

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

November 9, 2023

[REDACTED], DIRECTOR OF PERSONAL CARE
LONGWOOD AT OAKMONT INC
500 ROUTE 909
VERONA, PA, 15147

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 10/03/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: LONGWOOD AT OAKMONT PERSONAL CARE CENTER License #: 42990 License Expiration: 06/03/2024

Address: 500 ROUTE 909, VERONA, PA 15147

County: ALLEGHENY

Region: WESTERN

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Legal Entity

Name: LONGWOOD AT OAKMONT INC

Address: 500 ROUTE 909, VERONA, PA, 15147

Phone: [REDACTED]

Email: [REDACTED]g

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: 18

Waking Staff: 14

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal

Exit Conference Date: 10/03/2023

Inspection Dates and Department Representative

10/03/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 49

Residents Served: 18

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: 18

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 0

Have Physical Disability: 0

Inspections / Reviews

10/03/2023 Full

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 11/02/2023

10/31/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/08/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 11/07/2023

Inspections / Reviews *(continued)*

11/07/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/08/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/14/2023

11/09/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/08/2023

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 10/3/23 there were the following unsecured, accessible and unattended documents in several areas of the home, to include:

*At 9:52 a.m., the red binder labeled "Brookwood First Floor" narcotic book was on a snack table in left corner next to the medication cart of common area on first floor, with residents prescribed narcotics to include:

resident #1-
resident #2-
resident #3-
resident #4-

*At approximately [REDACTED], the staff office off the common area, had multiple unsecured resident documents, to include:

- A clip board listing residents "checked -in meds" of residents prescribed narcotics, to include:

Resident #2 - [REDACTED], and [REDACTED].

- Dry erase board on wall with all of resident's room numbers, noting personal care needs and pharmacy used, as follows:

- Room # [REDACTED] indicates "Needs help showering."

*At approximately 11:10 a.m., there was a binder labeled, "Brookwood Behavior Log" on top of the shredder cart that was on the right side of the medication cart on the second floor.

Plan of Correction

Accept ([REDACTED] 10/31/2023)

In response to the violation on 10/30/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/03/2023 by the Director of Personal Care to removed unsecured documents immediately.

To enhance the currently compliant operations:

1. on 10/03/2023 the Director of Personal Care will [REDACTED] corrected immediately on 10/3/23, with a completion date of 10/03/2023.
2. on 10/09/2023 the Director of Personal Care will provided education to all staff members, with a completion date of 10/09/2023.
3. on 10/09/2023 the Director of Personal Care will will do walk through checks to ensure that there is no unsecured documents, with a completion date of 08/15/2024.

The overall completion date is 08/15/2024.

17 Record Confidentiality (continued)

Effective 10/09/2023 the Director of Personal Care will perform Bi weekly for 4 weeks then monthly checks and audits through 08/15/2024 to maintain ongoing compliance with keeping resident records confidential, and, except in emergencies, to not not allow access 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. Any deficiencies will be corrected immediately, and findings will be documented and reported to the [REDACTED], Director of Personal Care for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 08/15/2024

Implemented [REDACTED] - 11/09/2023)

81a - Accomodation

2. Requirements

2600.

81.a. The home shall provide or arrange for physical site accommodations and equipment necessary to meet the health and safety needs of a resident with a disability and to allow safe movement within the home and exiting from the home.

Description of Violation

On 10/3/23, there was a bed enabler attached to the left side of resident #4's bed in bedroom #1210. The enabler has a diagonal bar going from top right corner to the bottom left corner, with openings of 13 1/2". The cover is an unsecured loose fitted white pillowcase, that would not prevent any entrapment of limbs. The residents most recent medical evaluation, dated 4/9/23, indicates need of a walker and bed enabler for body positioning/movement. However, the resident's current assessment and support plan, dated 4/9/23, indicates the resident is independent of turning/positioning self. The resident reported has not used the bed enabler for the past 6 years and has no need for it.

Plan of Correction

Accept [REDACTED] - 11/07/2023)

In response to the violation on 10/03/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. on 10/04/2023 by the Director of Personal Care to Maintenance Supervisor will install a new secure enabler with secure cover attached.
2. on 10/03/2023 by the Assistant Personal Care Home Administrator to updated medical evaluation to match support plan.

To enhance the currently compliant operations:

1. on 10/04/2023 the Director of Personal Care will provide education to staff on Regulation 2600.81.a. The home shall provide or arrange for physical site accommodations and equipment necessary to meet the health and safety needs of a resident with a disability and to allow safe movement within the home and exiting from the home, with a completion date of 10/04/2023.
2. on 10/11/2023 the Assistant Personal Care Home Administrator will review Support Plans and DME's monthly, with a completion date of 12/31/2024.

Implementation of preventive actions will be overseen by the Assistant Personal Care Home Administrator, with an overall completion date of 12/31/2024.

