

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

December 31, 2025

[REDACTED] CEO/PRESIDENT  
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 review on 07/07/2025, 07/08/2025 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: WOODSIDE PLACE OF OAKMONT License #: 42973 License Expiration: 08/02/2025  
 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: 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 and Industry

## Staffing Hours

Resident Support Staff: 36 Total Daily Staff: 108 Waking Staff: 81

## Inspection Information

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal, Complaint Exit Conference Date: 07/08/2025

## Inspection Dates and Department Representative

07/07/2025 - On-Site: [REDACTED]  
 07/08/2025 - 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 Home Capacity: 37 Residents Served: 36

## Hospice

Current Residents: 4

## 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

## 07/07/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/01/2025

## 08/04/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 08/22/2025  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 08/24/2025

Inspections / Reviews *(continued)*

12/31/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/22/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

65b - Rights/Abuse 40 Hours

1. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- 1. Resident rights.
- 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § 10225.101—10225.5102).
- 4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person A completed [redacted] 40th scheduled work hour on [redacted]. However, this staff person did not complete training in the following topics: Resident rights, Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act and Reporting of reportable incidents and conditions.

Plan of Correction

Accept ( [redacted] ) - 08/04/2025

All team member files were reviewed by Administrator and Administrative Assistant on 7/31/2025. One team member was updated and several team members that have been employed with us prior to this orientation were educated on forms and placed in their file. See attached the checklist used to check each file. The administrative assistant will complete a checklist (attached) for the next 6 months on all new hires to make sure all orientation paperwork is completed in the correct time frame.

Licensee's Proposed Overall Completion Date: 02/06/2026

Implemented ( [redacted] ) - 08/28/2025

88a - Surfaces

2. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 7/8/25, there were 2 stained and moldy tiles, measuring approximately 2 feet x 5 inches located in the kitchen's dry storage area of the home.

Plan of Correction

Accept ( [redacted] ) - 08/04/2025

Another work order was put in on 7/10/2025 by [redacted]. Tiles were replaced by [redacted] on 7/10/25. Please see work order attached. Education was also completed with all Woodside Place team members and Maintenance team. This education will be completed by 8/8/25 with casual and weekend team. The dining supervisors will complete a monthly safety check to look for areas that need addressed. Please see July's monthly check attached.

Licensee's Proposed Overall Completion Date: 08/08/2025

Implemented ( [redacted] ) - 08/28/2025

89b - Hot Water Temperature

3. Requirements

2600.

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

89b - Hot Water Temperature (continued)

**Description of Violation**

On 7/7/25, at 11:26 a.m., the hot water temperature at the sink in resident bathroom #102, measured 129.4 degrees Fahrenheit.

On 7/7/25, at 11:31 a.m., the hot water temperature at the sink in shared resident bathroom #109, measured 127.2 degrees Fahrenheit.

On 7/7/25, at 11:48 a.m., the hot water temperature at the sink in the "schoolhouse" visitor bathroom, measured 129.6 degrees Fahrenheit.

On 7/7/25 at 11:57 a.m., the hot water temperature at the sink in resident bathroom #301, measured 128.8 degrees Fahrenheit.

**Plan of Correction**

Accept ( ) - 08/04/2025

Administrator met with maintenance department on education for hot water temperatures in PCH. Although weekly temperatures are already completed, the maintenance department will now complete daily temperatures Monday through Friday for three months. If temperatures are consistently in the correct range after three months, then weekly temperatures will begin again. See attached education and temperatures that began week of July 24th,

DIRECTED: The administrator will review temperature logs to ensure temperatures are at or under 120 degrees Fahrenheit. - 8/4/25

Licensee's Proposed Overall Completion Date: 11/01/2025

Implemented ( ) - 08/28/2025

90a - Landline Telephone

**4. Requirements**

2600.

90.a. The home shall have a working, noncoin operated, landline telephone that is accessible in emergencies and accessible to individuals with disabilities.

**Description of Violation**

On 7/8/25, at 11:47 a.m., the landline telephone located in the "tree house" section, adjacent to the shower room, was inoperable.

On 7/8/25, at 11:51 a.m., the landline telephone located in the "star house" section, adjacent to the shower room, was inoperable.

**Plan of Correction**

Accept ( ) - 08/04/2025

IT ticket was put in on 7/8/25 by Administrator to have all three landline phones checked at the end of each hallway, On 7/9/25, IT replaced phones with a new working number. In June the community switched our bed sensor phones and house phones to one unit (portable phone) so the aides did not need to carry two phones. After IT researched, when they did that switch it canceled the phone number for the landline phones. As per IT ticket attached, created three new phone numbers for each hallway phone on 7/9/2025, Administrator will conduct weekly

90a - Landline Telephone (continued)

rounds for 6 months and check to make sure each phone is in working order. Please see first two weeks of rounding attached. Education was also completed to all team members by administrator and this will be completed by 8/9/25.

