



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JUN 28 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 annual inspection on April 20, 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](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,

Jacqueline L. Rowe  
Director

Enclosure  
License 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: Sandra Motchar		Region: WEST
Legal Entity Name: WEST HAVEN MANOR LP		
Legal Entity Address: 612 NORTH MAIN STREET, BUTLER, PA 16001		<b>RECEIVED</b>
Certificate(s) of Occupancy C-2 LP 06/06/2000 Dept of L & I		JUN 08 2018 WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 68	Waking Staff: 51
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 04/20/2018: Grace, Desmond; Hoover, Josh		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 80 Number of Residents Served: 59 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: 7 Number of Hospice Residents in past year: 9		Number of Residents who: Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 59 Have Mental Illness: 10 Have an Intellectual Disability: 0 Have a Mobility Need: 9 Have a Physical Disability: 0

*Sandy Motchar Sandy Motchar 6-8-18*

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JUN 08 2018

Violation Report: 44238 - 04/20/2018 - Grace, Desmond  
PCH Name: QUALITY LIFE SERVICES APOLLO

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  
On 4/20/18 at 10:05 a.m., resident information was unlocked and accessible in a folder hanging on the wall next to the administrator's office. The licensing inspection summary, dated 6/7/18, included the privacy coding attached which include multiple resident names to include resident #1, resident #2, and resident #3.

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 licensing summary, privacy coding page was removed on the day of inspection. In the future, The Administrator will remove this page from the licensing summary report before placing report in the summary binder.

Immediately: The administrator or designated staff person shall check the home weekly to ensure all resident information is maintained in a confidential manner. 6-13-18 y

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

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 *6-8-18*

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

The above plan of correction is approved as of 6-13-18  
(Date)

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

Plan of correction implementation status as of 6-13-18  
(Date)

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

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JUN 08 2018

Violation Report: 44238 - 04/20/2018 - Grace, Desmond  
PCH Name: QUALITY LIFE SERVICES APOLLO

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:  
(1) Medication self-administration training  
(2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.  
(3) Care for residents with dementia and cognitive impairments.  
(4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.  
(5) Personal care service needs of the resident.  
(6) Safe management techniques.  
(7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION  
Direct care staff person A did not receive training topic of medication self-administration during the 1/1/17 through 12/31/17 annual training.

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.

Our staff members were not trained on "Medication Self Administration because we do not permit residents to self administer medications.  
  
Employee's will be trained annually on "Medication Self Administration" annually. All employee's will be trained by 06/30/18. See attached Safety Assessment for Resident Self administration for those employee's already trained.  
  
The Administrator will add this training to the Annual Training Plan.

SEE ATTACHMENTS  
A, B, C, D, E, F

Immediately: The administrator or designated staff person shall monitor all staff training through the quality management review process to ensure all direct care staff persons complete the training required by regulation 2600.65(f) during the staff training year. 6-13-18

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

Signature of Legal Entity Representative (Required on EVERY Page) *Sandy Motehor*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Sandy Motehor*      Date *6-8-18*

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

The above plan of correction is approved as of 6-17-18 (Date)  
The above plan of correction was approved by [Signature] (Initials)  
Plan of correction implementation status as of 6-17-18 (Date)  
 Fully Implemented  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

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JUN 08 2018

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 44238 - 04/20/2018 - Grace, Desmond  
PCH Name: QUALITY LIFE SERVICES APOLLO

1. REGULATION 55 Pa.Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

On 4/20/18, the temperature of the walk-in freezer of the main kitchen measured 3 degrees Fahrenheit at 10:28 a.m. and 4:00 p.m.

On 4/20/18, the temperature of the walk-in cooler of the main kitchen measured 49 degrees Fahrenheit at 10:28 a.m. and 48 degrees Fahrenheit at 4:00 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.

On 4-18-18, the freezer was serviced by TELS building service because we reported that it was freezing up. They installed a new drain heater and rapped it with new insulation. The date of inspection the freezer was reading above regulation. The day of inspection, the Maintenance Director called to have service on the freezer and cooler.

On 4-21-18, The technician came from TELS and changed the condenser fan motor on the cooler unit. The freezer unit was working properly and no services was needed.

On 5-17-18 Service was provided on the freezer. The technician re-balanced the system charge.

The Dietary Supervisor will monitor the units every shift and report if any further services are needed.

See attached service slips.

SEE ATTACHMENT  
G, H + I

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Sandy Moscher*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Sandy Moscher* Date *6-08-18*

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

The above plan of correction is approved as of 6-13-18  
(Date)

Plan of correction implementation status as of 6-13-18  
(Date)

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

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

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JUN 08 2018

Violation Report: 44238 - 04/20/2018 - Grace, Desmond  
PCH Name: QUALITY LIFE SERVICES APOLLO

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION

On 4/20/18, the home's emergency procedure plan was not posted in a 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.

