



MAILING DATE: January 31, 2019

Ms. Michele Graham
Personal Care Administrator
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. Graham:

As a result of the Department's Bureau of Human Services Licensing inspection on November 20, 2018 of the above facility, the citations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

Gloria Emick

Gloria Emick
Human Services Licensing Supervisor

Enclosure
Violation Report

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

Page 1 of 3

PCH Name: QUALITY LIFE SERVICES WESTMONT		License Number: 33238						
Address: 787 GOUCHER STREET, JOHNSTOWN, PA 15905		County: Cambria						
Administrator: Mike Ligo		Region: CENTRAL						
Legal Entity Name: WESTMONT WOODS LP								
Legal Entity Address: 787 GOUCHER STREET, JOHNSTOWN, PA 15905								
Certificate(s) of Occupancy <table> <tr> <td>C-1</td> <td>C-1</td> </tr> <tr> <td>11/26/1962</td> <td>01/11/1995</td> </tr> <tr> <td>L&I</td> <td>L&I</td> </tr> </table>			C-1	C-1	11/26/1962	01/11/1995	L&I	L&I
C-1	C-1							
11/26/1962	01/11/1995							
L&I	L&I							
Staffing Hours <table> <tr> <td>Resident Support: 0</td> <td>Total Daily Staff: 29</td> <td>Waking Staff: 22</td> </tr> </table>			Resident Support: 0	Total Daily Staff: 29	Waking Staff: 22			
Resident Support: 0	Total Daily Staff: 29	Waking Staff: 22						
Type of Inspection: Partial		BHA Docket Number: Notice: Unannounced						
Reason(s) for Inspection(s) Complaint								
On-Site Inspections Dates and Department Representatives On-Site 11/20/2018: Hoover, Douglas								
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: 20 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: 0	Number of Residents who: Receive Supplemental Security Income: 3 Are 60 Years of Age or Older: 19 Have Mental Illness: 1 Have an Intellectual Disability: 1 Have a Mobility Need: 9 Have a Physical Disability: 1							

Theresa Thomas
Theresa Thomas, Administrator

Violation Report: 33238 - 11/20/2018 - Hoover, Douglas
PCH Name: QUALITY LIFE SERVICES WESTMONT

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The fire drill record for the drill conducted on 10/30/18 at 3:56 pm used the home's census rather than the residents in the home at the time of the drill.

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.

1. Fire drill records were reviewed for the last year to ensure that the correct census was utilized for those residents that were in house.
2. Education was provided to the person that conducts the fire drill to check census at the time of the drill.
3. PC Administrator will monitor the fire drills to ensure the correct census is utilized.
4. The survey results and the audits will be reviewed at the Quality Assurance Performance Improvement meeting for recommendations or resolution.
5. Compliance date: 1/20/2019.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Theresa Thomas - Administrator</i>	Date <i>1/2/2019</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 1/29/19
(Date)

Plan of correction implementation status as of 1/29/19
(Date)

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

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

Violation Report: 33238 - 11/20/2018 - Hoover, Douglas
PCH Name: QUALITY LIFE SERVICES WESTMONT

1. REGULATION 55 Pa.Code §2600
 2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION
 One resident did not evacuate during the fire drills on 3/23/18 at 10:09 am and 3/27/18 at 2:50 am.

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 simlter violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

1. Residents and family members will recieve a letter stating what the regulation is and that all residents will need to be evacuated when there is a fire drill.
2. PC Administrator will monitor the fire drills for evacuation.
3. Education will be provided to the personal care staff on evacuation of the residents when a fire drill is occurring.
4. The survey results and the audits will be reviewed at Quality Assurance Performance Improvement meeting.
5. Compliance Date: 1/20/2019.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Theresa Thomas - Administrator</i>	Date <i>1/2/2019</i>
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