



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 22 2019

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

RE: Westminster Woods
Homestead Building
License #:360670

Dear Mr. Evans:

As a result of the Department's Bureau of Human Services Licensing's annual licensing inspection on March 28, 2019 of the above facility, the violations 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.

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. 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".

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report: 36067 - 03/28/2019 - Springs, Israel
 PCH Name: WESTMINSTER WOODS

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

Staff Member A did not receive training in "Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan" during training year 2018.

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 staff members will receive training in meeting the needs of residents as described in pre-admission screening for, assessment tool, medical evaluation and support plan.

Direct Care Staff A as of this date has taken the training.

Personal Care Administrator will monitor training to make sure all staff members complete trainings per regulation

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Margaret Brumbaugh, RN, PC Admin* Date *4-8-19*

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

The above plan of correction is approved as of 4/9/19
 (Date)

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

Plan of correction implementation status as of 4/9/19
 (Date)

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

Violation Report: 36067 - 03/28/2019 - Springs, Israel
 PCH Name: WESTMINSTER WOODS

1. REGULATION 55 Pa.Code §2600

2600.65(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

Staff Member B, did not receive training in "Falls and accident prevention" during training year 2018.

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 member B has taken the "Falls and Accident Prevention" training as of this time

Human Resources will make sure trainings are assigned to staff per department specific curriculum

Personal Care Administrator or designee will monitor trainings on a regular basis to assure all staff trainings are complete and up to date per regulations.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Margaret Bombaugh, LVA Admin</i>	Date <i>4-8-19</i>
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Violation Report: 36067 - 03/28/2019 - Springs, Israel
 PCH Name: WESTMINSTER WOODS

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 first aid kit in the home's Dodge Grand Caravan did not contain tweezers, scissors, tape and eye coverings.

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.

Tweezers, scissors, tape and eye coverings have been added to the first aid kit in the Dodge Grand Caravan.

Maintenance Supervisor will monitor First aid kits in all vehicles used to provide transportation for residents and do regular inspection on kits to make sure all supplies are in the kits and replaced if used every 6 months or upon opening for use.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Margaret Brumbough*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Margaret Brumbough LPA, PL Admin* Date *4-8-19*

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Violation Report: 36067 - 03/28/2019 - Springs, Israel
 PCH Name: WESTMINSTER WOODS

1. REGULATION 55 Pa.Code §2600
 2600.224(c) - The preadmission screening shall be completed by the administrator or designee.

2a. DESCRIPTION OF VIOLATION

The preadmission screening form for Resident #1 was missing the date the form was completed.

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 is being done with completing the pre-admission screener and to make sure every section is completed, including date, per regulation.

Personal Care Home Administrator will monitor on a monthly basis for compliance of the screeners being filled out completely and correctly.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Margaret Bryk*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Margaret Brumbaugh LPA PC Admin* Date *4-8-19*

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Violation Report: 36067 - 03/28/2019 - Springs, Israel
 PCH Name: WESTMINSTER WOODS

1. REGULATION 55 Pa.Code §2600
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION
 The support plans for Resident #1, developed on 2/23/19, and Resident #3, developed on 3/3/19, were signed by the resident but not dated by the resident.
 The support plan for Resident # 2, developed on 1/19/19, was not signed and dated by the resident and the staff person who developed the plan.

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 will be done with staff members who participate in the development of the support plan to include importance of signing and dating the support plan.

Personal Care Administrator will monitor support plans on a monthly basis to confirm they are being filled out correctly and all the information there, including signature and date per regulation.

*The administrator will complete an audit the most recent support plans (RASPs) completed for the current residents of the home to ensure that the plan contains the required signatures and notation of the resident's inability or refusal to sign (if applicable). The audit will be completed within 10 days from the receipt of this plan. BAS 4/9/19

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Margaret F. Bumbalugh*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Margaret F. Bumbalugh LPA R Admin* Date *4-8-19*

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