

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

September 1, 2026

[REDACTED]
PRESBYTERIAN SENIOR CARE INC
[REDACTED]
[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 07/17/2026 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: 06/30/2027

Address: 1215 HULTON ROAD, OAKMONT, PA 15139

County: ALLEGHENY

Region: WESTERN

Administrator

Name:

Phone:

Email:

Legal Entity

Name: PRESBYTERIAN SENIOR CARE INC

Address:

Phone:

Email:

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff:

Total Daily Staff: 94

Waking Staff: 71

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Complaint, Incident

Exit Conference Date: 07/20/2026

Inspection Dates and Department Representative

07/17/2026 - On-Site

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 100

Residents Served: 81

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 9

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 81

Diagnosed with Mental Illness: 1

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 13

Have Physical Disability: 0

Inspections / Reviews

07/17/2026 Partial

Lead Inspector:

Follow-Up Type: POC Submission

Follow-Up Date: 08/09/2026

08/07/2026 - POC Submission

Submitted By:

Date Submitted: 08/31/2026

Reviewer:

Follow-Up Type: POC Submission

Follow-Up Date: 08/13/2026

Inspections / Reviews (*continued*)

08/07/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/31/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/01/2026

09/01/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/31/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

According to numerous interviews, on [REDACTED] at approximately 6:30am, direct care staff person A was attempting to administer medications to resident [REDACTED] at resident [REDACTED]'s bedroom door; however, resident [REDACTED] refused the medications. Direct care staff person A then forcibly grabbed resident [REDACTED] by both forearms and shoved resident [REDACTED] into the doorway, resulting in bleeding and bruising to the top of resident [REDACTED] left forearm. Additionally, ancillary staff person B overheard direct care staff person A aggressively telling resident [REDACTED] to "go back to bed" and "I'm not letting you leave your room". Following this altercation, resident [REDACTED] left their bedroom and reported this incident to numerous staff persons on another floor of the home.

Repeated Violation- [REDACTED]

Plan of Correction

Accept [REDACTED] - 08/07/2026

Resident was allegedly subjected to physical and verbal abuse by a direct care staff person on 7/11/26. Resident [REDACTED] was immediately assessed following the incident for injury and well-being. Appropriate medical evaluation and treatment were obtained for the bruising and skin injury to the left forearm. The resident's physician, family, and applicable regulatory authorities were notified in accordance with facility policy and state requirements (Oakmont Police Department, DOH, Area on Aging). Resident [REDACTED] was interviewed by administration to ensure safety concerns were addressed and to determine any additional interventions needed. Measures were implemented to ensure Resident [REDACTED] no longer receives care from Direct Care Staff Person A (suspended immediately pending investigation). [REDACTED] (Resident [REDACTED] psychiatrist) assessed resident on 7/13/2026 to evaluate resident's emotional well-being. An immediate review was conducted to determine whether any other residents may have experienced similar incidents involving Direct Care Staff Person A in which none were found. Staff interviewed as part of facility investigation. All residents were monitored for any signs or allegations of abuse, neglect, mistreatment, intimidation, or inappropriate staff interactions. A Resident Relations meeting was held on 7/21/2026 which included the topics of Resident Rights and Abuse and Neglect (what it is and how to report it). Direct Care Staff Person A was immediately removed from resident care duties pending investigation and subsequently terminated on 7/22/2026. The facility completed all required reporting to the Department of Human Services and other applicable agencies. To prevent recurrence, all facility employees, including MyAgency personnel, have received or are receiving mandatory re-education regarding resident rights, abuse, and neglect. Newly hired staff will receive this education during orientation and annually thereafter. Current staff will complete the education prior to the start of their next scheduled shift. Documentation of completed education will be maintained in the Administrator's office within the DOH compliance binder. All staff education will be completed by August 14, 2026. To monitor ongoing compliance, the Administrator or designee will conduct weekly resident interviews with 10 different residents per week for four weeks regarding resident treatment and resident rights concerns. These interviews began on August 3, 2026, and will continue through August 28, 2026. Following completion of the weekly interviews, monthly interviews of 10 residents will be conducted for an additional three months. The Administrator or designee will conduct weekly observation audits of 10 staff-resident interactions for eight weeks. These audits began on August 3, 2026, and will continue through September 25, 2026. Upon completion of the weekly audits, monthly audits of 10 staff-resident interactions will be conducted for an additional three months. All audit documentation will be maintained in the Administrator's office. Incident reports, grievances, and resident complaints will be reviewed monthly by Administrator and Social Services Coordinator to identify trends. Any concerns identified during audits will result in immediate corrective

42b Abuse (continued)

action and additional staff training.

Proposed Overall Completion Date: 09/01/2026

Licensee's Proposed Overall Completion Date: 09/01/2026

Implemented [REDACTED] - 09/01/2026)