



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 23 2018

Mr. Chad Evans,
Executive Director
Westminster Woods, Inc.
360 Westminster Drive
Huntingdon, Pennsylvania 16652

RE: Westminster Woods
Homestead Building
Certificate #: 360670

Dear Mr. Evans:

As a result of the Department of Human Services' annual licensing inspection on April 12, 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.

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.

Mr. Chad Evans

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', written in a cursive style.

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 36067 - 04/12/2018 - Hoover, Douglas
 PCH Name: WESTMINSTER WOODS

1. REGULATION 56 Pa.Code 52800
 2800.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION
 Direct Care Staff Member A was the only staff person working from 11:00 pm to 6:00 am on 3/25/18, 3/26/18 and 3/31/18. The staff person was not certified in first aid.

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.

Direct Care Staff member A is taking the First Aid training course on 4-26-18

Moving Forward, all new employees will get First Aid training and current employees will maintain as keep their training up to date

Personal Care Home Administrator will monitor on a regular basis for compliance

The administrator will ensure that sufficient numbers of staff with the required training and certification are present in the home at all times. Documentation of staffing, training, and certification will be kept by the home. - BE

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Margaret Brownburgh RN Admin*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Margaret Brownburgh RN Admin* Date *4-26-18*

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

The above plan of correction is approved as of <u>4-27-18</u> (Date) The above plan of correction was approved by <u>BE</u> (Initials)	Plan of correction implementation status as of <u>4-27-18</u> (Date) <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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Violation Report: 36067 - 04/12/2018 - Hoover, Douglas
 PCH Name: WESTMINSTER WOODS

1. REGULATION 65 Pa.Code §2800

2800.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Direct Care Staff Member B did not receive fire safety training by a fire safety expert or by a staff person trained by a fire safety expert during training year 2017.

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.

Direct Care Staff member B has resigned her position due to relocation.

All current staff have received fire safety training by a staff person trained by a fire safety expert.

All staff will receive fire safety training by a Fire Safety expert annually and will be monitored by the Personal Care Home Administrator.

In addition, the administrator will conduct periodic reviews of staff training, as part of the quality management plan, to ensure that all staff receive the required training courses within each training year. - GE

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page) *Margaret T. Spill* LCN PC Admin

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Margaret T. Spill LCN PC Admin* Date *4-26-18*

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The above plan of correction is approved as of 4-27-18 (Date)

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

Plan of correction implementation status as of 4-27-18 (Date)

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

Violation Report: 36067 - 04/12/2018 - Hoover, Douglas
 PCH Name: WESTMINSTER WOODS

1. REGULATION 55 Pa. Code §2600

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 safety letter, dated 4/10/17, specifies a safe evacuation time of 4 minutes and 30 seconds.

The evacuation time for the 6/22/17 fire drill at 5:36 am was 7 minutes and 8 seconds.

The evacuation time for the 10/13/17 fire drill at 1:30 pm was 4 minutes and 35 seconds.

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.

Any Fire Drills that are completed and not done within our designated safe evacuation time of 4 minutes and 30 seconds, will be conducted again within 24 hours.

All Fire Drills will be monitored by the Personal Care Home Administrator, to verify they are completed within safe evacuation time.

The home will hold additional training for all staff on the home's evacuation procedures to ensure that all staff are aware of their role in an evacuation. Documentation of training will be kept by the home. Residents will also be educated on the importance of evacuating quickly. - SE

Repeat Violation: No	Dates(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Margaret Bambaugh</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Margaret Bambaugh LPA PC Admin</i>	<i>4-26-18</i>

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

The above plan of correction is approved as of 4-27-18
(Date)

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

Plan of correction implementation status as of 4-27-18
(Date)

- Fully Implemented
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- Not Implemented

Violation Report: 38067 - 04/12/2018 - Hoover, Douglas
 PCH Name: WESTMINSTER WOODS

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #1 is on a sliding scale with required insulin units based on blood sugar readings. The April 2018 Medication Administration Record (MAR) for Resident #1 did not indicate the insulin units (dose) given.

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.

Resident #1 MAR has been updated to include the insulin units given for sliding scale orders on 4-13-18
Moving Forward, staff members that are responsible for putting orders in have been educated on sliding scale insulin orders.
Personal Care Home Administrator will Audit one MAR per week for 4 weeks and report to Quality Assurance Committee monthly.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative <i>(Required on EVERY Page)</i>	<i>Margaret R. Brennan, LSW, R. Adams</i>
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Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i>	Date
<i>Margaret Brennan LSW R Adams</i>	<i>4-26-18</i>

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The above plan of correction is approved as of 4-27-18
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The above plan of correction was approved by BC
 (Initials)

Plan of correction implementation status as of 4-27-18
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- Not Implemented

Violation Report: 36067 - 04/12/2018 - Hoover, Douglas
 PCH Name: WESTMINSTER WOODS

1. REGULATION 55 Pa.Code §2680

2000.225(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 #2 was admitted to the home on [redacted] 18. The initial assessment was not completed until [redacted] 18.

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.

Continuing education has been done with staff on the timing and completion of initial assessments of residents to be done within the first 15 days
 Personal Care Home Administrator will monitor on a regular basis for compliance of timely assessments,
 to ensure that all assessments are done correctly, completely, and within the time frames required by this Chapter. -BZ

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

Signature of Legal Entity Representative (Required on EVERY Page) *Margaret J. Brennan, LPA, PC Admin*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Margaret J. Brennan, LPA, PC Admin* Date: *4-26-18*

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