

Department of Human Services
Bureau of Human Service Licensing

March 25, 2022

[REDACTED], DIRECTOR OF PERSONAL CARE
[REDACTED]
[REDACTED]

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 02/23/2022, 02/24/2022 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

Facility Information

Name: *LONGWOOD AT OAKMONT PERSONAL CARE CENTER* License #: *42990* License Expiration: *06/03/2022*
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: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *20* Waking Staff: *15*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *02/24/2022*

Inspection Dates and Department Representative

02/23/2022 - On-Site: [REDACTED]
02/24/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *49* Residents Served: *20*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *20*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

02/23/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/11/2022*

Inspections / Reviews (*continued*)

03/14/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *03/22/2022*

03/25/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

132c - Fire Drill Records

1. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the fire drill conducted on 12/21/21 at 5:30 am indicates the stairwell exit route was used; however, no residents were evacuated during this fire drill.

Plan of Correction

Accept

- 1.)Education will be provided by 3/22/2022 to the Longwood at Oakmont maintenance and personal care team about fire drill requirements and accurate documentation of such.
- 2.)Administrator , head of maintenance , or designees will provide monthly audits on the fire drill record to ensure information is being captured and reported accurately. 3.)Fire drills we be reviewed during each month's safety committee to discuss challenges and areas for opportunity of improvement , including documentation and evacuation concerns.
- 4.) Proof of education will be submitted the week of 3/22/22.

Completion Date: 03/25/2022

Document Submission

Implemented

education sign off sheet attached

132d - Evacuation

1. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home activated the fire alarm to conduct fire drills on the following dates/times; however, no residents were evacuated to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert.

- 1/28/22 at 11:10 am
- 12/21/21 at 5:30 am

Plan of Correction

Accept

The fire drill on 1/28/22 was during a period of Covid-19 out brake, and the administrator was also ill during that time. Consequently, DHS was not called to notify that evacuation was not taking place. Moving forward , the following steps will be taken to ensure that either appropriate evacuation or notification will occur.

- 1.)A chain of command is established for DHS notification in PC and education has been provided - Please see attached education plan
- 2.)Education will be provided by 3/22/2022 to the Longwood at Oakmont maintenance and personal care team about fire drill requirements and accurate documentation of such.

132d - Evacuation (continued)

- 3.) Administrator , head of maintenance , or designees will provide monthly audits on the fire drill record to ensure information is being captured and reported accurately.
- 4.) Fire drills we be reviewed during each month's safety committee to discuss challenges and areas for opportunity of improvement , including documentation and evacuation concerns
- 5.) Education on expectation/ clarity of fire safe areas/ defining evacuation per our local fire safety expert will be completed by 3/22/22 of fire drills will be provided to both the maintenance team and the personal care team.
- 6.) Proof of education will be provided to the department the week of 3/22/22

Completion Date: 03/25/2022

Document Submission

Implemented

education attached and completed.

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

On 2/24/22, the first aid kit in the shuttle bus #2014, which is used to transport residents, did not include the following items:

- Antiseptic
- Thermometer
- Eye coverings
- Tweezers

REPEAT VIOLATION: 5/26/2021, et. al.

Plan of Correction

Accept

First aide kits were immediately audited and needed components were added to the existing first aid kit.

New first aide kits were purchased and have all required components in them. They will be secured by plastic tamper seals so that it is readily seen if someone has used the first aide kit and that it should be restocked.

The Security / Driver Team will monitor and record that they have observed the first aide kits for the plastic tamper seal or absence of the plastic tamper seal at the beginning of each assigned shift. If a plastic tamper seal has been tampered with or removed, the driver will audit the first aide kit , and refill needed items prior to leaving for the first run on their shift.

Education via audit practice will occur with the Driver and Security team will occur daily x 1 month, weekly x 1 month , and quarterly thereafter.

Education will included required components and why the first aid kits are required in fleet vehicles and initial education will be completed by 3/22/22 to both the PC team and the Driver & Security Team. Proof of such will be submitted by 3/25/22.

171b5 - First Aid Kit (continued)

Completion Date: 03/25/2022

Document Submission

Implemented

education proof attached and completed