



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17102-1810

ADULT RESIDENTIAL LICENSING  
Central Region Field Office  
1401 North 7<sup>th</sup> Street  
Harrisburg, Pennsylvania 17102-1810

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**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: October 11, 2011**

Ms. Deborah J. Barefoot, Executive Director  
Westminster Woods, Inc.  
Westminster Woods  
360 Westminster Drive  
Huntingdon, Pennsylvania 16652

Dear Ms. Barefoot:

As a result of the Department of Public Welfare's licensing inspection on September 6, 2011 of the above personal care home, the violation with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report was found.

The violation 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,

A handwritten signature in cursive script that reads "Gloria Emick".

Gloria Emick  
Regional Licensing Administrator

Enclosure(s)

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

NAME AND ADDRESS OF PERSONAL CARE HOME WESTMINSTER WOODS, 360 WESTMINSTER DRIVE HUNTINGDON, PA 16652		CURRENT LICENSE NUMBER 360670	
INSPECTION DATES (Include all dates of the inspection) 09/06/2011		REGIONAL REPRESENTATIVE Doug Hoover	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Deborah Barefoot Executive Director</i>			
SIGNATURE OF LEGAL ENTITY <i>Deborah Barefoot</i>	DATE <i>9/29/2011</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloim Erunk</i>	DATE <i>10-7-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
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 pre-admission screening form, dated 4/25/11, for resident #1, admitted 4/25/11, is blank as to whether the service needs of the resident can be met by the home.  <div style="text-align: center;">                         PCH Division                          Central Region Field Office                           OCT 4 2011   <b>RECEIVED</b> </div>	<i>10/13/2011</i>  <i>ongoing</i>	The pre admission screening for resident #1 has been completed and indicates the needs of the resident can be met in this facility. All residents pre-admission forms have been reviewed by the admissions director. All pre admission screening indicate the service needs of the resident can be met by Westminster Woods personal care. The personal care administrator or designee will review all pre-admission screening forms for accurate completion of this section and other required sections.	Steps have been taken to correct violation; full compliance is not verifiable <i>10-7-11 DE</i> Date Initials (DPW)