



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

DEC 20 2013

Mr. Dennis W. Nebel, 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  
License #: 474240

Dear Mr. Nebel:

As a result of the Department of Public Welfare's licensing inspection on November 18, 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 4, 2014 to February 4, 2015 was issued on October 22, 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  
Acting Director

Enclosure  
License Inspection Summary



Violation Report: 47424 - 11/18/2013 - Williams, Jason  
 PCH Name: WESTFIELD

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

The most recent assessment for Resident #1 was completed on 8/16/12.

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.

I have enclosed a completed RASP for Resident #1. In the future I will keep more accurate records and set reminders of my computer to complete all required paperwork for all residents

Resident #1's Resident Assessment - Support Plan was completed on 11/20/13. JSP 12-5-13.

1-10-14 the administrator or designated staff person will review all current resident assessments to ensure all resident assessments are timely. JSP 12-5-13

**RECEIVED**

DEC 4 2013

WEST REGION FIELD OFFICE  
 Human Services Licensing

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 Human Services Center* Date *11/25/13*

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

The above plan of correction is approved as of 12-5-13 (Date)

Plan of correction implementation status as of 12-5-13 (Date)

The above plan of correction was approved by JSP (Initials)

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