



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 24 2017

Mr. Dennis W. Nebel,
Psy.D. Executive Director
Westfield Behavioral Health Affiliates, Inc.
130 West North Street
New Castle, Pennsylvania 16101

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

Dear Mr. Nebel:

As a result of the Department of Human Services' annual licensing inspection on August 16, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: WESTFIELD		License Number: 47424
Address: 5826 OLD PULASKI ROAD, NEW WILMINGTON, PA 18142		County: Lawrence
Administrator: Susan Shoaff		Region: WEST
Legal Entity Name: WESTFIELD BEHAVIORAL HEALTH AFFILIATES INC		
Legal Entity Address: 130 WEST NORTH STREET, NEW CASTLE, PA 18101		
Certificate(s) of Occupancy C-3 12/13/1988 L&I		RECEIVED DEC 16 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 7	Waking Staff: 5
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 08/16/2016: Marini, Michael		
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: 8 Number of Residents Served: 7 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: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 7 Are 60 Years of Age or Older: 2 Have Mental Illness: 7 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

RECEIVED

DEC 16 2016

Violation Report: 47424 - 08/16/2016 - Marini, Michael
PCH Name: WESTFIELD

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

A binder containing staff meeting notes from 10-14-15, which included resident names and treatment plans, was unlocked and accessible on an end table in the sitting 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.

The binder is still in place, however the paper with resident names was removed 8/16/16 while Mr. Marini was here. I will be sure to not have any resident names for the public or other to see to ensure the confidentiality of each resident.

Immediately, then weekly thereafter: A designated staff person shall inspect the home to ensure all resident records and resident information is stored in an area that is locked.

[Signature]
1/3/17

Repeat Violation: Yes Date(s) of Previous Violation(s): 02/04/2015

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Kim Perrino Human Services Center Date 12/14/16

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

The above plan of correction is approved as of 1/3/17
(Date)

The above plan of correction was approved by *[Signature]*
(Initials)

Plan of correction implementation status as of 1/3/17
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

DEC 18 2016

Violation Report: 47424 - 08/16/2016 - Marini, Michael
 PCH Name: WESTFIELD

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION
 Staff person A was hired on [redacted] 15; however, a criminal history check for staff person A was not completed.

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.

In the future I will be sure to check with the human resources department to ensure that all newly hired employees have a background check done upon being hired. A background check was completed while the inspector was here and the results are enclosed in this packet.

A criminal background check was completed for staff person A on 8/16/16. + 1/3/17

Immediately: A designated staff person shall review all current staff records to ensure each staff person has a criminal background completed via the Pennsylvania Access to Criminal History (PATCH). Documentation shall be kept in each staff person's record.

[Signature]
 1/3/17

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) *Nim Perrino Human Services Center* Date *12/14/16*

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

The above plan of correction is approved as of 1/3/17
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

Plan of correction implementation status as of 1/3/17
 (Date)

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

RECEIVED

DEC 16 2016

Violation Report: 47424 - 08/16/2016 - Marini, Michael
PCH Name: WESTFIELD

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
Resident #1 is prescribed, "Hydrocodone/APAP-5mg/325mg-Take 1 tablet by mouth every 6-8 hours as needed for pain;" However, the medication was not available in 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.

Staff was retrained in medication training on how and when to discontinue medications. The medication training was held on 8/23/16 there is a training record enclosed. I will be more diligent when checking the medications weekly.

Immediately then weekly hereafter: A designated staff person shall review medications to ensure all medications ordered by the prescriber are present in the home.

[Signature]
1/3/17

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) *Kim Perrino Human Services Center* Date *12/14/16*

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

The above plan of correction is approved as of 1/3/17
(Date)

Plan of correction implementation status as of 1/3/17
(Date)

The above plan of correction was approved by *[Signature]*
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented