

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to WESTFIELD BEHAVIORAL HEALTH AFFILIATES, INC.

LEGAL ENTITY

To operate WESTFIELD

NAME OF FACILITY OR AGENCY

Located at 5826 OLD PULASKI ROAD, NEW WILMINGTON, PA. 16142

(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

ADDRESS OF SATELLITE SITE

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 8
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 4, 2012 until February 4, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 474240

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

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

MAR 16 2012

Mr. 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 Mr. Nebel:

As a result of the Department of Public Welfare's licensing inspection on January 11, 2012 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 "Ronald Melusky", with a long horizontal stroke extending to the right.

Ronald Melusky
Director

Enclosures
License
Violation Report

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) 01/11/2012		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>Kim Perrino Human Services Center, Westfield PCH Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Kim Perrino</i>	DATE <i>2/21/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Joe J. Perry (JJP)</i>	DATE <i>2-27-12</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
20b3 The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.	The home manages the finances for resident #1. The record of financial transactions for Resident #1 dating from 12/12/2010 - 10/15/2011 lists several expenditures including "smokes". No signatures were obtained from Resident #1 for these expenditures. RECEIVED Western Field Office Adult Residential Licensing	<i>2/1/12</i>	<i>I will have my and all residents whose funds I disburse sign each time. They will sign at the time the funds are given. The residents name, amount disbursed, date and reason for disbursement will be provided. I will keep these financial records for 3 years. Using this system will ensure the residents funds are not mishandled and the home will be free of accusations. I will use the form provided on the DPW website for residents funds.</i>	<i>JJP</i> <i>2-27-12</i>

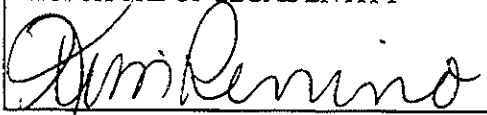

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SIGNATURE OF LEGAL ENTITY <i>Jim Lemino</i>	DATE 2/21/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JYP</i>	DATE 2-27-12

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
25c12 (12) Charges to the resident for holding a bed during hospitalization or other extended absence from the home.	The contract for Resident #2 does not include the charges for holding a bed during an absence. RECEIVED Western Field Office Adult Residential Licensing	2/1/12 3/30/12	I will now request income verification from The Social Security office prior to admission to ensure that the amount of charges will be included on each resident agreement. This will prevent me from overlooking any information on the Residential Agreement. The administrator or a designated staff person will review all resident contracts to ensure they are completed in their entirety including charges for holding a bed during absence. 2-27-12 <i>JYP</i>	Steps have been taken to correct violation; full compliance is not verifiable 2/27/12 Date Initials (DPW)

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65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas: (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. (2) Emergency preparedness procedures and recognition and response to crises and emergency situations. (3) Resident rights (under these	-Staff persons A and B did not have training in Emergency Preparedness or the OAPSA law in the training year 1/1/2011 - 12/31/2011. -The last fire safety training by a fire safety expert was conducted on 12/16/10. Repeated Violations: 12/10/2010 RECEIVED Western Field Office Adult Residential Licensing	2/1/12	-I have failed to keep written documentation of staff training. In the future I will use the Record of training form that is available on the PAW website. Each time I have a training, all staff will print and sign their names on the record. -I will contact the Pulaski Fire Dept. at least one month prior to the staff training. Fire safety training was conducted by the Pulaski Fire Dept. on 2/1/12. Proof of training is enclosed in this packet. -I contacted the area office on Aging on 2/15/12 for information on OAPSA law training and again on 2/21/12 and left messages with [REDACTED]	Steps have been taken to correct violation; full compliance is not verifiable 2/27/12 Date Initials (DPW)

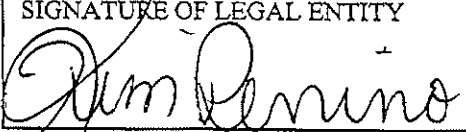

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600


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SIGNATURE OF LEGAL ENTITY 	DATE 2/23/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2-27-12

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
regulations). (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (5) Falls and accident prevention. (6) New population groups that are being served at the home that were not previously served, if applicable.	<div style="font-size: 2em; font-weight: bold; margin: 0;">RECEIVED</div>	2/23/12	<p>and I have not had a returned phone call. Immediately following her call and information I will ensure I have the staff trained on OAPSA law. I will keep accurate record of all training and be proactive with the fire dept. and the office of aging to ensure I have a successful training year with the staff.</p> <p># [REDACTED] called me at 10AM and scheduled on OAPSA law training for 3/15/12 at 3pm.</p>	

