



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 13 2017

Ms. Michele Graham,
PCA
Westmont Woods, LP
612 N. Main Street
Butler, Pennsylvania 16001

RE: Westmont Woods
787 Goucher Street
Johnstown, Pennsylvania 15905
License #: 332380

Dear Ms. Graham:

As a result of the Department of Human Services' annual licensing inspection on June 28, 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 that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 56 Pa.Code Chapter 2800**

PCH Name: WESTMONT WOODS		License Number: 33238
Address: 787 GOUCHER STREET, JOHNSTOWN, PA 15805		County: Cambria
Administrator: MICHELE GRAHAM		Region: CENTRAL
Legal Entity Name: WESTMONT WOODS LP		
Legal Entity Address: 812 NORTH MAIN STSREET, BUTLER, PA 16001		
Certificate(s) of Occupancy		
C-1 11/26/1982 L&I	C-1 01/11/1985 L&I	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 22	Waking Staff: 17
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s) Renewal		
On-Site Inspection Dates and Department Representatives On-Site 05/28/2017: Bomberger, Cybil		
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 who:	
Number of Residents Served: 20	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 19	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 2	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 2	
Number of Current Hoopice Residents: 1	Have a Physical Disability: 2	
Number of Hoopice Residents in past year: 3		

Violation Report: 33238 - 08/28/2017 - Bomberger, Cybil
 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 who was admitted to the home on [redacted] 16, was not signed by the resident.
 The contract for resident #2 who was admitted to the home on [redacted] 17, was not signed by the resident.

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.

Residents 1 & 2 Signed Contract June 28, 2017
 Personal Care Administrator will check all contracts on admission and make sure they are signed.
 All current contracts were audited for signatures. PCA will monitor and report to QI

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/13/2016	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Michele Graham*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Michele Graham* Date *7/10/17*

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

The above plan of correction is approved as of 7/11/17
 (Date)

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

Plan of correction implementation status as of 7/11/17
 (Date)

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

Violation Report: 33238 - 06/28/2017 - Bomberger, Cybil
PCH Name: WESTMONT WOODS

1. REGULATION 55 Pa.Code §2600
2600.41(c) - The Department's poster of the list of resident's rights shall be posted in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION
On 6/28/17 the Department's resident's rights poster was not posted in a conspicuous and public place 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.

Residents Rights were posted June 28, 2017.
They will be placed in a locked case that will be in place by 7/10/17. PCA will check case monthly ^{x 2 months} to be sure documents are not removed.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Michelle Cavallaro PCA*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Michelle Cavallaro* Date *7/10/17*

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The above plan of correction is approved as of 7/4/17
(Date)

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

Plan of correction implementation status as of 7/11/17
(Date)

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Violation Report: 33238 - 06/28/2017 - Bomberger, Cybil
 PCH Name: WESTMONT WOODS

1. REGULATION 55 Pa.Code §2600

2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

The water temperature at the bathroom sink of room #2 measured 125.6 degrees Fahrenheit.

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.

Water temperature will be checked and documented in AM & PM, times "monthly" every Mth & Fth. The water temperature will be reported to PCA. Water temperature will then be checked daily and documented. Each time audit is done. This was ¹ addressed ² immediately & water temp is 120°.

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) *[Signature]* Date 7/10/17

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 (Initials)

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Violation Report: 33238 - 08/28/2017 - Bomberger, Cybil
 PCH Name: WESTMONT WOODS

1. REGULATION 55 Pa. Code §2600

2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION

The home's written emergency procedures have not been reviewed for update and submission to the municipal emergency management agency since 1/20/16.

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 written emergency procedures were reviewed & signed on 7/11/17 by all
 This will be reviewed by PCA every 6 MO for compliance to correct violation from reoccurring.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

M. DeLoe

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

M. DeLoe

Date

7/10/17

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7/11/17
(Date)

Plan of correction implementation status as of

7/11/17
(Date)

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The above plan of correction was approved by

BKS
(Initials)

Violation Report: 33238 - 06/28/2017 - Bomberger, Cybil
 PCH Name: WESTMONT WOODS

1. REGULATION 55 Pa. Code §2800

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The fire drill conducted on 3-30-17 at 1:30 PM had an evacuation time of 9 minutes and 54 seconds which exceeds the maximum evacuation time of 8 minutes which was designated in writing by the home's fire safety expert on 7-18-16.

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.

Fire drill done on 3-30-17 at 1:30 PM was 9 minutes 54 seconds which exceeded maximum time allowed of 8 minutes. PCA will personally review each fire drill recorded to ensure appropriate evacuation times. Fire drills will be done earlier in the month to ensure time if drill needs repeated. If drills exceed the specified time by fire expert the home will do two drills a month until evacuation time is met for 2 consecutive months. All PC Staff will be educated on times of evacuation and any changes that need to be made.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michelle Graham</i>	Date <i>7/10/17</i>
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Plan of correction implementation status as of 7/11/17
 (Date)

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 (Initials)

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Violation Report: 33238 - 06/28/2017 - Bomberger, Cybil
 PCH Name: WESTMONT WOODS

1. REGULATION 55 Pa.Code §2600

2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION

The home's fire drills held on 11/30/16 at 10:15pm, 2/28/17 at 10:09pm, and 5/31/17 at 10:02pm were held during times of shift change when more staff participated in the drill than are normally on duty. The home conducted these drills as sleeping hours drills, however there is normally only one staff on duty during the overnight period.

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.

Fire drills are to be held at hours of sleep. We will change times of drills to between the hours of 2AM and 4AM on different times a day of each month of drills is done. The August 2017 drill will be held between the hours of 2AM + 4AM. PCA will monitor time & evacuation time, and drill will be repeated if necessary.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Michael Cochran* Date *7/10/17*

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Violation Report: 33238 - 08/28/2017 - Bomberger, Cybil
 PCH Name: WESTMONT WOODS

1. REGULATION 55 Pa.Code §2800
 2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION
 The first aid kit in the 2015 Ford Bus used to transport residents, did not contain tweezers and eye coverings.

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.

Eye coverings & tweezers were placed in first aid kit on June 29, 2017 in bus.
 PCA will make a check off sheet to be signed & dated monthly for compliance for all items to be on kit.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michele Conklin</i>	Date <i>7/10/17</i>
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