



**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: July 14, 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 April 14, 2014 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.

Sincerely,

A handwritten signature in black ink that reads "Susie Pollock" followed by a checkmark.

Susie Pollock  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



Violation Report: 44238 - 04/14/2014 - Pollock, Susan  
PCH Name: WEST HAVEN MANOR

WEST REGIONAL OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.42(y) - A resident has the right to choose his own health care providers without limitation by the home.

2a. DESCRIPTION OF VIOLATION

Resident #1, admitted to the home on 3/12/12, chose and have utilized Leechburg Pharmacy delivery service to obtain his/her prescriptions, over the counter medications and supplies since their admission to the home.

On 1/29/14, the home issued a notice to the residents and responsible parties/Power of Attorney's (POA) indicating that "Due to a difference in operational procedures, as of March 1, 2014 West Haven Manor will no longer be working with Leechburg Pharmacy".

In addition to the written notice, representatives of the home conducted a meeting on 2/19/14 with the resident's responsible parties/POA to discuss questions and concerns regarding the Pharmacy termination notice and to distribute a local pharmacy list. This local pharmacy list contained nine pharmacies; to include, Quality Pharmacy, which is owned and operated by Quality Life Services, the same healthcare organization that owns and operates West Haven Manor and is the only pharmacy on that list that will deliver medications and supplies. During this meeting, administrative staff person A announced that, if the residents continued to utilize Leechburg Pharmacy after March 1, 2014, they would have to pick up their medications and supplies from the pharmacy in person as the home was denying Leechburg Pharmacy access to the home

Therefore, the resident's ability to continue to choose Leechburg as their Pharmacy provider is negated, due to the restrictions the home has placed on the provider.

After receiving the written termination notice, the resident #1 has discontinued the use of Leechburg Pharmacy, their pharmacy of choice and converted to Quality Pharmacy, which is owned by the same healthcare organization that owns 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.

- Immediately- The home will rescind the Pharmacy termination notice, dated 1/29/14.
- Immediately-All residents and their designated persons will be notified in writing of the ability to choose, without limitation, from what Pharmacy they would like to obtain their medications and supplies. The home will not restrict pharmacy delivery services; or, prohibit pharmacy delivery service to the premises.
- By 7/6/14 - The home will update their home rules, policies and procedures to include; a resident has the right to choose, without limitation by the home, his/her own health care provider, which includes Pharmacies. The home will provide written notification and education to all residents and the resident's designated persons of these updated home rules and policies. All staff will be educated on the home's updated home rules and policies. Documentation will be kept.
- By 7/6/14 - All staff, including management staff will receive resident rights training by an outside source that is approved by the Department. Documentation will be kept.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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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 *6-16-14*

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

The above plan of correction is approved as of <u>7-11-14</u> (Date)	Plan of correction implementation status as of <u>7-11-14</u> (Date)
The above plan of correction was approved by <u>Smp</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>Smp</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

06/17/2014 10:41 AM

Plan of Correction:

06-17-14

West Haven Manor  
Human Services Licensing

Leechburg Pharmacy was informed on 06-16-14 that they are permitted to provide delivery service to West Haven Manor.

Enclosed is the letter to all residents and their responsible person on the updated Home Rules. These will be mailed out to all families on 06-20-14. See attachment "A" to be mailed out to the families. I am asking them to sign the letter and mail back to West Haven Manor. I will inform the residents and have them sign the revised Home Rules along with attachment "B".

All staff members will receive a copy of the updated home rules on 06-20-14. All staff members will sign the up-dated home rules.

All staff, including management staff will receive "Resident Right" training before 07-06-14. The Butler Visiting Nurses Association will provide me with a date and time that this training will be available.

A claim was filed on 06-11-14 with the Abuse/Fraud hot line (office of inspector general) against Leechburg Pharmacy.

Thank You,



Sandy Motchar, Adm.

West Haven Manor- LP

Addendum to initial Plan of Correction.

Susie Pollock (SP)  
Regional Licensing Approval of Plan of Correction  
Susie Pollock 7-11-14