

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
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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, 2013 until February 4, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 474240

Robert E. Robinson

ISSUING OFFICER

[Signature]

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



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JAN 10 2013

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 (Department) licensing inspection on November 19, 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 Human Services 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".

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 47424 - 11/19/2012 - Miller-Linhart, Alden

PCH Name: WESTFIELD

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

A copy of Chapter 2600 was not posted in a conspicuous and public place in the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

I have placed a copy of the Regulatory Compliance Guide in the entrance of the home. The manual is clearly marked for resident and visitor to see. The manual will be updated as needed and will be kept in this area from this point on. I will observe the main entrance daily as I come into the home to ensure the manual remains in the same conspicuous and public area of the home.

12-31-12 - The Administrator or designated staff person will post a copy of Title 55 Chapter 2600 in a conspicuous and public place in the home. 12-10-12g

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Kim Perrina

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Administrator Kim Perrina

Date

12/3/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

12-10-12
(Date)

Plan of correction implementation status as of

12-10-12
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *12-10-12g*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

K
(Initials)

Violation Report: 47424 - 11/19/2012 - Miller-Linhart, Alden
 PCH Name: WESTFIELD

1. REGULATION 55 Pa.Code §2600

DEC 6 2012

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Western Field Office
 Adult Residential Community

2a. DESCRIPTION OF VIOLATION

Direct care staff persons A and direct care staff person B do not have current first aid training.

Direct care staff person A worked alone in the home with eight residents on the 12:00 a.m. to 8:00 a.m. shift as follows: 10/29/12, 10/31/12, 11/1/12, 11/2/12, 11/5/12 through 11/9/12, and 11/12/12 through 11/16/12.

Direct care staff person B worked alone in the home with eight residents on the 4:00 p.m. to 12:00 a.m. shift as follows: 10/30/12 through 11/2/12, 11/6/12 through 11/10/12 and 11/13/12 through 11/18/12.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

12-3-12 - The Administrator will review the staff schedule and actual staffing hours worked to ensure at least one staff person meets the requirement of 2600.63(a) is working in the home. 12-10-12

I have scheduled first Aid training for both Staff A and B on December 7th 2012 at The home. Dave Hunter who is a certified trainer will be running the class. Staff B is on vacation and will not be working until after she is trained and staff B's ~~SA~~ schedule has been adjusted so that she is not working with the residents without another staff who is trained in first Aid is here. To avoid this from happening in the future I have developed a document to keep in each personal file to track all trainings. I have enclosed this document in the Packet

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Kim Perrino

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Kim Perrino Administrator

Date 12/3/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 12-10-12
 (Date)

Plan of correction implementation status as of 12-10-12
 (Date)

The above plan of correction was approved by [Signature]
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress 12-10-12
- Partially Implemented - Inadequate Progress
- Not Implemented

RECEIVED

Violation Report: 47424 - 11/19/2012 - Miller-Linhart, Alden
PCH Name: WESTFIELD DEC 2012

1. REGULATION 55 Pa.Code §2600
2600.85(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION
Direct care staff person C, hired on 11/15/99 did not receive any of the required 12 hours of annual training during the 2011 training year.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Staff person C received 12 hours of the mandatory Annual 12 hours of training for 2011. I have enclosed copies of her trainings, this must have been an oversight all of her training documentation was in her file.

12-31-12 - The Administrator or designated staff person will develop and implement a policy and procedures to ensure documentation of staff training is available upon request of the Department. 12-10-12

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Kim Perrino*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kim Perrino Administrator Date 12/3/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 12-10-12 (Date)
The above plan of correction was approved by *[Signature]* (Initials)

Plan of correction implementation status as of 12-10-12 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress 12-10-12
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 47424 - 11/19/2012 - Miller-Linhart, Alden

PCH Name: WESTFIELD

1. REGULATION 55 Pa.Code §2600

2600.65(g) - 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.
- (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.

