



MAY 16 2014

Ms. Deborah J. Barefoot, Executive Director
Westminster Woods, Inc.
Homestead Building, 360 Westminster Drive
Huntingdon, Pennsylvania 16652

RE: Westminster Woods
License #: 360670

Dear Ms. Barefoot:

As a result of the Department of Public Welfare's licensing inspection on March 5, 2014, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes).

Your regular license for the period June 3, 2014 to June 3, 2015 was issued on February 28, 2014. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones
Director

Enclosure
Licensing Inspection Summary

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

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|---|--|---|
| PCH Name: WESTMINSTER WOODS | | License Number: 36067 |
| Address: 360 WESTMINSTER DRIVE, HUNTINGDON, PA 16852 | | County: Huntingdon |
| Administrator: Nancy Luke | | Region: CENTRAL |
| Legal Entity Name: WESTMINSTER WOODS INC | | |
| Legal Entity Address: 360 WESTMINSTER DRIVE, HUNTINGDON, PA 16852 | | |
| Certificate(s) of Occupancy C-2 LP 03/11/2003 Labor & Industry | | |
| Staffing Hours Resident Support: 0 Total Daily Staff: 33 Waking Staff: 25 | | |
| Type of Inspection: Full BNA Docket Number: Notice: Unannounced | | |
| Reason(s) for Inspection(s) Renewal | | |
| On-Site Inspections Dates and Department Representatives On-Site 03/05/2014: Minnich, Ron; Palermo, Michael | | |
| Off-Site Inspection Dates and Inspectors, if Applicable | | |
| <p>RECEIVED</p> <p>MAY 05 2014</p> <p>CENTRAL REGION FIELD OFFICE Human Services Licensing</p> | | |
| Other Details | | |
| Partial or Full Triggers: | | Random Indicators: |
| Resident Demographic Data as of Inspection Dates | | |
| Licensed Capacity: 34 Number of Residents Served: 33 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 2 | | Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 33 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0 |

Violation Report: 35027 - 03/05/2014 - Minnich, Ron
 PCH Name: WESTMINSTER WOODS

1. REGULATION 55 Pa.Code §2600
 2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION
 The home's written emergency procedures have not been reviewed since 1/17/13.

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 Home's Written Emergency Procedures were revised and approved on March 10, 2014 (see attached).
 To ensure compliance with the regulation going forward, the Personal Care Manager is responsible for meeting with the Director of Environmental Services each year during January to review/revise procedures. Updated procedures will be distributed once approved by the Executive Director.
 This meeting will be electronically scheduled and will occur on the calendar of both the Personal Care Manager and Director of Environmental Services.

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|---|-----------------------------------|-----------------------|
| Repeat Violation: No | Date(s) of Previous Violation(s): | |
| Signature of Legal Entity Representative (Required on EVERY Page) <i>Nancy A Luke RN</i> | | |
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nancy A Luke RN PC Administrator</i> | | Date <i>5-2-14</i> |

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

| | |
|---|---|
| The above plan of correction is approved as of <u>5/5/14</u> (Date) | Plan of correction implementation status as of <u>5/5/14</u> (Date) |
| The above plan of correction was approved by <u><i>JL</i></u> (Initials) | <input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |