



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

11 Stanwix Street
Room 230
Pittsburgh, Pennsylvania 15222

ADULT RESIDENTIAL LICENSING

Phone: (412) 565-5616/5614
Toll Free: 1-888-322-3664
Fax: (412) 565-5633/565-2840
www.dpw.state.pa.us

Mailing Date: JUN 24 2011

Dennis W. Nebel, Psy.D., Executive Director
Westfield Behavioral Health Affiliates, Inc.
130 West North Street
New Castle, Pennsylvania 16101

RE: Westfield
5826 Old Pulaski Road
New Wilmington, Pennsylvania 16142

Dear Dr. Nebel:

As a result of the Department of Public Welfare's licensing inspection on June 6, 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.

Sincerely,

Jill Pezzino
Regional Licensing Administrator

Enclosure(s)

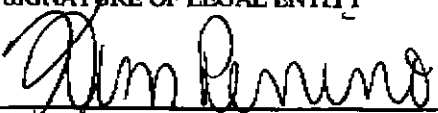

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME WESTFIELD, 5826 OLD PULASKI ROAD NEW WILMINGTON, PA 16142		CURRENT LICENSE NUMBER 474240	
INSPECTION DATES (Include all dates of the inspection) 06/06/2011		REGIONAL REPRESENTATIVE Jason Williams	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Jim Perrino Human Services Center</i>			
SIGNATURE OF LEGAL ENTITY <i>Jim Perrino</i>	DATE <i>6/13/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jim Perrino (JAP)</i>	DATE <i>6-17-11</i>

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
182c Medication administration includes the following activities, based on the needs of the resident. (1) Identify the correct resident. (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly. (3) Remove the medication from the original container. (4) Crush or split the medication as ordered by the prescriber. (5) Place the medication in a	On 5/12/11, Staff person A was staffing a van trip with 3 residents including Resident #1. Staff person A packed the medication cards for these residents for administration away from the home. Staff person A mistakenly packed resident #2's medication instead of resident #1's. Staff person A then administered resident #2's medications to resident #1 at 9 AM. Upon return to the home at approximately 10:30 AM, resident #1 became confused and lethargic. It was then noticed that the wrong medications had been administered to resident #1. EMS was called and resident #1 was hospitalized for four days with a possible toxic drug overdose. <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">Western Region JUN 17 2011</div>	<i>6/19/11</i>	<i>I have reviewed the medication policies to state the when staff are required to administer medications while off grounds with the residents. We are also required to bring the individual(s) MAR with them. This will ensure that the correct medications will be given and to the correct individual. The staff will be trained on this policy change on 6/14/11 during a staff meeting. Please see attached staff meeting minutes and policies.</i>	<i>Steps have been taken to correct violation; full compliance is not verifiable</i> <i>6/17/11</i> <i>JAW</i> Date Initials (DPW)

Adult Residential Licensing

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SIGNATURE OF LEGAL ENTITY 	DATE 6/17/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 6-17-11

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
medication cup or other appropriate container, or in the resident's hand (for immediate administration). (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in 182b4. (7) Complete documentation in accordance with 187.				

Western Region
 JUN 17 2011
 Adult Residential Licensing

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WESTFIELD

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SIGNATURE OF LEGAL ENTITY <i>Kim Remind</i>	DATE 6/17/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JWP</i>	DATE 6-17-11

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
187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	Staff person A stated that on 5/12/11, three residents of the home were taken on a van trip and that staff person A administered medications to the three residents while away from the home at approx. 9:00 AM. Staff person A did not sign the MAR for these medications until they returned to the home at approx. 10:30 AM.	6/19/11	To ensure all medication regulations are being followed I have revised the Medication Policy to state that the staff must bring the individual(s) MAR must be brought while administering meds off grounds. This will ensure the staff signs the MAR upon giving the medications. Please see Policy	Steps have been taken to correct violation; full compliance is not verifiable 6/17/11 Date <i>JWP</i> Initials (DPW)

JUN 7 2011
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225c The resident shall have additional assessments as follows: (1) Annually. (2) if the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.	The most recent assessment completed for Resident #1 is dated 11/15/09.	6/6/11	I will keep more accurate records to ensure all Resident Records are completed on time each year. I have a schedule in the front of each residents PCH file that I will follow. I did complete the assessment the day of the inspection on 6/6/11	Steps have been taken to correct violation; full compliance is not verifiable 6/17/11 Date <i>JJP</i> Initials (DPW)

JUN 17 2011
 Adult Residential Licensing