



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Mailing Date: April 24, 2018

Ms. Mary Susan Yurek,
President/General Partner
Westmont Woods, LP
612 North Main Street
Butler, Pennsylvania 16001

RE: Quality Life Services- Westmont
787 Goucher Street
Johnstown, Pennsylvania 15905
Certificate #: 332380

Dear Ms. Yurek:

As a result of the Department of Human Services' licensing inspections on February 27, 2018 and April 11, 2018 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, appearing to read "Brett Swanger".

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PCH Name: QUALITY LIFE SERVICES WESTMONT		License Number: 33238
Address: 787 GOUCHER STREET, JOHNSTOWN, PA 15905		County: Cambria
Administrator: Michelle Graham		Region: CENTRAL
Legal Entity Name: WESTMONTH WOODS LP		
Legal Entity Address: 612 NORTH MAIN STREET, BUTLER, PA 16001		
Certificate(s) of Occupancy		
C-1 11/28/1962 L&I	C-1 01/11/1995 L&I	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 27	Waking Staff: 20
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 02/27/2018: McCloskey, Jason		
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 Served: 21 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: 1	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 20 Have Mental Illness: 0 Have an Intellectual Disability: 2 Have a Mobility Need: 6 Have a Physical Disability: 2	

Violation Report: 33238 - 02/27/2018 - McCloskey, Jason
 PCH Name: QUALITY LIFE SERVICES WESTMONT

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

On 2/27/18, the home's licensing inspection summary was not posted in a conspicuous and public place in the home. This report was stored in a binder located on a shelf behind the front desk.

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.

Home's licensing summary was immediately moved to common area of home. Was placed in a binder & attached to wall for access by all residents & visitors.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) Michele Grallan P.			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Michele Grallan PCA			Date 3/19/18

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

The above plan of correction is approved as of 3/26/18
(Date)

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

Plan of correction implementation status as of 4/24/18
(Date)

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

Violation Report: 33238 - 02/27/2018 - McCloskey, Jason
 PCH Name: QUALITY LIFE SERVICES WESTMONT

1. REGULATION 55 Pa.Code §2600
 2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION
 Resident 1's most recent assessment, completed on 7/13/17, documents that Resident 1 requires a wander guard when in the building and must have supervision when outside the building. On October 22, 2017 at approximately 2:30am, Staff Person A, the only staff person on duty in the personal care home, was found asleep by a staff person of the adjacent skilled nursing facility. While this nursing staff member attended to ringing personal care call bells and unsuccessfully attempted to awaken Staff Person A, Resident 1 was observed by another staff person of the skilled nursing facility outside of the home walking alone through the parking lot toward the donation boxes beside the carriage house (a distance of approximately 20 yards from the home). The resident was redirected back into the home by the skilled nursing facility staff. The failure of Staff Person A to provide the required supervision to Resident 1 presented a serious threat to the safety and well-being of 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.

Staff Person A. was immediately terminated for violation 2600.42. Neglect
 all current staff educated on regulation 2600.42b. & that they must remain awake at all times. Education was completed on February 28, 2018

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Michelle Graham PCA* Date *3/19/18*

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The above plan of correction is approved as of 3/26/18
 (Date)

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

Plan of correction implementation status as of 4/24/18
 (Date)

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

Violation Report: 33238 - 02/27/2018 - McCloskey, Jason
 PCH Name: QUALITY LIFE SERVICES WESTMONT

1. REGULATION 55 Pa.Code §2806

2600.57(c) - Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

2a. DESCRIPTION OF VIOLATION

On 10/21/17, there were 21 residents in the home, including 4 residents with mobility needs, requiring a total minimum of 25 of hours of direct care. On this date, only 24 hours of direct care staffing was provided.

On 10/22/17, there were 21 residents in the home, including 4 residents with mobility needs, requiring a total minimum of 25 of hours of direct care. On this date, only 24 hours of direct care staffing was provided.

On 2/24/18, there were 21 residents in the home, including 6 residents with mobility needs, requiring a total minimum of 27 of hours of direct care. On this date, only 24 hours of direct care staffing was provided.

On 2/25/18, there were 21 residents in the home, including 6 residents with mobility needs, requiring a total minimum of 27 of hours of direct care. On this date, only 24 hours of direct care staffing was provided.

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.

February 27²⁰¹⁸ Personal Care Administrator
 was re-educatated on how to determine
 mobil vs immobile hours for daily staffing
 Staffing was addressed immediately so
 compliance is met for both mobility +
 direct care.
 Administrator will adjust schedule according
 to needs.

The administrator shall review each weeks staffing schedule prior to its implementation to assure that the requisite hours of Direct Care, based upon the home's census, are being provided.

