

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

October 3, 2025

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

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 09/03/2025, 09/04/2025 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: WESTMINSTER PLACE OF OAKMONT License #: 42962 License Expiration: 06/30/2026
 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: I-2 Date: 07/07/2015 Issued By: Borough of Oakmont

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 88 Waking Staff: 66

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Complaint Exit Conference Date: 09/04/2025

Inspection Dates and Department Representative

09/03/2025 - On-Site: [REDACTED]
 09/04/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 100 Residents Served: 76

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 7

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 76
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 12 Have Physical Disability: 0

Inspections / Reviews

09/03/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/15/2025

09/16/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 10/02/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/22/2025

Inspections / Reviews *(continued)*

09/26/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/02/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/02/2025

10/03/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/02/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract for resident #1, completed on [redacted] was not signed by the resident.

The resident-home contract for resident #2, completed on [redacted] was not signed by the resident.

Plan of Correction

Accept ([redacted] - 09/26/2025)

On 9/16/25, Admissions Coordinator called POA's of each contract that needed signed by the Resident to make the POA's aware of why [redacted] will be getting the signatures of the Residents on the admission contracts. By 9/20/25, Admission Coordinator received signatures from all the Residents that did not sign or make a mark on their contract. This included resident number #1 and #2 as well as the Residents that were found not signed on our internal audit. On 9/12/25 Director of Referral Development and Concierge completed audits on all Resident Contracts. Admissions Coordinator will complete audits on each new agreement completed for 3 months by completing audit form attached, please note that there will be two signatures required on this audit. Assistant Administrator will complete education with all team members associated with admission paperwork by 9/25/25. See attached.

Licensee's Proposed Overall Completion Date: 09/21/2025

Implemented ([redacted] - 10/03/2025)

101o - Walls, Floors, Ceilings

2. Requirements

2600.

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

Description of Violation

On 9/3/25 at approximately 11:45 a.m., the air conditioning vent cover on the window-facing side of the bulkhead above the doorway inside of resident room #212 belonging to resident #3 was rusted, and white paint was peeling away from the vent cover.

Plan of Correction

Accept ([redacted] - 09/26/2025)

Room 212 vent was sanded and painted on 9/4/25 by Maintenance leader. Director of Maintenance completed an audit on all floors checking vents on 9/15/25. All vents noted on audit were sanded and painted by 9/17/25 by maintenance team. Team members will be educated on regulation 2600.101.o by Assistant Administrator by 9/26/25. Vents will be checked monthly for cleanliness and good repair for 3 months starting October 2025 by Director of Maintenance and they will be kept in QA binder. See attached.

Licensee's Proposed Overall Completion Date: 09/21/2025

Implemented ([redacted] - 10/03/2025)

103g - Storing Food

3. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

103g - Storing Food (continued)

Description of Violation

On 9/3/25 at approximately 11:20 a.m. there was an open and unsealed bag of what appeared to be seven slices of frozen French toast found in the freezer portion of the side-by-side refrigerator and freezer in the home's second-floor south kitchenette.

Plan of Correction

Accept (█ - 09/26/2025)

On 9/3/25, social worker threw away the unsealed bag of French toast. Audit was completed on all refrigerators and freezers to check for unsealed food by shift leaders on 9/4/25. Education will be completed by assistant administrator to all team members on regulation 2600.103g and 2600103.i as well as new procedure form to check for sealed containers or bags by 9/26/2025. Dining Director provided all kitchen area with Ziplock storage bags and containers for proper storage on 9/5/25. New log to monitor refrigerator and freezer temperature along with food in proper sealed containers and labeled with correct date will begin on 9/15/25 by PCA's to assure proper storage of food on a daily basis.

Licensee's Proposed Overall Completion Date: 09/21/2025

Implemented (█ - 10/03/2025)

103i - Outdated Food

4. Requirements

- 2600.
- 103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On 9/3/25 at approximately 11:20 a.m. multiple items were found on the bottom shelf of the freezer portion of the second-floor south kitchenette side-by-side refrigerator and freezer that were unlabeled and undated to include:

- Two Ziploc bags that contained a total of seven frozen waffles
- One open sleeve of seven frozen waffles that was tied shut with a knot
- One opened and unsealed bag that contained what appeared to be seven slices of frozen French toast

REPEAT VIOLATION 6/3/24 et. al.

Plan of Correction

Accept (█ - 09/26/2025)

Audit was completed on all refrigerators by shift leaders on 9/4/25 and food found unlabeled and undated was immediately thrown away. Education will be completed by assistant administrator to all team members on regulation 2600.103g and 2600103.i by 9/26/2025. Dining Director provided all kitchen area with ziplock storage bags and black sharpies for proper labeling of food and date opened on 9/5/25. New log will begin to be used on 9/15/25 by PCA's to assure proper storage of food on a daily basis.

Licensee's Proposed Overall Completion Date: 09/21/2025

Implemented (█ - 10/03/2025)

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.

183b - Meds and Syringes Locked (continued)

Description of Violation

On 9/3/25 at approximately 11:28 a.m. the following medications were found unlocked, unattended, and accessible in the private bathroom of resident room [REDACTED] belonging to resident #1:

- 4oz tube of Calazinc body shield ointment
- 4oz tube of Dimethicone Body Shield
- 1oz tube almost completely emptied of Neosporin
- 1oz tube of Antibiotic ointment
- 1oz tube almost completely emptied of Zovirax 5% ointment

Resident #1 is unable to self-administer medication.