The emergency procedure plan was moved from the front entrance of the home. On 4/20/18, the information from the emergency plan was transferred to a red binder and marked, DO NOT REMOVE.

The housekeepers will add this binder to the monthly check list to be sure the binder is not moved from the front entrance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Sandy Motchar*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

*Sandy Motchar*

Date *6-8-18*

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

The above plan of correction is approved as of

*6-13-18*  
(Date)

Plan of correction implementation status as of *6-13-18*  
(Date)

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

The above plan of correction was approved by

*SM*  
(Initials)

JUN 08 2018

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 44238 - 04/20/2018 - Grace, Desmond  
PCH Name: QUALITY LIFE SERVICES APOLLO

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

On 3/31/18 at 11:20 a.m. the home conducted and fire drill with 60 resident present in the home. However, only 58 residents were evacuated.

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 Maintenance Supervisor was trained on the proper procedures for completing the fire drill log and addendum to the fire drill log.

Training included evacuating procedure for residents under hospice. The Wellness Director will have physician write an order to not evacuate any resident that is actively dying.

In the event a resident does not participate in our fire drill a discussion will be held with the resident and family to discuss the mandatory requirement to participate. Another fire drill will be held to meet the required drill.

The Administrator will review the monthly fire drill log after it is completed by the maintenance supervisor.

Immediately: The administrator shall monitor the fire drill record monthly to ensure all residents are evacuated during fire drills. 6-13-18

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

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 *6-8-18*

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(Date)

Plan of correction implementation status as of 6-13-18  
(Date)

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

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

JUN 08 2018

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 44238 - 04/20/2018 - Grace, Desmond  
PCH Name: QUALITY LIFE SERVICES APOLLO

1. REGULATION 55 Pa.Code §2600  
2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION  
Resident #4 initial medical evaluation was completed 6/16/17. However, the documentation of the medical evaluation was left blank in sections for height, assessment of special health or dietary needs, immunization, and mobility.

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 DME missing information was completed from the medical record on file. This information was put onto the DME and signed by the Physician Assistant that works with Dr. [REDACTED]

The Administrator and/or the Wellness Director will review all future DME's to make sure all items on the DME are completed.

Immediately: The administrator or designated staff person shall review all newly completed medical evaluation documentation for accuracy and completeness. 6-13-18 ✓

SEE ATTACHMENT  
" ] "

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Sandy Metcher*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Sandy Metcher*      Date *6-8-18*

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(Date)

Plan of correction implementation status as of 6-13-18  
(Date)

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

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

JUN 08 2018

Violation Report: 44238 - 04/20/2018 - Grace, Desmond  
PCH Name: QUALITY LIFE SERVICES APOLLO

1. REGULATION 55 Pa.Code §2600  
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #5 annual medical evaluation was completed 8/18/17. However, the resident's height, weight, pulse, blood pressure, health status and cognitive function sections were left blank.

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 DME missing information was completed from the medical record on file for the date 8/18/17 and Dr. [redacted] signed the corrected DME.

The Administrator and/or the Wellness Director will review all future DME's to make sure all the items on the DME are complete.

SEE ATTACHMENT  
"K"

Immediately: The administrator or designated staff person shall review all newly completed medical evaluation documentation for accuracy and completeness 6-13-18

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

Signature of Legal Entity Representative (Required on EVERY Page) *Sandy Mitchell*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Sandy Mitchell* Date *6-8-18*

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

The above plan of correction is approved as of 6-13-18 (Date)

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

Plan of correction implementation status as of 6-13-18 (Date)

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

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JUN 08 2018

Violation Report: 44238 - 04/20/2018 - Grace, Desmond  
PCH Name: QUALITY LIFE SERVICES APOLLO

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION  
On 4/20/18, the home posted the current menu dated 4/15/18 to 4/21/18 in the second floor dining room, however the menu for 4/22/18 to 4/28/18 was not posted.

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 04/20/18, the above menu was posted.

The Dietary Supervisor was not aware of this regulation. She will continue to post the 5 week menu in advance. We run on a 5 week menu and this will now be posted to replace the 2 week menu.

The Dietary staff will change and date the menu's every week. The Dietary Supervisor will monitor this weekly to make sure it is posted.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Bandy Metcher*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Bandy Metcher*      Date *6-8-18*

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

The above plan of correction is approved as of 6-13-18  
(Date)

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

- Plan of correction implementation status as of 6-13-18  
(Date)
- Fully Implemented
  - Partially Implemented - Adequate Progress
  - Partially Implemented - Inadequate Progress
  - Not Implemented

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JUN 08 2018

Violation Report: 44238 - 04/20/2018 - Grace, Desmond  
PCH Name: QUALITY LIFE SERVICES APOLLO

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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 home provides transportation for residents in a Ford E350 Super Duty Van. However, the first aid kit did not include a breathing shield.

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 4/20/18, another breathing shield was placed into the first aide kit.

We purchased new first aid kits to replace the old ones. The maintainance supervisor secured zip ties onto the first aid kits. He also put another kit with additional supplies in the buses so extra supplies are always available. Scissors were also placed into the additional kit so the zip ties can be removed. The Activitiy Supervisor will replace items as needed.

Immediately: The administrator or designated staff person shall check the first aid kits in any vehicle used to transport residents to ensure all required items in accordance with regulation 2600.171(b)(5) are present. *6-13-18*

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

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 *6-8-18*

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

The above plan of correction is approved as of 6-13-18  
(Date)

Plan of correction implementation status as of 6-13-18  
(Date)

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

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

Violation Report: 44238 - 04/20/2018 - Grace, Desmond  
PCH Name: QUALITY LIFE SERVICES APOLLO WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:  
(1) The resident's name.  
(2) The name of the medication.  
(3) The date the prescription was issued.  
(4) The prescribed dosage and instructions for administration.  
(5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION  
Resident #4 is prescribed Aspirin 325mg by mouth Monday, Wednesday, Friday, and Sunday. However, the medication label indicates by mouth on Monday only.  
Resident #7 is prescribed Calmoseptine Ointment 0.44-20.6% applied to the coccyx topically every 12 hours as needed for prevention of skin breakdown. However, the medication's label indicated a straight order of every 12 hours daily.

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 #4 brought in a bottle of ASA from home with an order once a day. The prescription was changed to give on Monday, Wed, Friday and Sunday. A label change sticker was not applied to the label. On 4/2018 a lable change sticker was applied. A new order was sent to the pharmacy.  
  
Staff members will all be trained by the Wellness Director before 6/30/18 on when to use label change stickers. The resident is not in Personal Care at this time.  
  
Resident #7 was prescribed Calmoseptine to be applied to the coccyx every 12 hours as needed. The original order read apply every 12 hours until healed. Once the area was healed the order was changed to every 12 hours as needed. A label change sticker was not applied to cover the old label. Staff members will be trained by the Wellness Director before 6/30/18 on when to use label change stickers. A label change sticker was applied to label on 4/2018.  
  
Immediately: The administrator or designated staff person qualified to administer medications shall review all resident medication containers monthly to ensure all required components of regulation 2600.184(a) are present and accurate. 6-13-18

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

Signature of Legal Entity Representative (Required on EVERY Page) Sandy Moltis

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Sandy Moltis Date 6-8-18

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

The above plan of correction is approved as of 6-13-18 (Date)  
The above plan of correction was approved by (Initials)  
Plan of correction implementation status as of 6-13-18 (Date)  
 Fully Implemented  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

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JUN 08 2018

Violation Report: 44238 - 04/20/2018 - Grace, Desmond  
PCH Name: QUALITY LIFE SERVICES APOLLO

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Resident #6 assessment was completed on 1/23/18. However, the resident's assessment did not include the hospice services the resident is receiving.

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 4/20/18, the assessment was updated to include the services that hospice provides.

See attached.

The Wellness Director will include hospice services on the Assessments in the future. This was not included on the Assessments in the past.

Every hospice agency keeps a log book on each resident every visit. This book is kept in the employee break room.

SEE ATTACHMENT

" 2 "

Immediately: The administrator or designated direct care staff person shall review all newly completed resident assessments for accuracy and completeness. 6-13-18,

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Sandy Mader</i>
--	--------------------

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Sandy Mader</i>	6-8-18

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

The above plan of correction is approved as of 6-13-18  
(Date)

Plan of correction implementation status as of 6-13-18  
(Date)

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

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

Violation Report: 44238 - 04/20/2018 - Grace, Desmond  
PCH Name: QUALITY LIFE SERVICES APOLLO

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION

Resident #5 support plan was completed 8/18/17. However, the support plan does not include a plan to meet the resident's needs of mobility including needing oral assistance to evacuate and needing direct supervision due to wandering.

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 support plan for resident #5 was updated on 4/20/18. (See attached)

The Wellness Director and/or Administrator will review all future RASP's to make sure all items are completed.

Immediately: The administrator or designated direct care staff person shall review all newly completed resident support plans for accuracy and completeness. 6-13-18 ✓

SEE ATTACHMENT

"M"

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Sandy Metcher*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Sandy Metcher*      Date *6-8-18*

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The above plan of correction was approved by	<i>S</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>g</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented