

Department of Human Services
Bureau of Human Service Licensing

June 3, 2022

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

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 05/18/2022, 05/19/2022 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: *WESTMINSTER PLACE OF OAKMONT* License #: *42962* License Expiration: *06/30/2023*
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: *I-2* Date: *07/07/2015* Issued By: *Borough of Oakmont*
Type: *I-1* Date: *12/19/2011* Issued By: *Borough of Oakmont*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *71* Waking Staff: *53*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *05/19/2022*

Inspection Dates and Department Representative

05/18/2022 - On-Site: [REDACTED]
05/19/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *120* Residents Served: *69*

Secured Dementia Care Unit

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

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *69*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *2* Have Physical Disability: *0*

Inspections / Reviews

05/18/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/02/2022*

Inspections / Reviews (*continued*)

06/02/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *06/06/2022*

06/03/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

65d - Initial Direct Care Training

1. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person A, whose first day of work was [REDACTED], began providing unsupervised direct care services on this date. However, direct care staff person A did not successfully complete and pass the Department-approved direct care training course and pass the competency test until [REDACTED]

Plan of Correction

Accept

Direct care staff person "A" was under the supervision of another manager at another campus in which [REDACTED] was based out of at the time of [REDACTED] hire date on [REDACTED]. It appears that [REDACTED] HR orientation records were not complete at the time of hire.

In December 2021,

Team member applied for a full time position at Westminster Place on the Oakmont campus. During the interview process, team member provided administrator a copy of [REDACTED] Direct Care certificate dated [REDACTED]. This copy was placed in [REDACTED] education file for 2021. Team member's start date at Westminster Place was on [REDACTED].

The Department Specific Onboarding Checklist has been revised to include completion of the Direct Care Training Course and test within the first week of orientation, prior to providing unsupervised care. (See attachment A)

Education regarding successful completion and passing the Department- approved direct care training course /competency test was shared during the weekly staffing schedulers meeting on 5/25. A memo with the link to the direct care course was provided via email to all network schedulers to make sure that that all direct care team have the required training completed, including supplemental staff from agencies. (see attachment B)

The Administrator will complete a 30 day audit of any new hires, to ensure all required documents are completed and reviewed for Quality Management purposes. (see attachment C)

Completion Date: 06/01/2022

Document Submission

Implemented

Direct care staff person "A" was under the supervision of another manager at another campus in which [REDACTED] was based out of at the time of [REDACTED] hire date on 10/13/2020. It appears that [REDACTED] HR orientation records were not complete at the time of hire.

In December 2021,

Team member applied for a full time position at Westminster Place on the Oakmont campus. During the interview process, team member provided administrator a copy of her Direct Care certificate dated 12/10/2021. This copy was placed in [REDACTED] education file for 2021. Team member's start date at Westminster Place was on 12/26/2021.

The Department Specific Onboarding Checklist has been revised to include completion of the Direct Care Training Course and test within the first week of orientation, prior to providing unsupervised care. (See attachment A)

65d - Initial Direct Care Training (continued)

Education regarding successful completion and passing the Department- approved direct care training course /competency test was shared during the weekly staffing schedulers meeting on 5/25. A memo with the link to the direct care course was provided via email to all network schedulers to make sure that that all direct care team have the required training completed, including supplemental staff from agencies. (see attachment B)

The Administrator will complete a 30 day audit of any new hires, to ensure all required documents are completed and reviewed for Quality Management purposes. (see attachment C)
SEE ATTACHED

89b - Hot Water Temperature

1. Requirements

2600.
89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 5/18/22 at approximately 1:20 p.m., the hot water temperature at the sink in the home's first floor activity lounge measured 127.8 degrees Fahrenheit.

On 5/18/22 at approximately 1:34 p.m., the hot water temperature at the sink in the home's third floor country kitchen area measured 124.5 degrees Fahrenheit.

On 5/18/22 at approximately 1:41 p.m., the hot water temperature at the sink in resident room #353 belonging to resident #1 measured 125 degrees Fahrenheit.

On 5/18/22 at approximately 1:43 p.m., the hot water temperature at the sink in resident room #357 belonging to resident #2 measured 124.8 degrees Fahrenheit.

On 5/19/22 at approximately 5:40 p.m., the hot water temperature at the sink in the home's first floor activity lounge measured 131.2 degrees Fahrenheit.

