



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via email: [REDACTED]

**MAILING DATE: February 29, 2016**

Mr. Steven D. Tack, CEO  
Westmont Woods, LP  
612 N. Main Street  
Butler, Pennsylvania 16001

RE: Westmont Woods  
787 Goucher Street  
Johnstown, Pennsylvania 15905  
License #: 332381

Dear Mr. Tack:

As a result of the Department of Human Services' licensing inspections on February 10, 2016 of the above facility, the violation with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

The violation 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 "Brett Swanger".

Brett Swanger  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

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

<b>PCH Name:</b> WESTMONT WOODS		<b>License Number:</b> 33238
<b>Address:</b> 787 GOUCHER STREET, JOHNSTOWN, PA 15905		<b>County:</b> Cambria
<b>Administrator:</b> Michele Graham		<b>Region:</b> CENTRAL
<b>Legal Entity Name:</b> WESTMONT WOODS LP		
<b>Legal Entity Address:</b> 612 NORTH MAIN STREET, BUTLER, PA 16001		
<b>Certificate(s) of Occupancy</b>		
C-1 11/26/1982 Commonwealth of PA L&I	C-1 01/11/1985 Commonwealth of PA DOH	
<b>Staffing Hours</b>		
<b>Resident Support:</b> 0	<b>Total Daily Staff:</b> 24	<b>Waking Staff:</b> 18
<b>Type of Inspection:</b> Interim - Provisional	<b>BHA Docket Number:</b>	<b>Notice:</b> Unannounced
<b>Reason(s) for Inspection(s)</b> Provisional, Change Legal Entity		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 02/10/2016: Heerner, Laura; Springs, Israel		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
<b>Partial or Full Triggers:</b>		<b>Random Indicators:</b>
<b>Resident Demographic Data as of Inspection Dates</b>		
<b>Licensed Capacity:</b> 34 <b>Number of Residents Served:</b> 18 <b>Secured Dementia Care Unit In Home:</b> No <b>Area:</b> <b>Secured Dementia Unit Capacity, if Applicable:</b> <b>Number of Residents Served in Secured Dementia Care Unit, if applicable:</b> <b>Number of Current Hospice Residents:</b> 1 <b>Number of Hospice Residents in past year:</b> 6	<b>Number of Residents who:</b> <b>Receive Supplemental Security Income:</b> 1 <b>Are 60 Years of Age or Older:</b> 18 <b>Have Mental Illness:</b> 0 <b>Have an Intellectual Disability:</b> 2 <b>Have a Mobility Need:</b> 6 <b>Have a Physical Disability:</b> 4	

Violation Report: 33238 - 02/10/2016 - Heemer, Laura  
 PCH Name: WESTMONT WOODS

**1. REGULATION 55 Pa.Code §2600**

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

**2a. DESCRIPTION OF VIOLATION**

On 02/06/2016 from 10:56 am to 2:00 pm, 18 residents were present in the home. During this time no staff persons were present who were certified in First Aid.

On 02/7/2016 from 10:51 am to 2:00 pm, 18 residents were present in the home. During this time no staff persons were present in the home who were certified in First Aid.

**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.*

- ① All staff will be trained in CPR and First Aid
- ② Administrator will set up training 2-10-16
- ③ All training was completed on Feb 16<sup>th</sup> and 17<sup>th</sup> by BLS Instructors A.H.A. attached list of staff that completed training. Administrator will track all expiration dates & set up training when needed

See page 2A of 2  
 BLS 2/25/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Michele Gorkum PCA*

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

Michele Gorkum

Date 2/25/16

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

The above plan of correction is approved as of 2/25/16  
 (Date)

Plan of correction implementation status as of 2/25/16  
 (Date)

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

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

Violation 2600.63

Staff will be trained in CPR and First Aid

Administrator will set up training

Training scheduled for all staff on Feb.16 and17th.

Training was scheduled with [REDACTED] BLS Instructor AHA

Attached list of staff that completed CPR and First Aid

Administrator will track dates of expiration and will set up training prior to expiration dates.