



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: May 22, 2018

Ms. Sandy Motchar
Administrator
West Haven Manor, LP
612 North Main Street
Butler, Pennsylvania 16001

RE: Quality Live Services Apollo
153 Goodview Drive
Apollo, Pennsylvania 15613
Certificate #: 442380

Dear Ms. Motchar:

As a result of the Department's Bureau of Human Services Licensing inspection on July 6, 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". The signature is written in a cursive style with a large, sweeping flourish at the end.

Jon Kimberland
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PCH Name: QUALITY LIFE SERVICES APOLLO		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		RECEIVED
Certificate(s) of Occupancy C-2 LP 08/31/2001 L & I		MAY 04 2018 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours	Resident Support: 0	Total Daily Staff: 57 Waking Staff: 43
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 07/06/2017: Georgoulis, Karen		
Off-Site Inspection Dates and Inspectors, if Applicable 07/07/2017: Georgoulis, Karen 07/14/2017: Georgoulis, Karen		
Other Details Partial or Full Triggers: _____ Random Indicators: _____		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 80 Number of Residents Served: 50 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: 3 Number of Hospice Residents in past year: 1	Number of Residents who: Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 52 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 7 Have a Physical Disability: 0	

Sandy Motchar 5/4/18

MAY 04 2018

Violation Report: 44238 - 07/06/2017 - Georgoulis, Karen
PCH Name: QUALITY LIFE SERVICES APOLLO

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.202 - The following procedures are prohibited:

- (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited.
- (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
- (3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
- (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.
- (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.
- (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

2a. DESCRIPTION OF VIOLATION

On 6/30/17 at approximately 6:50 p.m., direct care staff person was administering medications to resident #3 in the resident's bedroom. Resident #3 did not wish to take the medications. Direct care staff person A grabbed both of resident #3's wrists. Resident #3 got his/her right hand free punched direct care staff person A in the face. Resident #3 lost his/her balance and fell to the floor. The resident was assisted up by direct care staff person A and staff person B and seated the resident in a recliner. Direct care staff person A proceeded to administer resident #3 his/her medications. While standing in front of resident #3, direct care staff A held resident #3's arms, by restraining them between the resident's legs with one hand.

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.

See attached page 2 A of 2

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 *5-4-18*

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

The above plan of correction is approved as of <u>5-7-18</u> (Date)	Plan of correction implementation status as of <u>5-7-18</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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MAY 04 2018

WEST REGION FIELD OFFICE
Human Services Licensing

PLAN OF CORRECTION:

DATE OF INSPECTION: 07/06/2017

CERTIFICATE # 442380

STAFF MEMBER "A" WAS TERMINATED FROM EMPLOYMENT ON THE 06/30/17 BECAUSE OF THE INCIDENT INVOLVING RESIDENT #1. EMPLOYEE "B" RESIGNED ON 09/19/2017 DUE TO MOVING OUT OF STATE.

EFFECTIVE 01/01/2018, WE IMPLEMENTED A STAFF TRAINING CLASS FOR EMPLOYEE'S HIRED IN OUR PERSONAL CARE CALLED "HAND IN HAND." THIS CLASS IS HELD ONCE A MONTH AND AS NEEDED FOR NEW HIRES. THIS CLASS INCLUDES: ACT 13 REPORTING AND CARING FOR RESIDENTS WITH DEMENTIA AND CHANGES IN BEHAVIOR. SEE ATTACHED INFORMATION ON THE HAND IN HAND TRAINING.

THE ADMINISTRATOR WILL INTERVIEW RESIDENTS EVERY TWO WEEKS FOR THE NEXT THREE MONTHS TO ENSURE RESIDENTS FEEL SAFE AND ARE NOT RESTRAINED. THIS WILL START 5/7/18 AND WILL CONTINUE THRU 8/07/18. DOCUMENTATION WILL BE KEPT WITH THE VIOLATION REPORT.

SANDY MOTCHAR, ADM 5/4/18

Sandy Motchar, Adm. 5-4-18
Sandy Motchar, Adm. 5-7-18