On 9/3/25 at approximately 10:42 a.m., there were 3 tubes of ointment that were found unlocked, unattended, and accessible in the medicine cabinet of the private bathroom of resident room [REDACTED] belonging to resident #2 to include:

- Bacitracin Zinc Barrier Ointment
- Antibiotic Ointment
- Triad Wound Dressing

Resident #2 is unable to self-administer medication.

On 9/3/25 at approximately 10:56 a.m., there was an un-opened bottle of Systane Eye Drops found unlocked, unattended, and accessible in the medicine cabinet in the private bathroom of resident room [REDACTED] belonging to resident #4. Resident #4 is unable to self-administer medication.

On 9/3/25 at approximately 11:53 a.m. there were two four-ounce tubes of DermaSeptin Zinc Oxide 19% and Calazine 2% ointment that were found unlocked, unattended, and accessible in resident room [REDACTED] belonging to resident #5. Resident #5 is unable to self-administer medication.

Plan of Correction

Accept ([REDACTED] - 09/26/2025)

All resident rooms were audited by shift leaders to make sure no medications were left unsecured on 9/4/25. All medications found in residents' rooms were safeguarded and orders obtained if needed by LPN supervisor by 9/18/2025, Please see corrections attached with updated orders from MD. Education was provided at Resident Relations meeting on 9/16 at 1pm to the Residents by social worker on the proper procedure for buying and reporting OTC medications to the team. Team member education on regulation 2600.183.b provided by assistant administrator and was completed by 9/22/25 for all team members. Audits of rooms will be conducted by LPN supervisor scheduled on the floor weekly for 3 months and added to QA minutes.

Licensee's Proposed Overall Completion Date: 09/22/2025

Implemented ([REDACTED] - 10/03/2025)

184a - Resident's Meds Labeled

6. 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.

184a - Resident's Meds Labeled (continued)

Description of Violation

The pharmacy label for resident #5's Hydrocortisone Cream 2.5% indicated "Apply 1 application to rectum 3 times daily." However, resident #5 was prescribed Hydrocortisone Cream 2.5% apply topically [redacted] as needed.

The pharmacy label for resident #6's Cholecalciferol 50mcg indicated Vitamin D3 2000IU, give two tablets (100mcg) by mouth once daily. However, resident #6 was prescribed Cholecalciferol Oral Tablet 50mcg (2000 UT) Cholecalciferol, give 2 tablets by mouth one time a day.

REPEAT VIOLATION 6/3/24 et. al.

Plan of Correction

Accept ([redacted] - 09/26/2025)

Audit completed on 9/9/25 on all medication labels by assistant administrator. Clinical Coordinator sent email to pharmacy on 9/8/25 to discuss D3 order showing up without generic medication listed as well on the MAR. On 9/9/25, [redacted] pharmacy responded and with photos showing that it does show up on Point Click Care on the med pass but does not print on the MAR. Assistant Administrator corrected order to reflect that it shows appropriately on MAR as well on 9/10/25. Cycle Fill audit will be completed weekly by LPN to check all labels of medications compared to the MD order to make sure they are consistent starting 9/16/25. All nurses and med techs were educated on the medication labeling policy by 9/22/2025.

Licensee's Proposed Overall Completion Date: 09/22/2025

Implemented ([redacted] - 10/03/2025)

251b - Record Entries Legible

7. Requirements

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Correction fluid was used on the signature page of resident #1's resident-home contract dated [redacted] in the sections labeled 'designated person, if any' and 'witness.'

Correction fluid was used on the first page of the resident #6's medical evaluation form dated [redacted] under special health or dietary needs and respiratory care, and the word "Nebulizer" was written on top of it. Additionally, on page four, under the needs addendum section, there was correction fluid used directly under the phrase "hospital bed."

Correction fluid was used on the first page of resident #7's medical evaluation form dated [redacted] in the section labeled medical professional name, the first letter of the name [redacted] was covered with white-out and the letter [redacted] was written over it.

Plan of Correction

Accept ([redacted] - 09/26/2025)

All team member education will be completed by RN and Assistant Administrator on requirement 2600.251.b and the correct way to cross out and date corrections by 9/26/2025. All medical evaluations and contracts were audited by Assessment Coordinator, Director of Referral Development, and/or Concierge. Resident #1 signature page was redone by Admissions Coordinator due to white out on page on 9/19/25. Resident #6 and Resident #7, the pages needed corrected were sent to each doctor and updated, please see attached. Assessment Coordinator will begin

251b - Record Entries Legible (continued)

audits on all annual/significant change/new admission medical evaluations starting 9/15/2025 for next 3 months to ensure all records are permanent, legible and signed by all team members. Admission Coordinator will begin audits on all new admission and respite stays starting 9/15/2025 for next 3 months to ensure all records are permanent, legible and signed by all team members. Both audits will be kept in QA binder.

Licensee's Proposed Overall Completion Date: 09/21/2025

Implemented (█ - 10/03/2025)