



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: October 6, 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
Certificate #: 442380

Dear Ms. Motchar:

As a result of the Department of Human Services' licensing inspection on June 7, 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.

Sincerely,

A handwritten signature in black ink that reads "Jon Kimberland".

Jon Kimberland
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 44238 - 06/07/2017 - Grace, Desmond

PCH Name: WEST HAVEN MANOR

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

At 1:29p.m., resident confidential information was unlocked, unattended and accessible on top of the medication cart to the right side of the main floor dining room in the hallway next to bedroom number #9 as follows:

- * The Narcotic/Scheduled drugs count sheets and medication administration record for resident #2.
- * The Narcotic/Scheduled drugs count sheets and medication administration record for resident #3.
- * The Narcotic/Scheduled drugs count sheets and medication administration record for resident #7.

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 members that have access to the medication cart and the narcotic book were re-trained in HIPPA violations and the importance of keeping the medication cart and the narcotic log book locked when not in immediate use. HIPPA training will be included in our annual training thru our Relias training.

The Administrator and the Wellness director will do periodic checks to make sure medication cart and narcotic log book is locked.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
(Required on EVERY Page) *Sandy Molchan, Admin*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Sandy Molchan* Date *10-2-17*

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

The above plan of correction is approved as of 10-5-17
(Date)

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

Plan of correction implementation status as of 10-5-17
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *4*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44238 - 06/07/2017 - Grace, Desmond

OCT 03 2017

PCH Name: WEST HAVEN MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

On 3/13/17 resident #1 was ordered a daily fluid restriction of 2,250cc. On 5/5/17 the resident was given a total of 2,340cc throughout the day as follows:

- * 700cc at 9:00 a.m.
- * 700cc at 1:00 p.m.
- * 700cc at 6:00 p.m.
- * 120cc resource at 7:00 a.m.
- * 120cc resource at 5:00 p.m.

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 resident and her family were not compliant in following the physicians order for fluid restrictions. The physician was notified they were not following his order. The family was educated on the importance of following the restrictions. Our home implimented a policy on fluid restrictions. The dietary department will keep a record in the kitchen on current residents on fluid restrictions. The dietary department will document after each meal on the amount of intake for the resident. The medication aide will document the amount of fluid given with each medication. See the attached fluid restriction chart, the policy on following fluid rescriptions, the fluid restriction total count chart and the diet order notification form.

The dietary will check daily to make sure that the resident is not given over the amount allowed.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Sandy Motehar, Adm*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Sandy Motehar* Date *10-2-17*

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(Date)

Plan of correction implementation status as of 10-5-17
(Date)

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

The above plan of correction was approved by *J*
(Initials)

Violation Report: 44238 - 06/07/2017 - Grace, Desmond

PCH Name: WEST HAVEN MANOR

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

Resident #1 assessment, dated 2/21/17, does not address the need for assistance due to generalized muscle weakness, COPD, hypo-osmolality, and hyponatremia identified on the medical evaluation dated 2/13/17. The resident's assessment does not address the resident diet change ordered on 4/5/17 from mechanical soft for regular.

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 9/05/2017, [redacted] who is an LPN in our home was promoted to Wellness Director. Her responsibility will be to review the medical evaluation and identify the residents diagnosis and include them on the residents assessment. The Wellness Director was trained by the Administrator to identify all the information on the DME onto the RASP. This training included updating the RASP when there are any medical changes in the resident including diet changes. The RASP's for residents will be reviewed every six months.

Immediately: Resident #1's assessment shall be updated to include all of the resident's needs.

Immediately: The administrator or designee shall review all resident assessments for accuracy and completion. Any inaccurate or incomplete assessments shall be immediately corrected. 10-5-17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Sandy Motcher, Adm*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Sandy Motcher* Date *10-2-17*

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(Date)

Plan of correction implementation status as of 10-5-17
(Date)

- Fully Implemented
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- Not Implemented

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