

Department of Human Services
Bureau of Human Service Licensing

September 7, 2022

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

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

Dear M [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/03/2022, 08/04/2022, 08/05/2022 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

September 7, 2022

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

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 08/03/2022, 08/04/2022, 08/05/2022 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
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *WOODSIDE PLACE OF OAKMONT* License #: *42973* License Expiration: *08/02/2023*
Address: *1215 HULTON ROAD, OAKMONT, PA 15139*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: [REDACTED] Email: [REDACTED]

Legal Entity

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

Certificate(s) of Occupancy

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

Staffing Hours

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

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Incident* Exit Conference Date: *08/05/2022*

Inspection Dates and Department Representative

08/03/2022 - On-Site [REDACTED]
08/04/2022 - On-Site [REDACTED]
08/05/2022 - 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 Building* 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

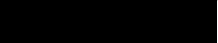
08/03/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/03/2022*

Inspections / Reviews (*continued*)

09/07/2022 - POC Submission

Review



Follow-Up Type: *Document Submission* Follow-Up Date: *09/09/2022*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED] resident #1 hit resident #2's [REDACTED] then resident #2 hit resident #1's [REDACTED]
The home did not submit an incident report to the Department until [REDACTED]

Plan of Correction

Accept

The team will be educated by administrator and shift leaders on appropriate requirements for abuse reporting through communication huddles as well as providing each team member with the Department of Human Services mandatory requirements for abuse reporting packet. Each team member must read the packet and sign the memo of acknowledgement by September 23, 2022 and return to the administrative assistant.

Completion Date: 09/23/2022

Update: 09/07/2022

Within 7 calendar days of receipt of plan of correction - At least weekly, the administrator or designee will review all unusual incidents to ensure all reportable incidents and conditions are reported to the Department within the required time frame and by the required reporting method. - JRW 9/7/22

82c - Locking Poisonous Materials

1. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On 8/3/22, there was a container of hydrogen peroxide cleaning wipes, with a manufacturer's label indicating "First aid: Get medical assistance if symptoms persist," unlocked and accessible to residents in the upper cabinet next to the refrigerator in the country kitchen in the Tree House.

Not all residents of the home, including resident #2, have been [REDACTED]

Plan of Correction

Accept

The team will be educated in daily huddles by administrator and shift leaders about the importance in locking poisonous materials for the safety of our Residents. An acknowledgement form of this education will also be signed by each team member. These must be signed and returned to our administrative assistant by September 16, 2022. In addition, the checking of poisonous materials in resident areas as been added to our monthly safety checklist that is completed by our safety team representative. These forms are completed and reviewed in safety committee monthly.

Completion Date: 09/16/2022

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.

92 - Windows (continued)

Description of Violation

On 8/3/22, there was a tear measuring approximately 1" by 1/4 "and a second tear measuring approximately 3/4" x 1/4 " in the 3rd lower window screen to the left of the dining room exit door in School House.

On 8/3/22, there was no screen in the lower window to the right of the dining room exit door in School House.

Plan of Correction

Accept

The appearance of screens and their placement has been added to the monthly safety checklist. The screens will be checked monthly to make sure they are secure and free of tears and holes. This is completed by our safety representative each month and reported at the monthly safety committee. If a screen is found that needs placed or fixed, it will be reported immediately to the maintenance team through the work order system.

Completion Date: 09/16/2022

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

Fire extinguishers in the home, including Star House have not been inspected by a fire safety expert since July 2021.

Plan of Correction

Accept

Unfortunately, due to covid in the building at the time of our inspection in July, the fire safety expert, Fire Fighters, refused to check our extinguishers for safety of their crew and rescheduled for August 30th. This inspection has been completed. Please see report attached.

Completion Date: 09/02/2022

Fire extinguisher inspection completed on 8/30/22. - JRW 9/7/22

Fire extinguishers will be inspected annually. - JRW 9/7/22