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

February 7, 2024

[redacted]
PRESBYTERIAN SENIOR CARE INC
[redacted]

RE: WESTMINSTER PLACE OF OAKMONT
1215 HULTON ROAD
OAKMONT, PA, 15139
LICENSE/COC#: 42962

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/18/2024 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: *WESTMINSTER PLACE OF OAKMONT* **License #**: *42962* **License Expiration**: *06/30/2024*

Address: *1215 HULTON ROAD, OAKMONT, PA 15139*

County: *ALLEGHENY* **Region**: *WESTERN*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *PRESBYTERIAN SENIOR CARE INC*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *I-2* **Date**: *07/07/2015* **Issued By**: *Borough of Oakmont*

Type: *I-1* **Date**: *12/09/2001* **Issued By**: *Borough of Oakmont*

Staffing Hours

Resident Support Staff: **Total Daily Staff**: *78* **Waking Staff**: *59*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Incident* **Exit Conference Date**: *01/18/2024*

Inspection Dates and Department Representative

01/18/2024 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* **Residents Served**: *75*

Secured Dementia Care Unit

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

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *75*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *3* **Have Physical Disability**: *0*

Inspections / Reviews

01/18/2024 - Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *02/05/2024*

02/06/2024 - POC Submission

Submitted By: [redacted] **Date Submitted**: *02/06/2024*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *02/13/2024*

Inspections / Reviews *(continued)*

02/07/2024 - Document Submission

Submitted By: [redacted] **Date Submitted**: *02/06/2024*

Reviewer: [redacted] **Follow-Up Type**: *Not Required*

54a - Direct Care Staff

1. Requirements

2600.
54.a. Direct care staff persons shall have the following qualifications:
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A, hired on [redacted] does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction ***Accept [redacted] - 02/06/2024)***

Staff person A, had provided Human Resources documentation upon hire that she completed a college degree program. However, it since has been learned that [redacted] documentation is for a completed certificate program offered at a college. Staff person A was removed from the schedule pending receipt of her GED.

Human Resources will review all current employee files to make sure direct care qualifications are met. (attachement A) Human Resources to obtain high school diploma or GED for those with associate college degrees.

Education provided by Administrator to Human Resource team to not clear any new team members to start without receipt of a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry. (attachments B, B1)

Licensee's Proposed Overall Completion Date: *02/05/2024*

Implemented [redacted] - 02/07/2024)

65a - FS Orientation 1st Day

2. Requirements

2600.
65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:
1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person B, whose first day of work was [redacted], did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, and telephone use and notification of emergency services.

Plan of Correction ***Accept [redacted] - 02/06/2024)***

Staff person B has completed [redacted] 1st day orientation requirement. (attachment C)

65a - FS Orientation 1st Day (continued)

General fire safety, emergency preparedness is covered in the first day of general orientation for all new staff persons. Substitute personal such as agency staff will receive 1st day orientation on their first day worked. The administrator has educated supervisors and administrative assistant on this requirement. (attachment D)

The administrative assistant will prepare the 1st day orientation paperwork and forward to supervisors to assist with 1st day orientation. Completed forms will be forwarded to Administrator for review at Quality Management meetings. (attachment C1)

Licensee's Proposed Overall Completion Date: *02/05/2024*

Implemented [redacted] - 02/07/2024)

183b - Meds and Syringes Locked

3. Requirements

2600.
183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

At [redacted] there was a bottle of [redacted] spray [redacted] unlocked, unattended, and accessible on resident [redacted] bedside table.

Plan of Correction ***Accept [redacted] - 02/06/2024)***

Resident [redacted] bottle of [redacted] spray was inadvertently left on residents'' bedside table after administration. Med tech was made aware and promptly removed it to return the medication to the locked medication cart for storage.

All med techs and nurses were educated by the administrator on the procedures for returning medications such as nasal sprays to the locked medication carts upon completion of medication administration. (attachment E)

Nursing supervisors will conduct random room audits daily to monitor for any medications left at bedside x 4 weeks. (attachment F) Findings will be forwarded to Administrator for review at the Quality Management meetings.

Licensee's Proposed Overall Completion Date: *02/05/2024*

Implemented [redacted] - 02/07/2024)

185a - Implement Storage Procedures

4. 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

The home's policy entitled, [redacted] Shift Exchange and Count, indicates the following steps shall be followed:

- *Meet with leaving staff person to exchange cart responsibility and med cart keys.*
- *The leaving med tech or nurse verifies total number of narcotic cards, including refrigerated items, documenting total, reviews each individual control drug record, noting amount of narcotics left available for administration, and signs off for shift, noting the number of narcotic cards.*

185a - Implement Storage Procedures (continued)

- *Med cart keys must remain secured on the person. If you must leave before the change of shift, you are required to repeat the above process with that person initialing beside your name.*

However, on [redacted], the [redacted] count conducted during the shift change at 7:00 a.m. was completed by only the oncoming med tech. Staff person A had left early that day, and the keys for the narcotics lockbox were left on or near the medication cart. In addition, the December 2023 [redacted] count logs indicate that staff person A did not sign on/off for [redacted] shift change 14 times, including on [redacted], when (3) of resident [redacted] were replaced with unmarked medications.