Plan of Correction

2600. 89b Hot water Temperature
During inspection on 5/18/22, hot water exceeded 120? in 4 separate locations during inspection. Maintenance adjusted the mixing valves upon completion of site inspection to lower temps. On 5/19/22, the water temp in the First floor lounge sink was 131.2 ?. Maintenance was notified and made additional adjustments. On 5/20/22, Administrator verified water temp readings were below 120? at 1pm on first floor and 3rd floor rounds.

The Director of Maintenance educated team members by 6/1/2022 on corrective actions for maintenance of temperature checks. (see attachment D)

Increased rounding was initiated to check and record hot water temps daily in various locations x 2 weeks to verify compliance maintenance, then weekly thereafter for preventative maintenance measures. (see attachment E)

Maintenance director will review audits and forward findings to administrator for Quality Management purposes. (see attachment F)

Completion Date: 06/01/2022

Accept

89b - Hot Water Temperature *(continued)***Document Submission****Implemented**

2600. 89b Hot water Temperature

During inspection on 5/18/22, hot water exceeded 120° in 4 separate locations during inspection. Maintenance adjusted the mixing valves upon completion of site inspection to lower temps. On 5/19/22, the water temp in the First floor lounge sink was 131.2 °. Maintenance was notified and made additional adjustments. On 5/20/22, Administrator verified water temp readings were below 120° at 1pm on first floor and 3rd floor rounds.

The Director of Maintenance educated team members by 6/1/2022 on corrective actions for maintenance of temperature checks. (see attachment D)

Increased rounding was initiated to check and record hot water temps daily in various locations x 2 weeks to verify compliance maintenance, then weekly thereafter for preventative maintenance measures. (see attachment E)

Maintenance director will review audits and forward findings to administrator for Quality Management purposes. (see attachment F)

SEE ATTACHED

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 5/18/22 at approximately 2:42 p.m. resident #3's handheld showerhead did not rest snugly in the cradle in resident room [REDACTED] private shower which allowed the showerhead to fall freely.

Plan of Correction**Accept**

2600.95- Furniture and Equipment

Resident #3's handheld showerhead was not resting in cradle snugly, therefore allowing the showerhead to fall freely. Maintenance was made aware and replaced the entire showerhead assembly prior to survey exit.

Nursing to complete staff education on maintenance procedures to report any furniture or equipment concerns by 6/1. (see signature sheets) Maintenance communication radios are available for staff on each floor to address immediate needs. Education for maintenance requisitions via Worxhub provided, as system is utilized by maintenance to monitor and track completion of maintenance work orders. (see attachment G)

Resident's handbook page with contact numbers for maintenance was updated and distributed to residents to utilized as needed. (see attachment H) Information will be shared at next resident relations meeting (see attachment I) and noted for Quality Management. (see attachment F)

Completion Date: 06/01/2022

Document Submission**Implemented**

2600.95- Furniture and Equipment

Resident #3's handheld showerhead was not resting in cradle snugly, therefore allowing the showerhead to fall freely. Maintenance was made aware and replaced the entire showerhead assembly prior to survey exit.

SEE ATTACHED

95 - Furniture and Equipment (continued)

Nursing to complete staff education on maintenance procedures to report any furniture or equipment concerns by 6/1. (see signature sheets) Maintenance communication radios are available for staff on each floor to address immediate needs. Education for maintenance requisitions via Worxhub provided, as system is utilized by maintenance to monitor and track completion of maintenance work orders. (see attachment G)

Resident's handbook page with contact numbers for maintenance was updated and distributed to residents to utilized as needed. (see attachment H) Information will be shared at next resident relations meeting (see attachment I) and noted for Quality Management. (see attachment F)

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 5/18/22 at approximately 3:00 p.m., resident #4 was unable to reach [redacted] lamp or any other operable source of light from [redacted] bedside in resident room [redacted]

Plan of Correction

Accept

2600.101.j- Lighting/Operable Lamp

Resident #4's nightstand and lamp was position on the left side next to [redacted] bed. However, when [redacted] raised the head of [redacted] bed up, [redacted] was unable to reach lamp to operate while lying in bed. The lamp was moved to a smaller table on the right side of [redacted] bed, which allowed [redacted] to reach and operate. This was corrected and verified prior to survey exit.

Nursing completed staff education by 6/1/2022, on regulation regarding operable lamps or other lighting sources that can be turned on at bedside. (see signature sheets)

Social services or designee will follow up with resident's upon admission to make sure they operate lamps at bedside. Information will be shared at next resident relations meeting and noted for Quality Management. (See attachment I)

Completion Date: 06/01/2022

Document Submission

Implemented

2600.101.j- Lighting/Operable Lamp

Resident #4's nightstand and lamp was position on the left side next to [redacted] bed. However, when [redacted] raised the head of [redacted] bed up, [redacted] was unable to reach lamp to operate while lying in bed. The lamp was moved to a smaller table on the right side of [redacted] bed, which allowed [redacted] to reach and operate. This was corrected and verified prior to survey exit.

Nursing completed staff education by 6/1/2022, on regulation regarding operable lamps or other lighting sources that can be turned on at bedside. (see signature sheets)

Social services or designee will follow up with resident's upon admission to make sure they operate lamps at

101j7 - Lighting/Operable Lamp (continued)

bedside. Information will be shared at next resident relations meeting and noted for Quality Management. (See attachment I)
SEE ATTACHED

183d - Prescription Current

1. Requirements

2600.
183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 5/19/22 at approximately 3:45 p.m., resident #2's [redacted] – Take one tablet by mouth twice daily was found in a roll pack of medication dated 5/20/22. However, resident #2's [redacted] – Take one tablet by mouth twice daily was discontinued on 5/6/22.

Plan of Correction

Accept

2600.183d- Prescription Current

Resident #2's [redacted] order was discontinued on 5/6/2022, however the pharmacy had not discontinued the medication in the strips delivered 5/13/2022. Strip packaging received on 5/20/22 noted the medication was discontinued and was pharmacy altered (removal of med from packaging) (see attachment L)

Pharmacy supplies resident's medications in strip packaging which is delivered weekly on Fridays and secured in med cart in nursing office. Nursing performs daily Mar checks and removes or isolate any meds not ordered, prior to medication administration as per pharmacy policy. (see attachment M)

Education regarding audits and MAR checks will be completed by 6/1/2022. (See signature sheets) Nursing will complete med audits at time of pharmacy delivery, comparing receiving slips against each MAR to ensure correct dosages were delivered and remove any discontinued medications as needed. (see attachment N) .

A documentation tracker has been developed to document any pharmacy or delivery issues, which will be shared by the administrator at the bi-monthly pharmacy meetings. (See attachment O) Any concerns will be tracked and trended for Quality Management review. (See attachment F)

Completion Date: 06/01/2022

Document Submission

Implemented

2600.183d- Prescription Current

Resident #2's [redacted] order was discontinued on 5/6/2022, however the pharmacy had not discontinued the medication in the strips delivered 5/13/2022. Strip packaging received on 5/20/22 noted the medication was discontinued and was pharmacy altered (removal of med from packaging) (see attachment L)

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183d - Prescription Current (continued)

A documentation tracker has been developed to document any pharmacy or delivery issues, which will be shared by the administrator at the bi-monthly pharmacy meetings. (See attachment O) Any concerns will be tracked and trended for Quality Management review. (See attachment F)
SEE ATTACHED

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 5/19/22 at 2:44 p.m., resident [REDACTED] indicated a date and time of 5/19/22 at 10:39 a.m.

REPEAT VIOLATION 7/12/21 et al

Plan of Correction

Accept

2600.185a- Implement Storage Procedures

Resident #2's glucometer's time reading was off by 4 hours. The time was recalibrated on 5/19/2022 to match the current date and time. However, the resident was issued a new glucometer on 5/26/2022 to ensure the date and time is holding correctly.

Nursing completed staff education by 6/1/2022, on changes to procedures for glucometer calibration. Date and time calibration checks will be added to the MAR to be completed on a monthly basis by night shift, to ensure all glucometers are in working order with correct date and time. (see attachment J)

Nursing or designee will review MARs for completion of calibration checks and forward findings or concerns for Quality Management review. (See attachment F)

Completion Date: 06/01/2022

Document Submission

Implemented

2600.185a- Implement Storage Procedures

Resident #2's glucometer's time reading was off by 4 hours. The time was recalibrated on 5/19/2022 to match the current date and time. However, the resident was issued a new glucometer on 5/26/2022 to ensure the date and time is holding correctly.
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