

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

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 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 27, 2012 until February 27, 2013,  
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

**MAR 29 2012**

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 February 22, 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 flourish 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 WEST HAVEN MANOR, 153 GOODVIEW DRIVE APOLLO, PA 15613		CURRENT LICENSE NUMBER 442380	
INSPECTION DATES (Include all dates of the inspection) 02/22/2012		REGIONAL REPRESENTATIVE Dennis Ropon, Lisa Flinner-Alman	
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 <i>Andy Motcher</i>	DATE 2-27-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION. <i>J. P. Kenell</i>	DATE 3-14-12

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
25c13 (13) Written information on the resident's rights and complaint procedures as specified in § 2600.41 (relating to notification of rights and complaint procedures).	The contract for resident #1, dated 2/2/11, does not include written information on complaint procedures.  <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p align="center"><b>Western Region</b></p> <p align="center">MAR 13 2012</p> <p align="center">Adult Residential Licensing</p> </div>	2-27-12         4-15-12	THE RESIDENT WAS GIVEN A COPY OF OUR COMPLAINT PROCEDURE AND SIGNED ONE FOR OUR RECORDS  OUR FINANCIAL CONTRACT WAS REVIEWED TO BE SURE THE COMPLAINT POLICY WAS INCLUDED IN OUR CONTRACT.  WE NUMBERED OUR CONTRACT SO WE WILL BE SURE NO PAGES WILL BE MISSING.  The administrator or designated staff person will review all resident records to ensure all resident records include written information on resident rights and complaint procedures 3-14-12	3-14-12

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 442380	
INSPECTION DATES (Include all dates of the inspection) 02/22/2012		REGIONAL REPRESENTATIVE Dennis Ropon, Lisa Flinner-Alman	
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 <i>Sandy Mitchem</i>	DATE 2-27-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 2-14-12

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
<p>54a</p> <p>Direct care staff persons shall have the following qualifications:</p> <p>(1) Be 18 years of age or older, except as permitted in subsection (b).</p> <p>(2) Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.</p> <p>(3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care</p>	<p>Direct care staff person A started working in the home on 2/15/10. Staff person A does not have a high school diploma, GED or active registry on the Pennsylvania nurse aide registry.</p> <div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%; text-align: center;"> <p><b>Western Region</b></p> <p>MAR 13 2012</p> <p>Adult Residential Licensing</p> </div>	<p>2-27-12 /</p>	<p>THE ADMINISTRATOR SUBMITTED A WAIVER FOR THIS VIOLATION ON 2-27-12.</p> <p>THE EMPLOYEE WAS TAKEN OFF OF THE SCHEDULE AS A NURSES AIDE UNTIL WE HEAR BACK FROM THE DEPARTMENT. THE EMPLOYEE WAS GIVEN A COPY OF THIS WAIVER ON 2-27-12. THE HUMAN RESOURCE DEPARTMENT WAS GIVEN THE INFORMATION FOR -NON-US EMPLOYMENT.</p>	<p>2-14-12</p>

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 442380	
INSPECTION DATES (Include all dates of the inspection) 02/22/2012		REGIONAL REPRESENTATIVE Dennis Ropon, Lisa Flinner-Alman	
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 <i>Sandy Mitchen</i>	DATE 2-27-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 3-14-12

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
services with reasonable skill and safety.	<div style="border: 1px solid black; padding: 10px; margin: 0 auto; width: 80%;"> <p style="font-size: 1.2em; margin: 0;"><b>Western Region</b></p> <p style="margin: 0;">MAR 13 2012</p> <p style="font-size: 0.8em; margin: 0;">Adult Residential Licensing</p> </div>		<p style="font-size: 0.9em; margin: 0;">THEREFORE, ANY EMPLOYEE HIRED WITHOUT A GED, HIGH SCHOOL DIPLOMA OR ACTIVE REGISTRY FOR A PA NURSE AIDE WILL NOT BE PERMITTED TO PROVIDE ADL'S UNTIL THE ADMINISTRATOR FILES A WAIVER. THE ADMINISTRATOR WILL NOT HAVE EMPLOYEE WORK AS A NURSE AIDE UNTIL A WAIVER IS GRANTED.</p>	

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 442380	
INSPECTION DATES (Include all dates of the inspection) 02/22/2012		REGIONAL REPRESENTATIVE Dennis Ropon, Lisa Flinner-Alman	
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 <i>Andy Motchar</i>	DATE 2-27-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 3-14-12

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
103g Food shall be stored in closed or sealed containers.	The upright freezer in the kitchen had a cardboard box that was unsealed.	2-27-12,	<p>THE DIETARY DEPARTMENT WAS ISSUED A NEW JOB DESCRIPTION ON 2-27-12. THIS JOB DESCRIPTION STATED THAT ALL FOOD IN REFRIGERATOR &amp; FREEZER MUST BE SEALED TIGHTLY AND DATED WHEN OPEN.</p> <p>THE JOB DESCRIPTION ALSO INCLUDES THAT THE DIETARY AIDE IS TO CHECK REFRIG &amp; FREEZER AT THE START OF THE SHIFT FOR DATES &amp; TO BE SURE FOOD IS SEALED.</p>	3-14-12

**Western Region**

MAR 13 2012

Adult Residential Licensing

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 442380	
INSPECTION DATES (Include all dates of the inspection) 02/22/2012		REGIONAL REPRESENTATIVE Dennis Ropon, Lisa Flinger-Alman	
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 <i>Landy Motcher</i>	DATE 2-27-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 3-14-12

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
141a. The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization	The medical evaluation for resident #1, dated 1/30/12, does not include medication regimen.  The medical evaluation for resident #2, dated 8/24/11, does not indicate health status or cognitive functioning.	2-27-12 g	NEW MEDICAL EVALUATIONS WERE MAILED OUT TO THE PHYSICIANS FOR THESE TWO RESIDENTS. A COPY OF THE CURRENT MEDICAL EVALUATION WERE ATTACHED, HIGHLIGHTING THE MISSING INFORMATION. THE ADMINISTRATOR WILL REVIEW ALL MEDICAL EVALUATIONS TO MAKE SURE THEY ARE COMPLETED THOROUGHLY. The administrator or designated staff person will review all resident medical evaluations for accuracy and completion. Incomplete medical	

**Western Region**  
  
MAR 18 2012

Adult Residential Licensing

evaluations will be sent back to the physician for completion of above medical evaluation will be scheduled and completed 3-14-12

Steps have been taken to correct violation; full compliance is not verifiable  
3-14-12  
Date Initials (DPW)

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 442380	
INSPECTION DATES (Include all dates of the inspection) 02/22/2012		REGIONAL REPRESENTATIVE Dennis Ropon, Lisa Flinner-Alman	
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 <i>Sandy Motehan</i>	DATE 2-27-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 3-14-12

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
history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p style="margin: 0;"><b>Western Region</b></p> <p style="margin: 0;">MAR 18 2012</p> </div>			

Adult Residential Licensing