RECEIVED

DEC 6 2012

Western Field Office
Adult Residential Licensing

Za. DESCRIPTION OF VIOLATION

Ancillary staff person E did not receive training in Fire safety, Emergency Preparedness, Resident Rights, and the Older Adult Protective Services Act during the 2011 training year.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

I will have staff person E who is maintenance receive all the required training mentioned in 2600.65(g) including first aid and CPR. Staff E has worked here since 2003 and I have not considered him and ancillary staff, since he does not provide care for the residents and does not work directly with them, until this point. I will ensure that he will receive the mandatory training as an ancillary staff for 2013. I am unable to get all of the other #'s 1 & 4 in before the new year. I have enclosed proof of training for #'s 2, 3 and 5, staff person E will also attend the first Aid training on December 7, 2012. ~~I have never been signed off for~~

Repeat Violation: Yes

Date(s) of Previous Violation(s):

01/11/2012

Signature of Legal Entity Representative
(Required on EVERY Page)

Kim Perrino

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Kim Perrino Administrator

Date

12/13/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 12-10-12
(Date)

Plan of correction implementation status as of 12-10-12
(Date)

The above plan of correction was approved by [Signature]
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *12-10-12*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 47424 - 11/19/2012 - Miller-Linhart, Aiden
 PCH Name: WESTFIELD

RECEIVED

1. REGULATION 55 Pa.Code §2600

2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

DEC 6 2012

2a. DESCRIPTION OF VIOLATION

The trash receptacle in bathroom #3 was not covered.

Western Field Office
 Adult Residential Licensing

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

I have purchased another trash receptacle for bathroom #3. I will check all trash cans periodically to ensure all lids are on and working.

12-31-12 - All staff persons will be educated that trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents. Documentation of education will be kept. 12-10-12

12-31-12 - The Administrator or designated staff person will check all trash receptacles at least daily to ensure they are covered and prevent the penetration of insects and rodents. 12-10-12

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Jim Perrino*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jim Perrino Administrator* Date *12/4/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 12-10-12 (Date)

Plan of correction implementation status as of 12-10-12 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *12-10-12*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *[Signature]* (Initials)

Violation Report: 47424 - 11/19/2012 - Miller-Linhart, Alden

PCH Name: WESTFIELD

DEC 6 2012

1. REGULATION 55 Pa.Code §2600

2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION

The home's emergency procedures, and the emergency procedures of the municipality were not posted in a conspicuous and public place in the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

I have placed a manual in the main entrance of the home that is clearly marked Emergency Procedures. It is in a conspicuous and public area where both residents and visitors have access to it. I will observe the main entrance daily as I come in the home to ensure the manual remains in this area.

12-31-12 - The Administrator or designated staff person will ensure both the home's emergency procedures and the emergency procedures of the municipality are in the posted manual. 12-10-12

Repeat Violation: Yes Date(s) of Previous Violation(s): 01/11/2012

Signature of Legal Entity Representative (Required on EVERY Page) Kim Perrino

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kim Perrino Administrator Date 12/4/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 12-10-12 (Date) Plan of correction implementation status as of 12-10-12 (Date)
Fully Implemented
Partially Implemented - Adequate Progress 12-10-12
Partially Implemented - Inadequate Progress
Not Implemented

Violation Report: 47424 - 11/19/2012 - Miller-Linhart, Alden
PCH Name: WESTFIELD

DEC 5 2012

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the home on 10/3/12. The home has not completed an assessment for resident #1.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

I have completed Resident #1 assessment and is enclosed in the packet. It was an oversight that I did not complete this within 15 days of admission. From this point I will check all resident files & check after admission and every 6 months after that to ensure all paperwork is done on time and complete.

12-31-12 - All staff persons involved with the admissions process will be educated that a written initial assessment is required to be completed within 15 days of admission. Documentation of education will be kept.

12-10-12g

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Kim Perrino

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Kim Perrino Administrator

Date

12/4/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

12-10-12
(Date)

Plan of correction implementation status as of

12-10-12
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *12-10-12g*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 47424 - 11/19/2012 - Miller-Linhart, Alden
PCH Name: WESTFIELD

DEC 6 2012

1. REGULATION 55 Pa.Code §2600

2600.227(a) - 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.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the home on 10/3/12. The home has not developed initial support plan for the resident #1.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

I have completed Resident #1 Support plan. I will double check resident files 25 days after admission and every six months after that to ensure all documentations is on time and completed.

12-31-12 - All staff person involved with the admissions process will be educated that a written support plan will be developed and implemented within 30 days of admission. Documentation of education will be kept: 12-10-12

Repeat Violation: No	Date(s) of Previous Violation(s):			
----------------------	-----------------------------------	--	--	--

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
---	------

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>12-10-12</u> (Date)	Plan of correction implementation status as of <u>12-10-12</u> (Date)
The above plan of correction was approved by <u>12-10-12</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress 12-10-12 <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented