



October 3, 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 annual inspection on April 25, 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 "Kevin Hancock", written over a white background.

Kevin Hancock
Deputy Secretary
Office of Long Term Living

Enclosure
Violation Report

Violation Report

Facility Information

License Number: 442380

Name: *QUALITY LIFE SERVICES APOLLO*
Address: *153 GOODVIEW DRIVE, APOLLO, PA 15613*
County: *WESTMORELAND* Region: *WESTERN*

Administrator

Name: *SANDY MOTCHAR* Phone: *7247273102* Email: *SBEARDSLEY@QUALITYLIFESERVICES.COM*

Legal Entity

Name: *WEST HAVEN MANOR LP*
Address: *ATTN SANDRA MOTCHAR 153 GOODVIEW DRIVE, PA, 15613*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *08/13/2001* Issued By: *Dept. of L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *74* Waking Staff: *56*

Inspection

Type: *Full* Reason: *Renewal, Complaint* BHA Docket #: Notice: *Unannounced*

Inspection Dates and Department Representative

04/25/2019 - On-Site: Jan Cutter, Ashley Roser, Laurie Garrigan

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *80* Residents Served: *49*

Secured Dementia Care Unit

In Home: *Yes* Area: *Blue Bell Trail Lower floor* Capacity: *36* Residents Served: *25*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *2* Are 60 Years of Age or Older: *49*
Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *25* Have Physical Disability: *0*

Jan Cutter RPO *7/15/19*

65g - Annual Training Content

Regulations

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

Description of Violation

Staff person A, date of hire 1/27/2015, did not receive fire safety training by a fire safety expert in the 2018 training year.

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 person A and All other PCH Staff were given fire safety training by a fire safety expert on 7/16/19 or prior. Training will be audited ^{quarterly} and result JW 8/15/19 will be reported to the Quality Management Committee

Legal Entity Representative

[Handwritten Signature]
Signature

Michael A Ligo RDO 7/16/19
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 8/15/19 (Date)

Plan of correction implementation status as of 8/15/19 (Date)

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

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

131a - Fire Extinguisher

Regulations

2600.

131.a. There shall be at least one operable fire extinguisher with a minimum 2-A rating for each floor, including the basement and attic.

Description of Violation

There was no fire extinguisher in the attic of the home at 10:50 am. There are 3 furnaces in the attic and the attic runs the entire length of the personal care home.

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 4/26/19 a 2A and C Rated fire extinguisher was placed in the attic. The fire extinguisher are audited monthly for placement and to ensure they not expired by the maintenance staff audits will be reported to the quality management committee All staff are Educated in staff meetings held 7/16/19

Legal Entity Representative

Michael Ligo
Signature

Michael Ligo RPO 7/16/19
Printed Name and Title Date

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185a - Implement Storage Procedures

Regulations

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #1 is ordered blood glucose checks twice a day. Numbers from his/her glucometer did not match the April medication administration record (MAR) on the following dates:

No reading on the glucometer for the morning of 4/23/2019; however, the MAR had a morning reading of 225.

Unmatched evening readings	MAR
Glucometer	
4/17/2019 156	265
4/18/2019 259	246
4/19/2019 301	146

Resident #2 is ordered blood glucose checks twice a day. Numbers from his/her glucometer did not match the April MAR. There are no readings on the glucometer for the morning readings on the following dates:

4/20/2019	109 (MAR)
4/22/2019	119 (MAR)
4/23/2019	119 (MAR)

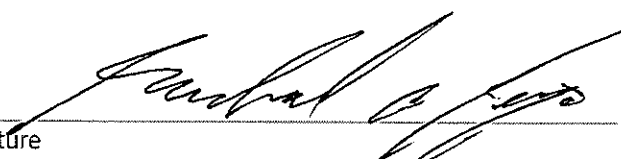
Plan of Correction (POC)

(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 Glucometers were Recalibrated to Ensure accuracy
 the Administrator or designee will audit ~~twice~~
 weekly times two weeks to Ensure the MAR and
 glucometers readings match and then monthly times
 two months All PCH staff will be Educated and
 Findings Reported to Quality management committee

*See Below

Legal Entity Representative


 Signature

Michael A Ligo RDO
 Printed Name and Title

7/16/19
 Date

QUALITY LIFE SERVICES APOLLO

185a - Implement Storage Procedures (continued)

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		<input checked="" type="checkbox"/> Partially Implemented - Adequate Progress	
		<input type="checkbox"/> Partially Implemented - Inadequate Progress	
		<input type="checkbox"/> Not Implemented	

James [unclear] RPD 7/16/19

187a - Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

The diagnosis or purpose of the medication is not listed on the April MAR for resident #3's Lactobacillus, give 1 capsule by mouth 2 times a day. The MAR indicates for "prevention".

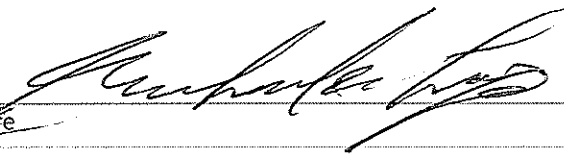
The diagnosis or purpose of the medication is not listed on the April MAR for resident #4's Levothyroxine Sodium 25 mcg, give 1 tablet 1 time a day. The MAR indicates for "treatment".

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 MARs were corrected for all Resident Medication orders that did not include a reason or diagnosis, the Administrator or designee will review the MAR monthly for accuracy and report findings to the Quality Management Committee

Legal Entity Representative

Signature 

Printed Name and Title Michael A Ligo RDO

Date 7/11/19

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187b - Date/Time of Medication Admin.

Regulations

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #5 is prescribed Fluphenazine inject 25mg/ml intramuscularly once every 2 weeks. On 4/22/2019 staff person A initialed the April 2019 MAR as administering the injection; however, this staff person is not a nurse and did not administer the medication. Progress notes indicated that staff person B, the Wellness Director, administered the medication.

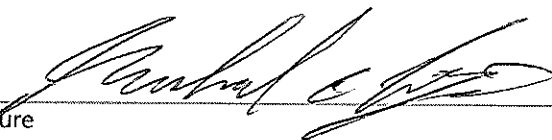
Plan of Correction (POC)

(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 ~~inject~~ Intra muscular Injections will be given and documented by the PCM LPN. the med technicians have been educated that they document as other not administered. Administrator or Designee will Audit once a month time 2 months and Report findings to quality management committee.

*See Below

Legal Entity Representative


Signature

Michael A Lisa 8/15/19
Printed Name and Title Date

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(Date)

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(Date)

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(Initials)

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- Not Implemented

04/25/2019

7 of 7

*Within 30 days of receipt of the plan of correction: All staff persons qualified to administer medication shall receive education that the medication administration record shall be signed by the person who administers the medication at the time of the administration. Documentation of the education shall be kept.

 8/15/19