



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE:

JUN 16 2015

Ms. Kim Perrino, Administrator
Westfield Behavioral Health Affiliates, Inc.
130 West North Street
New Castle, Pennsylvania 16101

RE: Westfield
5826 Old Pulaski Road
New Wilmington, Pennsylvania 16142
#474240

Dear Ms. Perrino:

As a result of the Department of Human Services' licensing inspection on August 29, 2014 and November 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, appearing to read "Jon Kimberland" with a stylized flourish at the end.

Jon Kimberland
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 47424 - 08/29/2014 - Phillips, Joseph
PCH Name: WESTFIELD

MAY 18 2015

1. REGULATION 55 Pa.Code §2600

2600.23(a) - A home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #2, who has a diagnosis of Huntington's disease, uses a walker. The resident's assessment and support plan, dated 4/15/14, indicates he/she has a moderate problem with judgment, a severe problem with understanding instructions and needs moderate supervision. These documents indicate resident #2 requires verbal prompts to use his/her walker and does not know his/her limits at times. He/she "will try to do things that he is physically incapable of doing and as a result he usually falls." The documents also indicate resident #2's "physical health is declining and he may need to seek nursing home care in the near future." Resident #2 was not assessed to be safe around any body of water.

On 8/28/14, staff persons A and B took 7 residents to Moraine State Park. They had lunch around 12:30 PM and soon afterwards residents #1 and #2, along with staff person A, went into the roped off area of the lake used for swimming and recreation. Resident #1 and resident #2 were in the water at the same time.

Staff person A waded into the water approximately 8' from shore. The depth of the water at this point was about 1' - 1 1/2' deep. Resident #1 waded further into the lake approximately 10' beyond staff person A. The water was 2'-3' deep at this point.

Shortly after the residents entered the water an incident involving resident #1 occurred requiring assistance of staff and bystanders. Resident #2 was left unsupervised in the water while staff and bystanders were providing Cardio Pulmonary Resuscitation (CPR) to 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.

To ensure that all staff adheres to the residents individual RASPS I had a staff meeting on 12/10/14 to review all the needs of the residents indicated on each RASP, which now includes that no resident is to swim, wade or walk in any body of water or swimming pool to ensure their safety. I also had a meeting with the residents about this subject and they have all agreed to stay out of water, while they have agreed to not swim, wade or walk in water they have also agreed that they are capable of being at a safe distance from water with minimal staff supervision. They have all signed a written agreement pertaining to this matter. I have attached the agreement.

Immediately - Prior to any special events a designated staff person will review all assessments and support plans for residents participating to ensure the health and safety needs of the residents can be met. 6-9-15

By 7/1/15 - All direct care staff persons will review all resident assessments and support plans to ensure knowledge of resident care, needs and services the home will provide. 6-9-15

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 PCH Administrator* Date *5/14/15*

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

The above plan of correction is approved as of 6-9-15 (Date)

Plan of correction implementation status as of 6-9-15 (Date)

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

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

Violation Report: 47424 - 08/29/2014 - Phillips, Joseph
PCH Name: WESTFIELD

MAY 18 2015

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

Resident #3's contract dated 10/20/14 was not signed by the administrator or designee.

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 10/20/14 I failed to sign resident #3's contract during his admission. While Mr. Phillips was here on 11/17/14 I signed and dated the contract. In the future during and after an admission of a resident I will double check that everything is signed by both the resident and myself. The acting PCH administrator will also look through all admission paperwork to ensure everything is signed.

By 7/1/15 - The administrator or designated staff person will review all resident contracts for required signatures.

6-9-15

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 PCH Administrator

Date 5/14/15

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(Date)

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(Date)

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(Initials)

Violation Report: 47424 - 08/29/2014 - Phillips, Joseph
PCH Name: WESTFIELD

MAY 18 2015

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

On 8/28/14, staff persons A and B took 7 residents to Moraine State Park. They had lunch around 12:30 PM and soon afterwards residents #1 and #2, along with staff person A, went into the roped off area of the lake used for swimming and recreation. Resident #1 went into the lake wearing flip flops and drinking a can of soda.

Staff person A waded into the water approximately 8' from shore. The depth of the water at this point was about 1' - 1 1/2' deep. Resident #1 waded further into the lake approximately 10' beyond staff person A. The water was 2'-3' deep at this point.

Shortly afterwards, staff person A observed resident #1 bending over, face first with his/her head in the water. This resident's head kept bobbing in and out of the water. Staff person A yelled to resident #1 that his/her flip flops were behind him/her. Then the staff person no longer observed the resident moving. There were two bystanders (both nurses) on shore who noticed resident #1 floating face down in the lake and not responding to staff person A. These bystanders asked staff person A if he/she needed help and proceeded to bring resident #1 to shore. Staff person A did not enter the water more than the approximate 8' to assist the bystanders in bringing the resident to shore.