The home's policy on Controlled Substance Administration and Accountability, dated [redacted] indicates:
The charge nurse/designee should complete an incident report detailing the discrepancy, steps taken to resolve it, and the names of all licensed staff working when the discrepancy was noted. The nurse/designee must also report any loss of controlled substances where theft is suspected to the appropriate authorities such as local law enforcement. Staff may not leave the area until discrepancies are resolved or reported as unresolved discrepancies.

However, on [redacted] at approximately [redacted] staff person C was notified that staff person A discovered (3) [redacted] tablets belonging to resident [redacted] had been replaced with unmarked medications. The card of [redacted] with (3) unmarked tablets was returned to the medication cart. On [redacted] at approximately [redacted] staff person A discovered [redacted] tablets belonging to resident [redacted] had been replaced with unmarked medications. At this time, both of the [redacted] medication cards were pulled from the medication cart. In addition, local law enforcement was not notified of the suspicion of theft of the medications.

Plan of Correction ***Accept [redacted] - 02/06/2024)***

Staff Person A did not follow the proper procedures regarding [redacted] shift change, including [redacted] when [redacted] did not sign off on the [redacted] count log and failed to secure the med cart keys when (3) of Resident [redacted] was replaced with unmarked medications.

Staff Person C did not follow the proper procedures for notifying Administration and law enforcement when Staff Person A reported (3) of Resident [redacted] was replaced with unmarked medications and then returned medication to the med cart. On [redacted] Staff Person A reported (2) of Resident [redacted] had been replaced with unmarked medications. Both Resident [redacted] and [redacted] medications were removed from the cart at that time. Local law enforcement was not notified of the suspicion of theft.

Staff Person A remains off of the schedule at this time. Staff Person C has received education regarding proper procedures for reporting of [redacted] discrepancies, including notification to law enforcement of suspicion of theft. The medication card for Resident [redacted] has been wasted as [redacted] no longer is a resident at the community. Resident [redacted] medication card was wasted and replaced with no cost to the resident.

The administrator educated all nurses and med techs and reviewed of the policy and procedures for Narcotic shift exchange and count. (attachment G, H, H1)

Administration team/Nursing supervisors completing daily observations of shift to shift counts since [redacted], to ensure proper shift exchange procedures are being followed. (attachment I) Completed audits are submitted weekly to administrator for review at Quality Management meetings.

185a - Implement Storage Procedures (continued)

Licensee's Proposed Overall Completion Date: *02/05/2024*

Implemented [redacted] - 02/07/2024)

186b - Medication Used by Resident

5. Requirements

2600.
186.b. Prescription medications shall be used only by the resident for whom the prescription was prescribed.

Description of Violation

Resident [redacted] is prescribed [redacted] at bedtime. However, on [redacted] at approximately [redacted] the resident's medication was not available in the home. The medication administered to resident [redacted] was obtained by staff person A from a staff person at the skilled nursing facility on the same campus.

Plan of Correction ***Accept [redacted] - 02/06/2024)***

Resident [redacted] did not have [redacted] prescribed [redacted] to administer [redacted] scheduled [redacted] at bedtime. Staff Person A obtained the medication from the nursing home to administer the bedtime dose.

Nursing and med techs were educated by the administrator that the skilled nursing home stock meds is not available for use for Personal Care residents. The personal care community will cover the cost to replace the medication at the skilled nursing community.

The administrator educated nursing and med techs on the procedures for when to re-order medications. (attachment E)

Nursing supervisors will complete weekly audits of insulin to ensure enough supply is on hand at all times. (attachment J) Audits will be forwarded to administrator for review at Quality Management meetings.

Licensee's Proposed Overall Completion Date: *02/05/2024*

Implemented [redacted] - 02/07/2024)

187d - Follow Prescriber's Orders

6. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [redacted] is prescribed [redacted], [redacted], [redacted], and [redacted]. However, these medications were not administered on [redacted] at [redacted] because staff was unable to locate the medications in the home.

REPEAT VIOLATION: 9/26/2022 et al.

Plan of Correction ***Accept [redacted] 02/06/2024)***

Resident [redacted] evening medications were not administered on [redacted] as staff was unable to locate the

187d - Follow Prescriber's Orders (continued)

medications in the med cart.

Routine medications are supplied by the pharmacy in strip packaging. A 7 day supply for each resident is delivered weekly on Thursday evenings, as new cycle starts on Saturday morning. There were no reports of any missing cycle fill meds.

The administrator re-educated all nurses/med techs on the process for cycle fill meds and re-ordering. (attachment E) If any medications is missing for the current date and time from the strip packaging, the pharmacy has a replacement procedure for staff to use to administer medications from the last day of the strip. A replacement med form needs to be completed and faxed for pharmacy to replace.

Night shift supervisor/team lead will complete weekly audits of pharmacy cycle meds in strip packaging and note any missing meds or discrepancies. (attachment K) Audits to be forwarded to the Administrator for review at the Quality Management meetings.

Licensee's Proposed Overall Completion Date: *02/05/2024*

Implemented [redacted] 02/07/2024)