



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 30 2017

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 Human Services' annual licensing inspection on April 20, 2017 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: WEST HAVEN MANOR		License Number: 44238
Address: 153 GOODVIEW DRIVE, APOLLO, PA 15613		County: Westmoreland
Administrator: Sandy Motchar		Region: WEST
Legal Entity Name: WEST HAVEN MANOR LP		
Legal Entity Address: 612 NORTH MAIN STREET, BUTLER, PA 16001		
Certificate(s) of Occupancy		RECEIVED
C-2 LP 08/13/2001 PA L&I		JUN 01 2017
Staffing Hours		WEST REGION FIELD OFFICE Human Services Licensing
Resident Support: 0	Total Daily Staff: 59	Waking Staff: 44
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 04/20/2017: Knee, Donald; Bedford, Katie; Page, Sheila		
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: 80 Number of Residents Served: 52 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: 3		Number of Residents who: Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 51 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 7 Have a Physical Disability: 0

RECEIVED

JUN 01 2017

Violation Report: 44238 - 04/20/2017 - Knee, Donald
PCH Name: WEST HAVEN MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

A copy of Chapter 2600 was not posted 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.

Our copy of Chapter 2600 was removed prior to painting our walls. This was re-posted during our annual inspection.

The Administrator made a check list of required postings that the housekeepers will check weekly to ensure they are posted.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Sandy Motcher*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Sandy Motcher* Date *5-26-17*

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

The above plan of correction is approved as of <u>6/19/17</u> (Date)	Plan of correction implementation status as of <u>6/19/17</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>MS</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

JUN 01 2017

Violation Report: 44238 - 04/20/2017 - Knee, Donald
PCH Name: WEST HAVEN MANOR

WEST HAVEN FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The home does not permit smoking and does not have any entrance signs indicating no smoking in accordance with 35 P.S. § 637.1-637.11, known as the Clean Indoor Air Act.

The home has not posted the influenza awareness poster in accordance with the Influenza Awareness Act (HB 1785).

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.

West Haven Manor does not permit smoking in our facility and did not post this at our entrance. This was posted at the end of our exit conference.

West Haven did not post the influenza awareness poster. This was posted at the end of our exit conference.

The Administrator made a check list for all the required postings that the housekeepers will check weekly to ensure they are posted.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Sandy Motcher*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Sandy Motcher* Date *5-26-17*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 6/19/17
(Date)

Plan of correction implementation status as of 6/19/17
(Date)

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

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

Violation Report: 44238 - 04/20/2017 - Knee, Donald

PCH Name: WEST HAVEN MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

At approximately 11:20 AM, there were not any emergency numbers posted near the telephone by the piano.

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.

Our emergency telephone list was removed from the wall in the diningroom. During our annual inspection, these were re-posted.

The Administrator made a check list of all mandatory postings and the housekeepers will check weekly to ensure they are posted at all telephones in the building.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Sandy Mottcher

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

Sandy Mottcher

Date 5-26-17

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

The above plan of correction is approved as of 6/19/17
(Date)

Plan of correction implementation status as of 6/19/17
(Date)

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

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