



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

APR 30 2014

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
License #: 442380

Dear Ms. Motchar:

As a result of the Department of Public Welfare's licensing inspection on October 28, 2013 and October 29, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period February 27, 2014 to February 27, 2015 was issued on November 13, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: 44238 - 10/28/2013 - McConnell, Deb

PCH Name: WEST HAVEN MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

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

On 10/28/13, the home's copy of the 55 Pa Code Chapter 2600 was not posted anywhere in a conspicuous and public place in the home. The home kept a copy of the 55 PA Code Chapter 2600 in the administration office.

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.

We were in the process of painting the entrance way and everything was taken off of the walls and placed in the kitchen.

During inspection I hung the regulations book back on the wall. In the future, a copy of the regulations will be hung in another place rather than removing it.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Sandy Motchar

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

Sandy Motchar

Date

1-6-14

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

The above plan of correction is approved as of

3/6/14
(Date)

Plan of correction implementation status as of

3/6/14
(Date)

- Fully Implemented *o*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

J
(Initials)

Violation Report: 44238 - 10/28/2013 - McConnell, Deb
PCH Name: WEST HAVEN MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 10/28/13, table cards were posted and accessible to unauthorized persons on the dining room tables in the 2nd floor dining room indicating residents' prescribed diets, including resident #5's ground meats diet and resident #6's no concentrated sweets diet. The home keeps the table cards on the dining room tables at all time at the resident's assigned seat.

On 10/28/13, a "BBT Potty and Creams" list, a skin care/ointment list and a shower list for residents were posted and accessible to unauthorized persons on a bulletin board near the kitchenette on the 1st floor including a bathing schedule for resident #7 and #8.

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.

In the past year, the dietary department supervisor added special diets on the residents name cards on the tables. During inspection all the name cards were removed from the tables. On 11-01-13 new name cards were placed on the tables with only the residents names on them.

During inspection the above lists were removed from the bulletin board. All staff members were informed that all lists must be kept locked in kitchen cabinets. The supervisor will check daily to make sure these are kept locked.

By 3/31/14 - The administrator or designee will monitor the home at least weekly to ensure resident information is kept confidential, and not posted in public areas of the home.

J
3/6/14

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Sandy Motchar*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Sandy Motchar* Date *1-6-14*

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

The above plan of correction is approved as of <u>3/6/14</u> (Date)	Plan of correction implementation status as of <u>3/6/14</u> (Date)
The above plan of correction was approved by <u><i>J</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>m</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44238 - 10/28/2013 - McConnell, Deb

PCH Name: WEST HAVEN MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

The contracts for resident #1, dated 7/8/13 and resident #2, dated 3/28/13, were not signed by the resident.

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.

On 11-01-13, the residents #1 and #2 signed and dated the financial agreements.

In the future, the administrator will have residents sign agreements on admission.

date
3/6/14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Sandy Motchar

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

Sandy Motchar

Date

1-6-14

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

The above plan of correction is approved as of

3/6/14
(Date)

Plan of correction implementation status as of

3/6/14
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

- Fully Implemented *[Signature]*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

JAN 10 2014

Violation Report: 44238 - 10/28/2013 - McConnell, Deb

PCH Name: WEST HAVEN MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.26(c) - The quality management plan shall include the development and implementation of measures to address the areas needing improvement that are identified during the periodic review and evaluation.

2a. DESCRIPTION OF VIOLATION

The home's quality management review, did not include implementation of measures to address reportable incident and condiction reporting, complaint procedures, licensing violations and staff person training.

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.

A new Quality Management Plan was revised and will be implemented for 2014.
This includes the following:

- Date of review:
- Persons involved in review:
- How the review was conducted
- Findings in review:
- Follow up action planned on the finding of reviews.

Items to address:

1. Reportable incidents and condition reporting procedures
2. Complaint procedures
3. Staff persons trained
4. Licensing violations and plans of corrections
5. Resident council minutes

This form will be a reminder for the administrator so that items will not be missed in the future.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Sandy Motchar*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Sandy Motchar* Date *1-6-14*

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

The above plan of correction is approved as of 3/6/14
(Date)

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

Plan of correction implementation status as of 3/6/14
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *d*
- Partially Implemented - Inadequate Progress
- Not Impiemented

Violation Report: 44238 - 10/28/2013 - McConnell, Deb

PCH Name: WEST HAVEN MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The fire drill record for the drill conducted on 6/7/13, at 7:20AM and 7/28/13, at 6AM did not include the number of residents in the home at the time of evacuation.

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.

The maintenance supervisor will now take over completing the fire dill record and the Administrator will review the record and initial that the log is complete.

In the past the maintenance supervisor conducted the drill and the administrator completed the required forms.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Sandy Motcher

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

Sandy Motcher

Date

1-6-14

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

The above plan of correction is approved as of

3/6/14
(Date)

Plan of correction implementation status as of

3/6/14
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

Violation Report: 44238 - 10/28/2013 - McConnell, Deb

PCH Name: WEST HAVEN MANOR

JAN 20 2014

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.161(d) - A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

Resident #1 had been prescribed a mechanical soft diet by the resident's physician as indicated on the medical evaluation, dated 7/8/13. Staff person A, the home's administrator, stated the resident was provided cut up finger foods as a part of his/her diet to aid the resident in feeding him/herself.

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.

The residents physician changed the order to a regular diet the day of admission but the medical evaluation was not updated.

In the future, a written order will be attached to the medical evaluation or a new medical evaluation will be completed.

By 3/13/14 - The administrator will develop a system to ensure changes in physician's orders, including diet, are made in writing by the physician and residents' records are updated.

JA
3/6/14

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

Signature of Legal Entity Representative (Required on EVERY Page) *Sandy Motchan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Sandy Motchan* Date *1-6-14*

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

The above plan of correction is approved as of <u>3/6/14</u> (Date)	Plan of correction implementation status as of <u>3/6/14</u> (Date)
The above plan of correction was approved by <u><i>JA</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44238 - 10/28/2013 - McConnell, Deb
 PCH Name: WEST HAVEN MANOR
WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

The October 2013 medication administration record for resident #3 included Clindamycin HCl, 150 MG, for infection prevention; however, this medication was not available in the home on 10/29/13.

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.

The dentist ordered clindamycin to be given prior to all dental appointments. The order is written to be given 4 tablets one hour prior to appointments. The pharmacy did not fill the order until closer to the next dental appointment.

On 10-29-13, the pharmacy ^{was} called to send up the anti-biotic.

In the future, the supervisor will review all prn medications to make sure they are in the house. The pharmacy was also contacted to send all prn's when ordered.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Sandy Motchar*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Sandy Motchar</i>	Date <i>1-6-14</i>
--	--------------------

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

The above plan of correction is approved as of <u><i>3/6/14</i></u> (Date)	Plan of correction implementation status as of <u><i>3/6/14</i></u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>or</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

JAN 07 2014

Violation Report: 44238 - 10/28/2013 - McConnell, Deb

PCH Name: WEST HAVEN MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

The medication administration record for resident #4 did not include initials of the staff person administering the medication, Levothyroxine, 25mcg, at 6:45AM on 10/26/13.

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.

The medication was given to this resident on 10-26-13. The blister pack of this medication confirmed this. The staff member had an unexpected death that morning and did pass all her medications but did not mark the E-mars.

^{staff} The members will review MAR's daily to make sure all ^{E-mars} MAR's are initialed.

By 3/31/14, all staff will be educated on initialing MAR immediately after each resident is administered medication.

By 3/31/14 - The administrator or designee will monitor the MAR at least weekly to ensure staff are initialing the MAR when medications are administered.

3/6/14

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Sandy Motchar*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Sandy Motchar* Date *1-6-14*

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

The above plan of correction is approved as of 3/6/14
(Date)

Plan of correction implementation status as of 3/6/14
(Date)

The above plan of correction was approved by *D*
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *DW*
- Partially Implemented - Inadequate Progress
- Not Implemented

JAN 17 2014

Violation Report: 44238 - 10/28/2013 - McConnell, Deb

PCH Name: WEST HAVEN MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.224(a) - 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.

2a. DESCRIPTION OF VIOLATION

The pre-admission screening form for resident #1, dated 7/5/13, did not include a determination that the home could meet the service needs of the resident.

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.

The

~~Three~~ resident was evaluated on 07-05-13 and was admitted on 07-08-13.

The administrator did overlook marking that the residents needs could be met in a Personal Care Home.

In the future, the administrator will review the pre-admission screen on the day the resident signs admission agreement.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Sandy Metcher

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

Sandy Metcher

Date 1-6-14

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

The above plan of correction is approved as of 3/6/14
(Date)

Plan of correction implementation status as of 3/6/14
(Date)

The above plan of correction was approved by *SM*
(Initials)

- Fully Implemented *SM*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

JAN 10 2014

Violation Report: 44238 - 10/28/2013 - McConnell, Deb

PCH Name: WEST HAVEN MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

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 into the home on 7/8/13. The initial assessment, dated 7/16/13, was blank on page 9, Behavioral or Cognitive Need and Degree, and did not include the resident's dietary need for a mechanical soft diet as ordered by the physician on 7/8/13.

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.

Assessment for resident #1 updated on 3/8/14. JW 3/11/14

The assessment was not completed and as stated on page 7 of 12, the diet was followed.

The administrator will have a staff member review assessments to make sure they are completed within 15 days. (The Activity Director will review assessments.)

By 4/30/14 - The administrator and/or designee will review all assessments of current residents to ensure they are complete and accurate.

[Handwritten signature]

Repeat Violation: Yes

Date(s) of Previous Violation(s):

11/06/2012

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten signature: Sandy Motchar]

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

[Handwritten name: Sandy Motchar]

Date

[Handwritten date: 1-6-14]

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

The above plan of correction is approved as of

3/11/14
(Date)

Plan of correction implementation status as of

3/11/14
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Handwritten mark]*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

[Handwritten initials]
(Initials)

JAN 13 2014

Violation Report: 44238 - 10/28/2013 - McConnell, Deb

PCH Name: WEST HAVEN MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

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

The initial support plan for resident #1, dated 7/16/13, did not indicate how the home was going to meet the resident's needs and care services, urinary incontinence, bowel management and dietary need for a mechanical soft diet as ordered by the physician on 7/8/13.

Page 9 of the support plan, Behavioral or Cognitive Need was blank. The Medical Needs portion of the support plan for medical diagnoses including Reactive Confusion, Dementia with Behavioral Disturbance, Unspecified Psychosis, and Congestive Heart Failure was blank.

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.

The initial support plan as well as the initial assessment was not completed for resident #1.

Once the administrator completes the support plan, she will have the Activity department review the support plan when they complete their section 4 for recreational needs to make sure the support plan is complete.

The support plan for resident #1 was updated on 3/9/14. *J 3/9/14*

By 4/30/14 - The administrator and/or designee will review the support plans of all current residents to ensure they are complete and address residents' care needs and services.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Sandy Motcher

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

Sandy Motcher

Date

1-6-14

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

The above plan of correction is approved as of

3/11/14
(Date)

Plan of correction implementation status as of

3/11/14
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *M*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

[Signature]
(Initials)

3/16/14