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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.	<p>The following chemicals were found in the unlocked cabinet under the kitchen sink:</p> <ul style="list-style-type: none"> -1 container of Fantastik all purpose cleaner -2 containers of Great Value dishwasher gel <p>All labels indicate to contact poison control if ingested. No residents of the home are assessed as safe to use or avoid poisonous materials.</p> <p>Repeated Violations: 12/10/2010</p> <p style="text-align: center; font-size: 2em; font-weight: bold;">RECEIVED</p> <p style="text-align: center;">Western Field Office Adult Residential Licensing</p>	2/1/12	<p>Immediately following the inspection the staff reported that the lock on the kitchen cabinet was not working properly and I replaced it. I had a training with the staff explaining that anything that state to seek medical help or call poison control, is a poisonous material and needs to be locked. I have been checking all cupboards and locked cabinets daily to ensure all poisonous materials are locked up and out of the reach of the residents.</p>	<i>JJP</i> 2-27-12

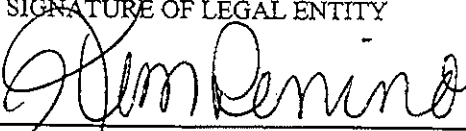
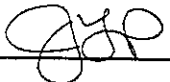
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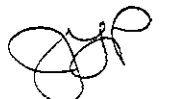
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89b Hot water temperature in areas accessible to the resident may not exceed 120°F.	The hot water temperature at the kitchen sink measured 130 degrees Fahrenheit. This sink is accessible to all residents of the home. Repeated Violations: 12/10/2010	2/14/12	When we inspected the homes water temperature at the kitchen sink the residents bathrooms there was a substantial difference and an obvious problem. I call them and while they were inspecting our furnaces I had them take a look at the hot water tank. They found that the circulator on the tank was not working properly and they replaced it. The maintenance man has been checking it weekly and the water temperature is now within the DHS guidelines. When I have the furnaces inspected every year I am also going to have them inspect the hot water tank to ensure this does not happen again.	 2-27-12

RECEIVED

Western Field Office
 Adult Residential Licensing

VIOLATION REPORT
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101j7 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	The residents in rooms 2 and 7 do not have a source of lighting that can be turned on or off from bedside.	2/21/12	Residents in rooms #2 and #7 have lamps but they both moved them from their nightstands to place stereos and televisions there. I have purchase flashlights for each residents room to ensure they all have bedside lighting.	 2-27-12

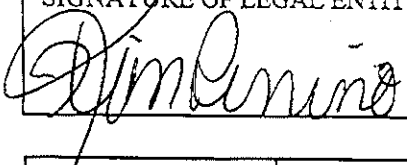
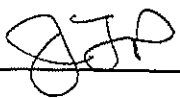
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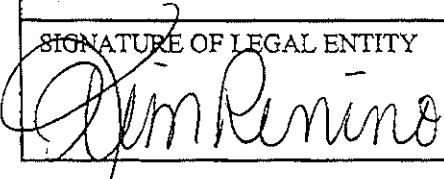

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103f Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers shall be required in refrigerators and freezers.	The small chest freezer in the basement next to the electrical breaker box did not contain a thermometer.	2/2/12	I have purchased a new thermometer for the basement freezer. Each month during our food order I will check each freezer and refrigerator to ensure there is a thermometer in each. I will also check the temperatures of them to ensure they are functioning properly.	<i>JJP</i> 2-27-12
<p>RECEIVED</p> <p>Western Field Office Adult Residential Licensing</p>				


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105g2 Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.	The home's external dryer vent had approximately 1/4 inch of lint built up in the pipe and around the vent. <div style="text-align: center; font-weight: bold; font-size: 1.2em; margin: 10px 0;">RECEIVED</div> Western Field Office Adult Residential Licensing	1/12/12	I informed maintenance personnel that the outside dryer vent needed to be cleaned weekly as opposed to monthly. He has added this task to his weekly maintenance check list. I have also placed this on my weekly to check list.	 2-27-12


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123b Copies of the emergency procedures 107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.	The home's emergency procedures are not posted in a conspicuous and public place in the home. Repeated Violations: 12/10/2010 <div style="text-align: center; border: 1px solid black; padding: 5px; margin: 10px auto; width: fit-content;">RECEIVED FEB 24 2012</div>	1/12/12	I have replaced the Emergency procedures on the bulletin board in the main hallway of the home. I will check that some bulletin board monthly to insure all legal and necessary documentations are in place. I informed all staff not to remove any items from these boards without consulting me.	 2-27-12

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126a A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.	The last inspection of the home's 4 furnaces was conducted on 11/3/2010. <div style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="text-align: center; font-size: 0.8em;">FEB 21 2012</div> <div style="text-align: center; font-size: 0.7em;">Western Field Office Licensing</div>	1/24/12	<div style="background-color: black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <p style="margin: 0;"><i>Came and inspected all four furnaces on 1/24/12. Documentation of the inspection is enclosed. I have marked my calendar to call for a furnace inspection at the beginning of December 2012 to ensure they can schedule an appointment before the year ends. This will ensure inspections will not be overlooked.</i></p>	 2-27-12

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132a An unannounced fire drill shall be held at least once a month.	<p>-Interviews with residents and staff indicate that residents are informed ahead of time that there will be a fire drill. The administrator confirmed this.</p> <p>-The home's policy on fire drills states "The staff shall inform the residents that there will be a fire drill."</p> <p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">Western Field Office Adult Residential Licensing</p>	<p>1/31/12 2/21/12</p> <p>3/30/12</p>	<p>On 2/1/12 during our staff meetings I informed all of the staff they are not to inform the residents of a fire drill. I have also changed this in my fire drill policy. Documentation is enclosed.</p> <p>All monthly fire drills will remain unannounced to both staff and residents. Only the administrator will be aware of when the fire drill is scheduled.</p> <p style="text-align: right;">02-27-12 <i>[Signature]</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>02/27/12 Date Initials (DPW) <i>[Signature]</i></p>

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183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	The med cart contained 2 blister cards of Lorazepam tabs, 2mg, take 1 tab by mouth 3 times a day for Resident #3. This is a discontinued dose for this resident. The current prescription order, which the home has on hand, is Lorazepam 1mg, take 1 and 1/2 tabs 3 times daily. RECEIVED Western Field Office Adult Residential Licensing	2/1/12 3/30/12	The staff was refreshed on our medication policies. An emphasis was placed on disposal of expired and discontinued medications. A statement regarding this violation was included in the home's medication policy and is enclosed in this packet. The administrator will review the med cart and current prescriptions at least 1x per month to ensure all discontinued medications have been disposed of properly. <i>[Signature]</i>	Steps have been taken to correct violation; full compliance is not verifiable Date: 2/27/12 Initials (DPW): <i>[Initials]</i>

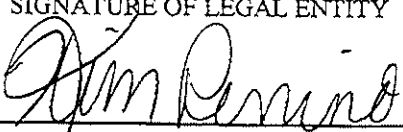
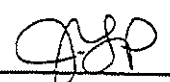
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SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE 2/21/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 2-27-12

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
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	<p>-The MAR for Resident #3 did not contain a diagnosis for the following medications: Seroquel 100mg, Amlodipine 5mg, Levothyroxine 50mcg.</p> <p>-The MAR for Resident #4 did not contain a diagnosis for the following medications: Plavix 75mg, Divalproex 500mg, Olanzapine 15mg. The MAR also does not address medication allergies.</p> <p>Repeated Violations: 12/10/2010</p> <p style="text-align: center; font-size: 2em; font-weight: bold;">RECEIVED</p> <p style="text-align: center;">Western Field Office Adult Residential Licensing</p>	2/21/12	<p>I have contacted [redacted] from East Side Pharmacy and asked him to have the reasons for the medications that are prescribed inserted on the MAR's. The physicians already write the information on the prescriptions so the information is available to him. All information will be printed on the March 2012 MAR's. For the month of February I had write the information on the MAR's, having the pharmacy print the information each month will prevent this from happening again. The administrator or a designated staff person will review all MAR's at the beginning of the month</p>	3/30/12

Steps have been taken to correct violation; full compliance is not verifiable
 Date: 2/27/12 Initials (DPW): JJP

to ensure all medications include a diagnosis or purpose. 2-27-12 JJP

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) 01/11/2012		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)			
SIGNATURE OF LEGAL ENTITY 	DATE 2/21/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2-27-12

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
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.	<h1 style="margin: 0;">RECEIVED</h1> <p style="margin: 10px 0 0 0;">Western Field Office Residential Licensing</p>			