

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to WEST HAVEN MANOR, LP

LEGAL ENTITY

To operate WEST HAVEN MANOR

NAME OF FACILITY OR AGENCY

Located at 153 GOODVIEW DRIVE, APOLLO, PA 15613

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

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To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 70
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from February 26, 2011 until February 26, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 442380

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

FEB 28 2011

PHONE: (717) 783-3670
FAX: (717) 783-5662

Ms. Sandy Motchar, Administrator
West Haven Manor, LP
612 North Main Street
Butler, Pennsylvania 16001

RE: West Haven Manor
153 Goodview Drive
Apollo, Pennsylvania 15613

Dear Ms. Motchar:

As a result of the Department of Public Welfare's licensing inspection on January 14, 2011 and February 9, 2011 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Melusky'.

Ronald Melusky
Acting Director

Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME WEST HAVEN MANOR, 153 GOODVIEW DRIVE APOLLO, PA 15613		CURRENT LICENSE NUMBER 442381	
INSPECTION DATES (Include all dates of the inspection) 01/14/2011		REGIONAL REPRESENTATIVE M. Stepanovich, A. Schumacher	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Sandy Motchar, Adm</i>			
SIGNATURE OF LEGAL ENTITY <i>Sandy Motchar</i>	DATE 01-26-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 2/11/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
26b The quality management plan shall address the periodic review and evaluation of the following: (1) The reportable incident and condition reporting procedures. (2) Complaint procedures. (3) Staff person training. (4) Licensing violations and plans of correction, if applicable. (5) Resident or family councils, or both, if applicable.	The home's quality management plan does not address licensing violations and plans of correction.	01-25-11	The quality management plan was revised and now includes licensing violations and plans of corrections. The homes policies will be reviewed by the Administrator on an annual basis to assure policies are up to date.	<i>[Signature]</i> 2/11/11
Western Region				

JAN 27 2011

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
65d Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following: (1) Training that includes a demonstration of job duties, followed by supervised practice. (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test. (3) Initial direct care staff person training to include the	Direct care staff person A, hired on 8/16/10, has not completed the Department-approved direct care staff training or pass the competency test.	01-17-11	The employee hired on 08-16-10 completed her direct care staff training course & competency test on 01-17-11. The Administrator will review staff records to be sure staff members receive their Department approved Direct Care Staff training & pass the competency test prior to working unsupervised.	<i>[Signature]</i> 2/11/11

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following: (i) Safe management techniques. (ii) ADLs and IADLs. (iii) Personal hygiene. (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities. (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older. (vi) implementation of the initial assessment, annual	Western Region JAN 27 2011			

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PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

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assessment and support plan. (vii) Nutrition, food handling and sanitation. (viii) Recreation, socialization, community resources, social services and activities in the community. (ix) Gerontology. (x) Staff person supervision, if applicable. (xi) Care and needs of residents with special emphasis on the residents being served in the home. (xii) Safety management and hazard prevention.	Western Region JAN 27 2011			

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(xiii) Universal precautions. (xiv) The requirements of this chapter. (xv) Infection control. (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.	Western Region JAN 27 2011			

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82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	The following products, with the label "If swallowed, call a physician or poison control," were found in an unlocked housekeeping closet across the hallway from bedroom #7: <ul style="list-style-type: none"> • Bottle of Mr. Clean • Bottle of Off plus liquid cream cleanser • Bottle of Daco-San II antibacterial • Can of Raid • Jug of Sassy wood, ceramic and tile cleaner Residents of the home have not been assessed capable of recognizing and using poisons safely.	01-26-11 <i>2/28/11</i>	The housekeeping closet will be locked after the housekeeper takes out their cart. The second housekeeper on duty will double check to make sure the closet is locked. <i>Housekeeping staff will be educated on requirement to keep poisonous materials locked and inaccessible to residents. Administrator or designated staff person will check home at least weekly to ensure no poisonous materials can be accessed by residents.</i>	Steps have been taken to correct violation; full compliance is not verifiable. <i>[Signature]</i> Date Initials (DPW) <i>2/1/11</i>
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VIOLATION REPORT
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91 Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control center, municipal emergency management agency and personal care home complaint hotline shall be posted on or by each telephone with an outside line.	The telephone, on the table in the lower level activity room, did not have the emergency phone numbers posted nearby.	01-14-11	We were in the process of transferring the telephone to another location & the telephone list was moved. During the inspection we put the telephone list on the table where the phone was. All nightstands in the building have the emergency phone numbers on them. Housekeepers will check on all telephones to make sure the telephone list is there on a weekly basis.	<i>[Signature]</i> <i>2/1/11</i>

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93a Each ramp, interior stairway and outside steps shall have a well-secured handrail.	The approximate six inch step, at each end of hallway on the lower level by the exit to Goodview Drive, did not have a handrail.	02-14-11	The maintenance department will install handrails to both areas. In the future, we will install handrails to any area where there is a step in a resident area.	<i>[Signature]</i> 2/4/11

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132c A written fire drill record shall include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.	The fire drill record indicates not all residents in the home are evacuated during the following fire drills: <ul style="list-style-type: none"> • 12/03/10 at 3:20 PM - 44 residents in the home and 14 evacuated • 11/22/10 at 1:25 PM - 42 residents in the home and 24 evacuated • 10/14/10 at 7:45 PM - 40 residents in the home and 18 evacuated • 09/02/10 at 5:15 AM - 39 residents in the home and 14 evacuated 	01-26-11	All residents were evacuated for all the fire drills. The Administrator only documented how many residents were in the immediate area of the fire. The Administrator will change the fire drill log to show how many residents were in the fire safe area. Monitoring of this will be performed by the Administrator.	<i>[Signature]</i> <i>2/1/11</i>

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171b5 If staff persons or volunteers of the home provide transportation for the residents, the vehicle shall have a first aid kit with the contents in 96.	The first aid kit in the transportation van did not include a thermometer or tweezers.	01-14-11	The day of inspection the Administrator replaced the thermometer & tweezers in the first aid kit. The Activity Director will check the first aid kit for supplies after each outing we have for our residents. The staff was told to replace any item that they use. The first aid box will contain this reminder.	<i>[Signature]</i> 2/1/11

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190a A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.	Staff person B, who administers medication, completed initial medication training on 4/20/07; however, an annual practicum has not been completed since 4/4/08. Western Region JAN 27 2011	01-14-11 2/28/11 2/28/11	The annual practicums were all kept in a different folder. The annual practicums were moved to the existing folder with the current practicums. <i>Staff person B trained by qualified trainer.</i> <i>The administrator will insure that all staff who administer medication complete the initial medication administration training & annual practicum observation conducted by a person who has successfully completed the Department's Train the Trainer program.</i> <i>All records will be kept on-site and accessible to inspectors upon request. Jan 2-11-11</i>	Steps have been taken to correct violation; full compliance is not verifiable. 2-15-11 <i>MSW</i> Date Initials (DPV)

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187a. A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	The medication administration record for resident #3 does not include the diagnosis for Ritalin 5 mg tablet - take one tab twice daily. <div style="text-align: center; font-size: 1.2em; font-weight: bold;">Western Region</div>	01-14-11	On the day of inspection the Pharmacy faxed over the diagnosis for the Ritalin. The MAR's will be reviewed by the Head Aide when they arrive for any missing information. We will document that the Physician & Pharmacy were called for any missing information. <i>Administrator will also review the MAR monthly to ensure all required information is documented on the MAR, including the diagnosis or purpose for medication. sue</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>[Signature]</i> Date <i>[Signature]</i> Initials (DPW)

JAN 27 2011

2-11-11

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precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.				

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224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	The preadmission screening form for resident #4, admitted 12/3/10, was completed on 10/29/10.	01-26-11	The resident was in/out of the hospital and was re-evaluated after hospitalization. A new pre-admission form was not completed. When we re-evaluate a resident, we will fill out the required pre-admission form. These will be reviewed by the practicum observer when the assessment is completed for the correct dates.	<i>Jaw</i> <i>2/11/11</i>

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227a A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.	<p>The support plan for resident #2, dated 1/9/11, does not include the care needs or services of dysphagia or the mechanical soft diet order as indicated on the medical evaluation, dated 12/27/10.</p> <p>The support plan for resident #5, dated 12/13/10, does not indicate the care needs or services of dysarthria and a feeding problem as indicated on the medical evaluation, dated 11/18/10.</p>	01-26-11 2/28/11 2/28/11	<p>The support plans for residents #2 and #5 were updated to address the care and special diets.</p> <p>In the future, the practicum observer will add Dietary needs on the support plans under "Care Services." She will also review the assessment and the support plan along with the medical evaluation.</p> <p>All staff who prepare support plans will be educated on completing all areas and addressing all of resident's needs.</p> <p>Administrator or designated staff person will review all support plans after they are prepared or updated to ensure complete JISC. Jan 2-11-11</p>	<i>[Signature]</i> 2/11/11

Western Region

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