81a - Accomodation (continued)

Effective 10/11/2023 the Director of Personal Care will perform quarterly audits through 12/31/2024 to maintain ongoing compliance with providing or arranging for physical site accommodations and equipment necessary to meet the health and safety needs of a resident with a disability and to allow safe movement within the home and exiting from the home. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Director of Personal Care for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 11/06/2023

Implemented (█ - 11/09/2023)

89b - Hot Water Temperature**3. Requirements**

2600.

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

Description of Violation

On 10/3/23, the hot water temperatures in bedroom # █ measured as follows:

* At 10:35 a.m., the hot water at the private bathroom sink measured 122.4 degrees Fahrenheit.

* At 10:40 a.m., the kitchenette sink water temperature measured 124.0 degrees Fahrenheit

Plan of Correction

Directed (█ - 11/07/2023)

In response to the violation on 10/03/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/03/2023 by the Maintenance to corrected water temperature to that area to 109°F.

To enhance the currently compliant operations, on 11/02/2023 the Maintenance will check water temperature monthly, with a completion date of 12/31/2024.

Effective 11/03/2023 the Maintenance will perform monthly audits through 12/31/2024 to maintain ongoing compliance with ensuring hot water temperature in areas accessible to the resident does not exceed 120°F. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Maintenance Supervisor for further review and continuous improvement.

Proposed Overall Completion Date: 11/06/2023

DIRECTED

Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall educate all staff persons on Regulation 2600.89(b) and the home's policy and procedures when water temperatures exceed 120°F.

Documentation of education shall be kept in accordance with Regulation 2600.65(i). 11/7/23 █

Directed Completion Date: 11/11/2023

Implemented (█ - 11/09/2023)

101o - Walls, Floors, Ceilings**4. Requirements**

2600.

101o - Walls, Floors, Ceilings (continued)

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

On 10/3/23, the light beige carpet in bedroom # [REDACTED], has a heavy concentration of dark blackish spots/stains from food/drink spillage from the resident's bedroom doorway into the bedroom.

Plan of Correction

Accept [REDACTED] - 11/07/2023)

In response to the violation on 10/03/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/04/2023 by the Housekeeping to carpet in bedroom # [REDACTED] was cleansed.

To enhance the currently compliant operations:

- 1. on 11/03/2023 the Housekeeping Supervisor will provide education on Regulation 2600.101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair to all Housekeeping staff, with a completion date of 11/03/2023.
- 2. on 11/03/2023 the Houskeeping will will preform quarterly room audits, with a completion date of 12/31/2024.

Implementation of preventive actions will be overseen by the Housekeeping, with an overall completion date of 12/31/2024.

Effective 11/03/2023 the Housekeeping will perform quarterly audits through 12/31/2024 to maintain ongoing compliance with ensuring the bedrooms have walls, floors and ceilings, which are finished, clean and in good repair. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Housekeeping Supervisor for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 11/06/2023

Implemented [REDACTED] - 11/09/2023)

107a - Emergency Preparedness

5. Requirements

2600.

107.a. The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located.

Description of Violation

On 10/3/23, the home did not have a copy of the emergency preparedness plan for the municipality, Plum Borough, in which the home is located.

Plan of Correction

Accept [REDACTED] - 11/07/2023)

In response to the violation on 10/03/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/04/2023 by the Director of Maintenance/Security to Plum Borough Emergency Management Team.

To enhance the currently compliant operations, on 10/04/2023 the Director of Maintenance/Security will contact Plum Borough Emergency Management Team to obtain the required documentation indicated in regulation 2600.107.a, with a completion date of 11/07/2023.

107a - Emergency Preparedness (continued)

Effective 10/04/2023 the Director of Maintenance/Security will perform annual reviews of the Emergency Preparedness binder through 12/31/2024 to maintain ongoing compliance with ensuring the administrator has a copy of, and is familiar with the emergency preparedness plan for the municipality in which the home is located. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Director of Personal Care for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 11/06/2023

Implemented [REDACTED] - 11/09/2023)

171b5 - First Aid Kit**6. 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 10/3/23 at approximately 11:35 a.m., there was no first aid kit present in the home's 2015 Dodge Caravan used to transport residents.

REPEAT VIOLATION: 2/23/22, et.al.

Plan of Correction

Accept [REDACTED] - 10/31/2023)

In response to the violation on 10/03/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/03/2023 by the Transportation Team to Transportation team corrected immediately.

To enhance the currently compliant operations:

1. on 10/03/2023 the Transportation Team will [REDACTED], corrected immediately, with a completion date of 10/03/2023.
2. on 10/11/2023 the Supervisor of Transportation will do weekly checks of all transportation vehicles to ensure first aid kit present, with a completion date of 12/31/2024.
3. on 10/11/2023 the Transportation supervisor will Education provided to the transportation team, with a completion date of 10/11/2023.

Implementation of preventive actions will be overseen by the Supervisor of Transportation, with an overall completion date of 12/31/2024.

