



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to WESTMONT WOODS LP
LEGAL ENTITY

To operate WESTMONT WOODS
NAME OF FACILITY OR AGENCY

Located at 787 GOUCHER STREET, JOHNSTOWN, PA 15905
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 34
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from August 11, 2016 until August 11, 2017,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 332380

Robert E. Robinson
ISSUING OFFICER

Jay Baul
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 1 1 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 #: 332380

Dear Mr. Tack:

As a result of the Department of Human Services' licensing inspection on July 13, 2016 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosures
License
License Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2800

PCH Name: WESTMONT WOODS		License Number: 33238	
Address: 787 BOUCHER STREET, JOHNSTOWN, PA 15905		County: Cambria	
Administrator: Michale Graham		Region: CENTRAL	
Legal Entity Name: WESTMONT WOODS LP			
Legal Entity Address: 812 NORTH MAIN STREET, BUTLER, PA 16001			
Certificate(s) of Occupancy C-1 11/26/1982 L&I			
Staffing Hours Resident Support: 0 Total Daily Staff: 18 Waiting Staff: 14			
Type of Inspection: Full SNA Docket Number: Notice: Unannounced			
Reason(s) for inspection(s) Renewal, Provisional			
On-Site Inspection Dates and Department Representatives On-Site 07/13/2016: Heemar, Laura; McCloskey, Jason			
Off-Site Inspection Dates and Inspectors, if Applicable			
Other Details Partial or Full Triggers: Random Indicators:			
Resident Demographic Data as of Inspection Dates			
Licensed Capacity: 34 Number of Residents Served: 18 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: 2 Number of Hospice Residents in past year: 4		Number of Residents who: Receive Supplemental Security Income: 0 Are 80 Years of Age or Older: 17 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 35236 - 07/13/2016 - Heamer, Laura
 PCH Name: WESTMONT WOODS

1. REGULATION 55 Pa. Code §2605
 2600.16 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION
 Under the Boilers and Unfired Pressure Vessels regulations (34 PA. Code Chapter 3), the home must have a valid "Certificate of Boiler or Pressure Vessel Operation" issued by the Pennsylvania Department of Labor and Industry. The water heater used to heat water for the baseboard heat in bedrooms #14 and #16 has an expired PA Labor and Industry Boiler Certificate. The Boiler Certificate expired as of 7/14/2015.

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 boiler in question was re inspected on 7/19/16 by [redacted] of Labor and Industry (see attached signed reinspection) New's certificate will be sent by mail.

The maintenance director is entering all boiler certificates into the TELLIS System which is a electronic tracking system that distributes Email alerts when inspections are due

The PCA will also keep the certificates on file for monitoring

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Michael A Ligo NHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michael A Ligo* Date *7/20/16*

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

The above plan of correction is approved as of <u>7/27/16</u> (Date)	Plan of correction implementation status as of <u>7/27/16</u> (Date)
The above plan of correction was approved by <u>BAS</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

Violation Report: 33238 - 07/13/2016 - Heemer, Laura
 PCH Name: WESTMONT WOODS

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
 The contract for Resident 1 was not signed by the resident or the payer.

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.

Resident [redacted] Signed [redacted] Contract on 7/13/16
 (See Attached).
 All current Resident contracts were Audited for Required Signatures and corrections were made as needed. POA for [redacted] contacted to sign as payer on Next visit.
 PCA Will monitor monthly and Report to facility QI committee.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Michelle [redacted] NHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michael A Ligo* Date *7/20/16*

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The above plan of correction is approved as of 7/27/16
 (Date)

Plan of correction implementation status as of 7/27/16
 (Date)

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

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

Violation Report: 35236 - 07/13/2013 - Haemer, Laura
 PCN Name: WESTMONT WOODS

1. REGULATION 55 Pa.Code §2800
 2800.85(i) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2a. DESCRIPTION OF VIOLATION

The home's record of 2015 staff training does not include a record that staff member A and B received training in:

- (1) Reportable incidents and conditions
- (2) The Emergency Medical Plan

The home's record of 2015 direct care staff training does not include a record that staff members A, B, C, D and E received the following training:

- (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.
- (8) The Emergency Medical Plan
- (9) Reportable incidents or conditions.

Interviews of staff confirmed that the trainings were provided, however the home has not documented these trainings.

