Maintenance will be responsible for monitoring this work and insuring it is done on time.

5. A reminder for this work and/or to make sure FireFighters has been contacted is programmed into our WorxHub maintenance program which not only will give us a daily reminder about the days remaining until this is due again (in duplicate) which will show up May 1st and May 15th .

Education was provided to the team on 9/7/21.

Completion Date: 07/15/2021

Document Submission

Implemented

fire extinguishers inspection was verified by inspector while on site .

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:

4. Strength.

Description of Violation

Resident #4's June 2021 MAR includes [REDACTED] – instill one drop in both eyes three times a day. (8:00 a.m., 2:00 p.m. & 8:00 p.m.). However, the physician order, dated 4/21/21 and the pharmacy label indicate [REDACTED] each eye three times daily.

Plan of Correction**Accept**

The prescribing Physician was contacted and order clarification was obtained.

Medication label was correct, hence correct strength was administered .

MAR was corrected to reflect correct strength.

RN/ LPN on duty will audit all medications delivered from pharmacy prior to putting them in the med carts.

Med techs will participate in monthly cyclefill with pharmacy to ensure medications received match MAR. Any discrepancies will be escalated to the nurse for further investigation and needed remediation.

11-7 Nurse will complete monthly audits on medication carts to ensure compliance.

Completion Date: 07/16/2021

Document Submission**Implemented**

please medication audit tool for 8/2/21 & 9/7/21