



August 28, 2019

Ms. Theresa Thomas  
Personal Care Administrator  
Westmont Woods LP  
787 Goucher Street  
Johnstown, Pennsylvania 15905

RE: Quality Life Services – Westmont  
Certificate #: 332380

Dear Ms. Thomas:

As a result of the Department's Bureau of Human Services Licensing annual inspection on April 9, 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](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 "Kevin Hancock", written over a white background.

Kevin Hancock  
Deputy Secretary  
Office of Long-term Living

Enclosure  
Violation Report

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

<b>PCH Name:</b> QUALITY LIFE SERVICES WESTMONT		<b>License Number:</b> 33238
<b>Address:</b> 787 GOUCHER STREET, JOHNSTOWN, PA 15905		<b>County:</b> Cambria
<b>Administrator:</b> Theresa Thomas		<b>Region:</b> CENTRAL
<b>Legal Entity Name:</b> WESTMONT WOODS LP		
<b>Legal Entity Address:</b> 787 GOUCHER STREET, JOHNSTOWN, PA 15905		
<b>Certificate(s) of Occupancy</b>		
C-1 11/26/1962 L&I	C-1 01/11/1995 L&I	
<b>Staffing Hours</b>		
<b>Resident Support:</b> 0	<b>Total Daily Staff:</b> 41	<b>Waking Staff:</b> 31
<b>Type of Inspection:</b> Full	<b>BHA Docket Number:</b>	<b>Notice:</b> Unannounced
<b>Reason(s) for Inspection(s)</b> Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 04/09/2019: Hoover, Douglas; Palermo, Michael		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<p align="center">             Ü^&amp;@              Í 88 8FJ              ÖÖ           </p>		
<b>Other Details</b>		
<b>Partial or Full Triggers:</b>		<b>Random Indicators:</b>
<b>Resident Demographic Data as of Inspection Dates</b>		
<b>Licensed Capacity:</b> 34 <b>Number of Residents Served:</b> 28 <b>Secured Dementia Care Unit in Home:</b> No <b>Area:</b> <b>Secured Dementia Unit Capacity, if Applicable:</b> <b>Number of Residents Served in Secured Dementia Care Unit, if applicable:</b> <b>Number of Current Hospice Residents:</b> 1 <b>Number of Hospice Residents in past year:</b> NM	<b>Number of Residents who:</b> <b>Receive Supplemental Security Income:</b> 4 <b>Are 60 Years of Age or Older:</b> 27 <b>Have Mental Illness:</b> 0 <b>Have an Intellectual Disability:</b> 2 <b>Have a Mobility Need:</b> 13 <b>Have a Physical Disability:</b> 2	

Violation Report: 33238 - 04/09/2019 - Hoover, Douglas  
PCH Name: QUALITY LIFE SERVICES WESTMONT

1. REGULATION 55 Pa.Code §2600  
2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION  
The contract, dated 1/11/2019, for Resident #1 was not signed by the home or the resident.

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.

Signature of resident and the administrator were obtained immediately after discovery during licensing survey. Administrator will obtain signature/mark of resident immediately upon admission and will double check for all signatures during contract review following admission.

The review of the contracts will be included in the home's next periodic quality management review. - GE, 8/13/19

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

Signature of Legal Entity Representative (Required on EVERY Page) *Theresa Thomas*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Theresa Thomas Date 5/24/19

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

The above plan of correction is approved as of 8/13/19 (Date)

Plan of correction implementation status as of 8/13/19 (Date)

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

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

**Violation Report:** 33238 - 04/09/2019 - Hodver, Douglas  
**PCH Name:** QUALITY LIFE SERVICES WESTMONT

**1. REGULATION 65 Pa.Code §2600**

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

**2a. DESCRIPTION OF VIOLATION**

Direct Care Staff Member A, DOH 11/19/2016, and Staff Member B, DOH 7/9/2018, did not receive initial training in smoking safety procedures, smoking policy and the location of the smoking area.

**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 employees do receive training in smoking safety procedures, smoking policy, and the location of the smoking area, however, it was not documented in the training packet. The smoking safety procedures, smoking policy, and location of the smoking area have been added to the written training packet for fire safety for all future initial trainings of new employees.

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Date(s) of Previous Violation(s):

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*Theresa Thomas*

Printed Name and Title of Legal Entity Representative  
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Theresa Thomas

Date

5/24/19

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Violation Report: 33238 - 04/09/2019 - Hoover, Douglas  
PCH Name: QUALITY LIFE SERVICES WESTMONT

1. REGULATION 56 Pa.Code §2600

2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION

The first aid kit in the medication room did not have a thermometer.

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.

Disposable thermometers (photo attached) were located in the medication room first aid kit that were not found by inspectors at the time of the survey. Second shift Med Tech will complete first aid kit audit monthly to ensure that all items are present.

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Violation Report: 33238 - 04/09/2019 - Hoover, Douglas  
PCH Name: QUALITY LIFE SERVICES WESTMONT

1. REGULATION 65 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 home did not evacuate within the 8-minute specified time frame of the fire safety letter, dated 6/29/2018. On 11/25/2018 at 3:33 am, the evacuation time of the fire drill was 12 minutes and 31 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.

The home did not evacuate in the appropriate time for this drill. Another drill was planned within 24 hours but was not able to be initiated. A subsequent drill was run in 48 hours and evacuation was completed in the allotted time frame without any issues. Please see Fire Drill Record ~~ion~~ attached.

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, within 30 days of the receipt of this plan. Documentation of training will be kept by the home. Residents will also be educated on the importance of evacuating quickly.- GE, 8/13/19

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PCH Name: QUALITY LIFE SERVICES WESTMONT

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 2019 Ford minibus did not have a thermometer, breathing shield and tweezers.

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.

Missing supplies were requisitioned from Central Supply to replenish missing items. Maintenance will complete a monthly supply check on the first aid kit in the 2019 Ford Minibus and will keep it on file. See checklist attached.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Theresa Thomas Date 5/24/19

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PCH Name: QUALITY LIFE SERVICES WESTMONT

1. REGULATION 65 Pa.Code §2600

2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION

There were unlabeled bottles, one each, of *Aspirin, 83 mg.* and *Vitamin B-6, 50 mg.* that did not have the resident's name in the "short medication cart."

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.

Re-training for the Med Techs was performed on May 22, 2019 for labeling of resident medications. Please see training and sign in sheet attached. Third shift will perform checks to make sure all medications are properly labeled with resident's name when they clean med carts weekly. Pharmacy will also check labels during bi-monthly cart reviews.

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1. REGULATION 55 Pa.Code §2600  
2600.227(h) - If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

2a. DESCRIPTION OF VIOLATION  
The support plan for Resident #2, dated 1/4/2019, was not signed by the resident and there was no notation of refusal or inability to sign.

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.

Signature of resident #2 was obtained on support plan immediately following discovery that it was missing on day of survey. Administrator will make sure that all care plans will be reviewed and signed by the resident or a notation of refusal/inability when completed. A review of all care plans was completed on 5/22/2019 to verify that all care plans have been properly signed by the residents.

The record review will be included in the home's next periodic quality management meeting. - GE, 8/13/19

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

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Theresa Thomas Date 5/24/19

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