BRS 3/26/18

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

Printed Name and Title of Legal Entity Representative *Michele Graham - PCA* Date *3/19/18*
 (Required on EVERY Page)

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The above plan of correction is approved as of 3/26/18
 (Date)

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

Plan of correction implementation status as of 4/24/18
 (Date)

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

Violation Report: 33238 - 02/27/2018 - McCloskey, Jason
 PCH Name: QUALITY LIFE SERVICES WESTMONT

1. REGULATION 55 Pa.Code §2800
 2600.57(d) - At least 75% of the personal care service hours specified in § 2600.57(b) and § 2600.57(c) shall be available during waking hours.

2a. DESCRIPTION OF VIOLATION

On 10/21/17, a total of 25 hours of direct care was required. However, only 16 of the required hours, or 64 percent, were provided during waking hours.

On 10/22/17, a total of 25 hours of direct care was required. However, only 16 of the required hours, or 64 percent, were provided during waking hours.

On 2/24/18, a total of 27 hours of direct care was required. However, only 16 of the required hours, or 59 percent, were provided during waking hours.

On 2/25/18, a total of 27 hours of direct care was required. However, only 16 of the required hours, or 59 percent, were provided during waking hours.

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.

Staffing corrected immediately. In process of hiring & training staff. Personal Care Administrator will check schedules daily & adjust hours as needed to be in compliance

* The administrator shall review each weeks staffing schedule prior to its implementation to assure that the requisite hours of Direct Care, based upon the home's census, are being provided.

BAH 3/26/18

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Michele Cochran*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Michele Cochran PCA* Date *3/19/18*

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

The above plan of correction is approved as of 3/26/18
 (Date)

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

Plan of correction implementation status as of 4/24/18
 (Date)

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

1. REGULATION 55 Pa.Code §2600

2600.58(b) - If a home serves one or more but less than 16 residents with mobility needs, at least one direct care staff person shall be awake at all times residents are present in the home.

2a. DESCRIPTION OF VIOLATION

On 10/22/17, Staff Person A was on duty but was asleep from approximately 2:30am - 3:30am. No other staff persons were on duty at this time. On this day, the home served 4 residents with mobility needs.

On 1/15/18, Staff Person B was on duty but was asleep from approximately 5:15am - 5:30am. No other staff persons were on duty at this time. On this day, the home served at least 1 resident with a mobility need.

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 A+B were terminated. Personal Care Administrator educated staff on regulation & states they must be awake at all times if the home serves 1 or more but less than 16 residents with mobility needs.
Education was done February 28, 2018

Repeat Violation: No	Date(s) of Previous Violation(s):
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Michele Corbett</i>
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	<i>Michele Corbett PCA</i>
Date	<i>3/19/18</i>

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

The above plan of correction is approved as of 3/26/18
(Date)

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

Plan of correction implementation status as of 4/24/18
(Date)

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

Violation Report: 33238 - 02/27/2018 - McCloskey, Jason
PCH Name: QUALITY LIFE SERVICES WESTMONT

1. REGULATION 55 Pa.Code §2600
2600.127(a) - Portable space heaters are prohibited.

2a. DESCRIPTION OF VIOLATION

On 2/27/18, a small, red "Comfort Zone" brand space heater was plugged into the wall of Resident #2's bedroom. Resident #2 stated that the space heater is used daily in the morning and before bed. In addition, there were three "Solafl" brand space heaters located in bedroom #11.

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.

Space heater was removed immediately from resident Room.

Staff and resident was educated on regulation that space heaters are prohibited. Education was done February 28th 2018

Staff will check rooms daily and Personal Care administrators will also do daily room checks of resident rooms for compliance x 3 months then weekly x 1 month then 1x quarterly.

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

Signature of Legal Entity Representative (Required on EVERY Page) Michele Gabam

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Michele Gabam PCA Date 3/19/18

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

The above plan of correction is approved as of 3/26/18 (Date)

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

Plan of correction implementation status as of 4/24/18 (Date)

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

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

During the fire drill on 11/25/17, 3 staff people participated in the drill. According to staff records, the average number of staff people on duty at this time of day is 1.

During the fire drill on 8/7/17, 5 staff people participated in the drill. According to staff records, the average number of staff people on duty at this time of day is 1.

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.

Spoke with Brett Swanger on March 19, 2018
Regarding Citation

On the dates listed above documentation was incorrect. There was 1 staff from Personal Care and 1 staff from Skilled Care. In the documentation it listed Maintenance as participant both Maintenance Director and another Maintenance person were created.

Plan of Correction will be to only count staff that participates in drills. Drills will be held 3 months for supervision of on this ~~year~~ different days and times
(Continued on Page 0A)

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

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 PCA Date 3/19/18

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The above plan of correction is approved as of 3/26/18
(Date)

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

Plan of correction implementation status as of 4/24/18
(Date)

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

2600.132g

The administrator shall review the fire drill log monthly to assure that documentation of the drill is correct and identify any problems that may arise.

BAS 3/26/18