This resident was unresponsive and one of the nurses initiated certified pulmonary resuscitation (CPR). Another bystander called 911 and DCNR Park Rangers responded with an automated external defibrillator (AED) and emergency management services (EMS) arrived on the scene and took over patient care. The coroner arrived on site and pronounced the resident deceased at 2:21 PM. Approximately 30 minutes expired from the time the resident was observed face down in the water until he/she was pronounced deceased.

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 had training with staff on handling emergency situations on 12/10/14. During this training we focused on how to ensure the safety of ALL residents during an emergency. I also stressed the importance if they are caring for one specific resident's emergency situation, it is still their responsibility to ensure that all other residents are in a safe surrounding. I reminded them that it is DCs sole responsibility to handle any emergency situation that may occur, I also informed them that they even if a bystander is willing to assist in the situation their responsibility continues to remain with the staff. I have also implemented a policy that there will be extra staffing assigned to a shift when there is an all day outing where I feel as though there is a need for more than a 2 staff to ensure the safety of all residents, the staff to resident ration being 3:1. I have reviewed all residents RASP's with staff to ensure they are aware of the level of supervision that each resident requires while outside the home. Please see attached Paper work.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Nim Perrino*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Nim Perrino PCH Administrator* Date *5/14/15*

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The above plan of correction is approved as of <u>6-9-15</u> (Date)	Plan of correction implementation status as of <u>6-9-15</u> (Date)
The above plan of correction was approved by <u>[Signature]</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: 47424 - 08/29/2014 - Phillips, Joseph

MAY 18 2015

PCH Name: WESTFIELD

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Staff person C's first day of work was 11/7/14. Staff person C did not receive any orientation in general fire safety and emergency preparedness prior to or during the first day of work.

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 failed to have staff person C fill out an orientation sheet prior to his first day of work. Staff person C did however receive fire safety training on 4/22/14 prior to his first day of work on 11/7/14. To ensure that all staff has proper training prior to their first day of work I have put together a packet for all new staff rather than having all paper work in different files. This will prevent me from missing any new hire paper work that is required.

By 7/1/15 - The administrator or designee will review all training records for newly hired staff or staff hired within the past year to ensure all direct care staff persons including ancillary staff persons, substitute personnel and volunteers have completed an orientation in general fire safety and emergency preparedness in accordance with regulation 2600.65(a). Documentation of the training will be placed in the employee's record. 6-9-15

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 PCH Administrator

Date

5/14/15

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Partially Implemented - Inadequate Progress

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(Initials)

JUN 09 2015

Page 6 of 7

Violation Report: 47424 - 08/29/2014 - Phillips, Joseph

PCH Name: WESTFIELD

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

The home has not completed an initial assessment for resident #3, admitted 10/20/14.

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.

During the time of the inspection the residents initial assessment was not completed on time and I could not find the assessment in the residents file. I did however find the assessment after the inspection, it was lost in my office under other paperwork. In the future I will be sure to place each required document directly in the resident file. To ensure that all documentation is completed on time I will use a schedule that is enclosed in this packet. This will allow DCS to have access to resident records at all times.

Immediately - The administrator or designee will review all newly admitted resident records to ensure all new residents have an assessment completed within 15 days after admission. 6-9-15

By 7/1/15 - The administrator or designee will review all resident records to ensure all residents have an assessment completed and the assessment is in the resident's record. 6-9-15

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Nim Perrino*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nim Perrino PCH Administrator* Date *6/9/15*

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MAY 18 2015

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE
Human Services Licensing

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

Resident #1's most recent assessment, dated 11/3/13, does not indicate the resident has been assessed to be safe around bodies of water.

Resident #2's most recent assessment, dated 4/15/14, does not indicate the resident has been assessed to be safe around bodies of water.

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 reassessed all resident RASPs to indicate they are not safe to be in any body of water or swimming pool. I have also had all residents sign an agreement that they would not do so to ensure their own safety. I did however include in this agreement that they are capable of being within a safe distance water with minimal staff supervision. This document is enclosed. I have also implemented a policy that if the residents are going on an outing that I feel requires more than 2 staff that I will increase staffing for that specific day. Extra staffing will mainly occur when it is an all day outing at an unfamiliar place where there are bodies of water or swimming areas, in this case the staff to resident ratio will be 3:1. This information was reviewed on 12/10/14 with all staff. In the future I will be sure to indicate if a resident has been assessed to be safe in or around any body of water.

By 7/1/15 - The administrator or designee will review all resident assessments for accuracy and completion to ensure the proper supervision and needs of the residents have been assessed for each individual resident. 6-9-15 ✓

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 PCH Administrator* Date *5/14/15*

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