



MAILING DATE: July 10, 2019

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 February 5, 2019, 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,

A handwritten signature in black ink, appearing to read "Suzy Quinn", written over a horizontal line.

Suzy Quinn
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report: 44238 - 02/05/2019 - Garvey, Jody
 PCH Name: QUALITY LIFE SERVICES APOLLO

1. REGULATION 55 Pa.Code §2600

2600.42(l) - A resident has the right to furnish his room and purchase, receive, use and retain personal clothing and possessions.

2a. DESCRIPTION OF VIOLATION

Resident #1 smokes cigarettes that are provided to him by a family member. The home keeps the resident's cigarettes in the medication cart as the homes policy indicates that residents are not permitted to have cigarettes or lighters in bedrooms. Resident #1 indicated that he waits for long periods of time ranging from 15-20 minutes to 1 hour, 45 minutes when he asks staff for his cigarettes and they are not accessible to him upon request.

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 was given our smoking policy on 2/08/19. I reviewed the policy with him and he signed it. The home's smoking policy indicates smoking hours are from 8:00 AM - 9:00 PM daily. *SE* 7/2/19

He was instructed that he can have his cigarettes at 8:00am daily. He is to leave his cigarettes in his coat pocket at the front entrance when he comes inside from outside. He is to hand his cigarettes into the Head Aide supervisor at 9:00pm. See attached.

Immediately: The administrator shall educate all staff members that resident #1 is to be given his cigarettes daily at 8:00 AM and he is to turn them to the Head Aide supervisor at 9:00 PM.

SE 7/2/19

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 *4-23-19*
4-24-

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

The above plan of correction is approved as of 7/2/19
 (Date)

Plan of correction implementation status as of 7/2/19
 (Date)

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

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

Violation Report: 44238 - 02/05/2019 - Garvey, Jody
 PCH Name: QUALITY LIFE SERVICES APOLLO

1. REGULATION 55 Pa.Code §2600

2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

On 1/3/19, the home established a secure dementia care unit (SDCU), known as Blue Bell Trail, located on the 1st floor of the home. On 2/5/19, 24 residents were residing in the SDCU; however, none of the residents had a medical evaluation indicating a diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a SDCU until 2/5/19, to include residents 2, 3 and 4. Staff member A, the home's administrator, indicates the residents have resided in the SDCU since it was opened on 1/3/19.

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.

All medical evaluations indicating a diagnosis of Alzheimer's disease or dementia were completed on 02-05-2019. All residents were residing in our unlocked dementia unit before installing the maglocks on the doors.

Within 30 days of receipt of the plan of correction: The administrator or designated staff person shall audit all SDCU resident records to ensure a medical evaluation is completed, accurate and present in each resident's record within 60 days prior to admission.

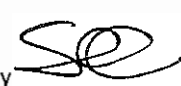
 7/2/19

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Sandy Metcher Date 4-23-19

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Violation Report: 44238 - 02/05/2019 - Garvey, Jody
PCH Name: QUALITY LIFE SERVICES APOLLO

1. REGULATION 55 Pa.Code §2600
 2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.


2a. DESCRIPTION OF VIOLATION
 On 1/3/19, the home established a SDCU, known as Blue Bell Trail, located on the 1st floor of the home. On 2/5/19, 24 residents were residing in the SDCU; however, none of the residents had a written cognitive prescreen completed in collaboration with a physician until 2/5/19, to include residents #2, #3 and #4. Staff member A, the home's administrator, indicates the residents have resided in the SDCU since it was opened on 1/3/19.

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.

All prescreens were completed on 02-05-2019 in collaboration with their physician on 02/05/20.

All residents were resideing in our unlocked dementia unit before installing the maglocks on the doors.

Within 30 days of receipt of the plan of correction: The administrator or designated staff person shall audit all SDCU resident records to ensure a written cognitive preadmission screening is completed, accurate and present in each resident's record.


 7/2/19

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Sandy Metcher</u>	Date <u>4-23-19</u>
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Violation Report: 44238 - 02/05/2019 - Garvey, Jody

PCH Name: QUALITY LIFE SERVICES APOLLO

1. REGULATION 55 Pa.Code §2600

2600.234(a) - Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

2a. DESCRIPTION OF VIOLATION

On 1/3/19, the home established a SDCU, known as Blue Bell Trail, located on the 1st floor of the home. On 2/5/19, 24 residents were residing in the SDCU; however, none of the residents had a support plan developed, implemented and documented within 72 hours of admission or within 72 hours prior to admission to include residents 2, 3 and 4. Staff member A, the home's administrator, indicates the residents have resided in the SDCU since it was opened on 1/3/19.

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.

All new support plans were completed by 02/18/2019. All residents resided in our dementia unit prior to adding the maglocks to our doors and had a current support plan.

Within 30 days of receipt of the plan of correction: The administrator or designated staff person shall audit all SDCU resident records to ensure a support plan is completed, accurate and present in each resident's record.

 7/2/19

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(Required on EVERY Page) Sandy Motchar Date 4-23-19

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Violation Report: 44238 - 02/05/2019 - Garvey, Jody
 PCH Name: QUALITY LIFE SERVICES APOLLO

1. REGULATION 55 Pa.Code §2600
 2600.239(a) - The legal entity shall submit a written request to the Department's personal care home regional office at least 60 days prior to the following:
 (1) Opening a secured care dementia unit.
 (2) Adding a secured dementia care unit to an existing home.
 (3) Increasing the maximum capacity in an existing unit.
 (4) Changing the locking system, exit doors or floor plan of an existing unit.

2a. DESCRIPTION OF VIOLATION
 The home did not submit a written request to the Department's personal care home regional office at least 60 days prior to adding a secured dementia care unit to an existing home.

 On 1/3/19, the home established a SDCU, known as Blue Bell Trail, located on the 1st floor of the home. The SDCU contains 3 emergency exits and an elevator which are secured with maglock locking systems to prevent egress. On 2/5/19 there were 24 residents residing in the SDCU. Staff member A, the home's administrator, indicates the residents have resided in the SDCU since it was opened on 1/3/19.

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.

 Due to changes in our companies personnel, we failed to submit a written request to the Department. All residents were residing in our unlocked dementia unit prior to adding maglocks to our doors.

 Our goal is to keep our residents safe and be licensed as a SDU.

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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Sandy Metcher* Date *4-23-19*

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