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 ATTORNEYS All DCS will sign documents stating that they received the required orientation.
- ② A staff meeting will be held on 7/25/13. All topics will be re-addressed and any staff questions will be answered.
- ③ The PCA will keep all DCS Training documentation in the R office so that it is available on request.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Michael A Ligo* NHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michael A Ligo* Date *7/20/13*

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The above plan of correction is approved as of 7/27/16
 (Date)

Plan of correction implementation status as of 7/27/16
 (Date)

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

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

Violation Report: 33238 - 07/13/2016 - Haemer, Laura
 PCH Name: WESTMONT WOODS

1. REGULATION 55 Pa.Code §2609
 2800.53(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 There was spilled milk on the middle of the of the walk way of the dining room floor that created a slip and fall hazard.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Includes 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 spills will be addressed immediately in order to prevent potential injuries

② All housekeeping and DCS will be educated on the importance of keeping the PCH clean to prevent hazards (see sign off sheet attached)

③ The PCH or designee and Housekeeping supervisor will audit the dining room daily x 1 month to ensure that walk ways are clear of hazards.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date 7/20/16

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

The above plan of correction is approved as of <u>7/27/16</u> (Date)	Plan of correction implementation status as of <u>7/27/16</u> (Date)
The above plan of correction was approved by <u>[Signature]</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

Violation Report: 33235 - 07/13/2016 - Hearer, Laura
 PCH Name: WESTMONT WOODS

1. REGULATION 55 Pa.Code §2509

2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

The common bathroom in the short hallway across from the janitor closet contained a trash can with no lid.

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 7/15/16 the trash can in question was replaced with a trash can with a lid

all other Kitchens and Bathrooms of the PCH were audited for the use of Lided Trashcans

House Keeping and PCH were Educated of this Regulation and signed off that they are aware (see sign off sheet Attached)

PCH or Designee and Housekeeping Supervisor will Audit Daily x 1 month and report to QI Committee

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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The above plan of correction is approved as of 7/27/16
 (Date)

Plan of correction implementation status as of 7/27/16
 (Date)

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

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

Violation Report: 35238 - 07/13/2016 - Hoemer, Laura
 PCH Name: WESTMONT WOODS

1. REGULATION 85 Pa. Code §2600

2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION

On 7/13/16 there was an accumulation of lint in the lint traps of the two commercial dryers on the left hand side of the laundry room.

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.

- Lint traps shall be cleaned after each use
- Laundry Staff will be provided a copy of this Regulation and sign off that they will empty lint traps after each use
- the PCA or designee and laundry supervisor will audit lint traps daily and re-educate staff as needed x 1 month
- audit will be reported to QI Committee

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/19/2015
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Signature of Legal Entity Representative (Required on EVERY Page) *Michael A Ligo N/A*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michael A Ligo* Date *7/22/16*

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The above plan of correction is approved as of 7/27/16
 (Date)

Plan of correction implementation status as of 7/27/16
 (Date)

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

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

Violation Report: 33238 - 07/13/2016 - Neemer, Laura
 PCN Name: WESTMONT WOODS

1. REGULATION 55 Pa. Code 52000
 2000.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION
 The last fire safety inspection and supervised drill observed by a fire safety expert was conducted on 5/5/15.

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 7/10/16 [redacted] Fire Chief of Upper Merion Vol
 Fire Company conducted a fire drill and fire evacuation of the
 PCN (see Form attached)

on 7/25/16 all staff will be re-educated on fire drill and Evacuation
 Procedures (see sign in sheet attached)

The maintenance director will be notified by the T-116 system
 to update the letter annually the letter will also be kept by the
 PCA for tracking and auditing.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Michael A. Lieb* NHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Michael A. Lieb Date 7/20/16

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The above plan of correction is approved as of 7/27/16
 (Date)

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

Plan of correction implementation status as of 7/27/16
 (Date)

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

Violation Report: 33236 - 07/13/2016 - Heemer, Laura
 PCH Name: WESTMONT WOODS

1. REGULATION 65 Pa. Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2. DESCRIPTION OF VIOLATION

An actual fire event that occurred on 12/12/15 was used by the home as the December 2015 fire drill. The record of the event did not include the amount of time it took to evacuate the residents, the exit routes used, the number of residents present and evacuated, the number of staff who participated, and record of any problems that were encountered.

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 fire drills will be documented using the DHS provided form so that all required information of 2600.132 will be included.
- ② A fire drill will be performed with all DCS so they are aware of the requirements, and have an opportunity to ask questions
- ③ fire drill records will be kept and monitored by the PCA and Maintenance Director

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Michael A Ligo*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Michael A Ligo* Date *7/20/16*

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 (Date)

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

Plan of correction implementation status as of 7/20/16
 (Date)

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

Violation Report: 20238 - 07/13/2016 - Hooper, Laura

FCM Name: WESTMONT WOODS

1. REGULATION OR F.A. Code §2600

2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION

Resident A's record does not include the eye color and hair color of the resident.
Resident B's record does not include a photograph.

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 The hair and eye color were added to Resident A's Face sheet.
A photograph was also added to Resident B's Face sheet

② All current Resident Records were Audited to ensure they included the required information of 2600.252

③ DCS were also Educated on the Requirements of this Regulation

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Michael A. Liso

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

Michael A Liso

Date

7/20/16

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The above plan of correction is approved as of

7/27/16
(Date)

Plan of correction implementation status as of

7/27/16
(Date)

The above plan of correction was approved by

BRIS
(Initials)

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