Licensee's Proposed Overall Completion Date: 02/06/2026

Implemented ( ) - 08/28/2025

183b - Meds and Syringes Locked

5. 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

On 7/8/25, at 11:40 a.m., Calmoseptine Ointment and Aveeno Daily moisture lotion was unlocked, unattended, and accessible in resident #1's medicine cabinet.

Plan of Correction

Accept ( ) - 08/04/2025

Education was provided to all team members of importance of locking bathroom cabinets and the regulation by administrator. Education will continue until August 9th to complete all casual team members as well. The administrator will conduct weekly rounds on all bathroom cabinets to see if they are secure for the next 6 months. See attached first two weeks of checks and completed education at this time.

Licensee's Proposed Overall Completion Date: 02/06/2026

Implemented ( ) - 08/28/2025

184b - Labeling OTC/CAM

6. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On 7/8/25, Senna Oral Tablet 8.6 MG was not labeled with resident #2's name.

On 7/8/25, Prilosec OTC 20MG was not labeled with resident#3's name.

Plan of Correction

Accept ( ) - 08/04/2025

Labeling on the Senna and the Prilosec was immediately corrected by the LPN supervisor, Education was completed with all med techs and nurses about the proper labeling of medications. A policy was created and put in place by the administrator and attached to the education for the team's review. created medication audit forms on 7/21/2025 and educated team on audits. , LPN, Supervisor will complete weekly checks of all OTC and CAM medications to look for proper labeling. Resident Care Coordinator will complete education by August 9th. Please see audit for week of 7/28/2025. See attached completed education, completed audit and policy.

Licensee's Proposed Overall Completion Date: 08/09/2025

Implemented ( ) - 08/28/2025

233a - Lock Approval

7. Requirements

2600.

233.a. Doors equipped with key-locking devices, electronic card operated systems or other devices that prevent immediate egress are permitted only if there is written approval from the Department of Labor and Industry, Department of Health or appropriate local building authority permitting the use of the specific locking system.

Description of Violation

The home does not have written approval from the Department of Labor and Industry, Department of Health or local building authority for the electronic card operated system, used on the exit doors from the SDCU.

Plan of Correction

Accept ( [redacted] - 08/04/2025)

On 7/10/25, Administrator reached out to Department of Labor and Industry for assistance in getting a new letter. After several correspondences, [redacted] stated that they could not find anything and would need exact date of letter. After [redacted] last email on 7/22/25, Administrator discussed this with DHS supervisor, [redacted], which led administrator to Oakmont Borough Code Enforcement officer. Borough of Oakmont was called on 7/23/25, and they called back on 7/24/2025 stating that the code enforcer is researching this in hopes to provide us with a letter. I will need more time to get this completed.

Licensee's Proposed Overall Completion Date: 08/29/2025

Implemented ( [redacted] - 12/31/2025)

233b - Lock Manufacturer Statement

8. Requirements

2600.

233.b. A home shall have a statement from the manufacturer, specific to that home, verifying that the electronic or magnetic locking system will shut down, and that all doors will open easily and immediately when one of more of the following occurs:  
1. Upon a signal from an activated fire alarm system, heat or smoke detector.  
2. Power failure to the home.  
3. Overriding the electronic or magnetic locking system by use of a key pad or other lock-releasing device.

Description of Violation

The home does not have a statement from the manufacturer of the electronic card operated system verifying that the locks will release when the fire alarm system is activated, the home's power fails, and when the lock releasing device is operated.

Plan of Correction

Accept ( [redacted] - 08/04/2025)

Administrator and Director of Maintenance is having a difficult time finding the manufacturer of the doors or mag lock. On 7/25/25, an email was sent to [redacted] from [redacted] by administrator, which installed our most recent door and maglock for adult day services and services our other doors. [redacted] stated that [redacted] could help us with this after a service request is entered to test the system. A service ticket was put in by administrator on 7/28/2025.

Licensee's Proposed Overall Completion Date: 08/29/2025

Implemented ( [redacted] - 08/28/2025)

233c - Key-Locking Devices

9. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

**233c - Key-Locking Devices (continued)****Description of Violation**

*The directions for operating the home's locking mechanism are not conspicuously posted near the main entrance door to the Secure Dementia Care Unit (SDCU).*

**Plan of Correction****Accept ( [REDACTED] - 08/04/2025)**

*[REDACTED], recreation therapist, redesigned and re-posted all codes for each door of the community on 7/8/25. Please see picture attached. Administrator will do weekly rounds for 6 months to check all postings. Please see last two weeks of checks attached.*

**Licensee's Proposed Overall Completion Date: 02/06/2026****Implemented ( [REDACTED] - 10/22/2025)**