Effective 10/09/2023 the Security Team will perform daily audits through 12/31/2024 to maintain ongoing compliance with Security Team, including ensuring a first aid kit with the contents as specified in § 2600.96 2015 Dodge Caravan., and ensuring a first aid kit with the contents as specified in § 2600.96 relating to first aid kit. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Jeremy Olszewski, Supervisor of Security and Transpiration for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 10/31/2023

Implemented [REDACTED] - 11/09/2023)

171b5 - First Aid Kit (continued)

183d - Prescription Current

7. 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 [redacted], resident #5's [redacted] - was discontinued on [redacted]; however, it was still stored in the medication cart.

Plan of Correction

Accept [redacted] - 11/07/2023)

In response to the violation on 10/3/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/03/2023 by the Director of Personal Care to Melanie Stewart.

To enhance the currently compliant operations:

- 1. on 10/03/2023 the Director of Person Care will removed resident #5's [redacted] from the medication cart and destroyed as per Home rules, with a completion date of 10/03/2023.
- 2. on 11/01/2023 the Director of Personal Care will Provide education on the Regulation 2600.183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home to all staff, with a completion date of 11/01/2023.
- 3. on 10/08/2023 the Nurse/Med-Tech will will do weekly cart audits, with a completion date of 12/31/2024.
- 4. on 10/04/2023 the Nurse/Lead Med-Tech will will write on calendar in nurses station any medication that has a stop date and remove the medication from the cart on the stop date, with a completion date of 12/31/0202.

Implementation of preventive actions will be overseen by the Nurse/Lead Med-Tech, with an overall completion date of 12/31/2024.

Effective 10/03/2023 the Director of Personal Care will perform monthly reviews through 12/31/2024 to maintain ongoing compliance with Provided education to all staff ensuring only current prescription, OTC, sample and CAM for individuals living in the home will be kept in the home. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Director of Personal Care for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 11/06/2023

Implemented ([redacted] - 11/09/2023)

184a - Resident's Meds Labeled

8. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 4. The prescribed dosage and instructions for administration.

Description of Violation

Resident #6 is prescribed [redacted] Mondays and Wednesday at bedtime. However, the pharmacy label indicates [redacted] - take one tablet three 's a day weekly on Monday, Wednesday, and

184a Resident's Meds Labeled (continued)

Friday.

Resident #6 is prescribed [redacted] per the sliding scale: 141 180 1unit; 181 220 2units; 221 260 3units; 261 300 4units; 301 340 5units along with an order for Humalog Kwik Pen 100U/ML Inject subcutaneously 5 units three times daily (8:00 a.m., 12:00 p.m. and 5:00 p.m.). The order for the sliding scale is not included on the pharmacy label of the bag the pens are stored in or the insulin pens.

Plan of Correction

Accept [redacted] - 11/07/2023)

In response to the violation on 10/03/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. on 10/03/2023 by the Director of Personal Care to Charge Nurse to place a direction change sticker on medication.
2. on 10/04/2023 by the education was provided to Charge Nurse/Lead Med Tech's that they must check all medication received from pharmacy to ensure it matches the medication record prior to placing in the medication cart for dispensing.

To enhance the currently compliant operations, on 10/04/2023 the Charge Nurse/Lead Med Tech's that they must check all medication received from pharmacy.

Effective 10/04/2023 the Charge Nurse will perform medication checks through Brookwood to maintain ongoing compliance with ensuring the original container for prescription medications will be labeled with a pharmacy label that includes the prescribed dosage and instructions for administration. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Director of Personal Care for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 11/06/2023

Implemented [redacted] - 11/09/2023)

227c - Support Plan Revision

9. Requirements

- 2600.
- 227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident #4 has an enabler attached to the left side of the resident's bed. The resident's most recent medical evaluation, dated [redacted] indicates the need for a walker and bed enabler for body position/movement. However, the resident's support plan, dated [redacted], indicates the resident needs not assistance and does not include the following:

- * The specific need for the device and intended use.
- * Any risks associated with the device.
- * The resident's ability to use the device safely for the intended purpose.
- * Identification of the specific device to be used.
- * If a cover is required to meet FDA guidelines.

227c - Support Plan Revision (*continued*)**Plan of Correction****Accepted** [REDACTED] - 10/31/2023)

In response to the violation on 10/03/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/03/2023 by the Director of Personal Care to Assistant Personal Care Home Administrator.

To enhance the currently compliant operations:

- 1. on 10/03/2023 the Assistant Personal Care Home Administrator will correct the medical evaluation to match the support plan, with a completion date of 10/3/2023.*
- 2. on 10/11/2023 the Assistant Personal Care Home Administrator will do weekly chart audits to ensure medical evaluation and support plan match, with a completion date of 11/1/2023.*

Implementation of preventive actions will be overseen by the Director of Personal Care, with an overall completion date of 11/1/2023.

Effective 10/11/2023 the Assistant Personal Care Home Administrator will perform weekly chart audits through Brookwood to maintain ongoing compliance with revising the support plan within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Director of Personal Care for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 10/31/2023

Implemented [REDACTED] 11/09/2023)