



**MAILING DATE: December 30, 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 inspection on August 27, 2019 of the above facility, the citation with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report was found.

The citation 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

### Facility Information

Name: *QUALITY LIFE SERVICES - WESTMONT*

License Number: 33238

Address: *787 GOUCHER STREET,, JOHNSTOWN, PA 15905*

County: *CAMBRIA*

Region: *CENTRAL*

### Administrator

Name: *Theresa Thomas*

Phone: *8142555539*

Email: *STACK@QUALITYLIFESERVICES.COM*

### Legal Entity

Name: *WESTMONT WOODS LP*

Address: *787 GOUCHER STREET, ATTN THERESA THOMAS, JOHNSTOWN, PA, 15905*

### Certificate(s) of Occupancy

Type: *C-1*

Date: *11/26/1962*

Issued By: *L&I*

Type: *C-1*

Date: *01/11/1995*

Issued By: *L&I*

### Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *33*

Waking Staff: *25*

### Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Complaint*

### Inspection Dates and Department Representative

*08/27/2019 - On-Site: Douglas Hoover*

### Resident Demographic Data as of Inspection Dates

#### General Information

License Capacity: *34*

Residents Served: *24*

#### Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

#### Hospice

Current Residents: *0*

#### Number of Residents Who:

Receive Supplemental Security Income: *3*

Are 60 Years of Age or Older: *23*

Diagnosed with Mental Illness: *2*

Diagnosed with Intellectual Disability: *1*

Have Mobility Need: *9*

Have Physical Disability: *0*

## 42b - Abuse

**Regulations**

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

**Description of Violation**

The home investigated abuse allegations against Direct Care Staff Members' A and B involving Residents' #1 and #2 on 8/27/2019. Direct Care Staff Members' A & B work mainly on the 2nd shift from 2:00 pm to 10:30 pm. Witness statements and staff interviews document incidents of abuse which occurred approximately during the first two weeks of July in 2019 as follows:

Direct Care Staff Member C, in a written statement, documented that Direct Care Staff Member A communicated with Resident #1 "in a yelling way." Direct Care Staff Member C also witnessed Direct Care Staff Member A forcefully putting Resident #1 in her recliner by pulling back on her.

Direct Care Staff Member D, in a written statement, documented that Direct Care Staff Member A "whips Resident #1 around and flops her into her recliner."

Direct Care Staff Member E, in a written statement, documented that Direct Care Staff Member A was rough with picking up and seating Resident #1. Direct Care Staff Member A was observed forcefully pushing a medication cup in Resident #1's mouth along with yelling and inappropriate speech.

Direct Care Staff Member F, in a written statement, documented that Direct Care Staff Member A yells at Resident #1 and grabs and turns her roughly when transferring her to her recliner.

Direct Care Staff Member G, in a written statement, documented that Direct Care Staff Member A pushed and pulled Resident #1 into her recliner with force and stated: "You need to sit your ass down."

Direct Care Staff Member D, in a written statement, documented Direct Care Staff Member B yelling at Resident #2 and quoted as saying: "If you don't behave, you won't get dinner or a snack." Resident #2 is has an intellectual disability.

Direct Care Staff Member E, in a written statement, quoted Direct Care Staff B telling Resident #2: "If you don't stop yelling, you're going in your recliner and won't be able to get up." Also: "You're not getting a snack if you misbehave."

Ancillary Staff Member H, in a written statement, documents Direct Care Staff Member B yelling at residents. Also, Direct Care Staff Member B left Resident #1 in a wheelchair in the living room unable to reach snacks, drinks or call for help.

Description of Violation (continued)

Resident #1 was verbally and physically abused and subjected to corporal punishment by Direct Care Staff Members' A & B.

Resident #2 was verbally abused and subjected to corporal punishment by Direct Care Staff Member B.

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.)

Investigation confirmed that both Direct Care Staff workers A & B were guilty of abuse. They were both immediately terminated. (Termination letters attached).

Remaining care staff members will be re-trained at staff meeting on 9/25/19 @ 2:30 PM to ensure that they are clear on what abuse is and that it must be reported immediately even if they're not sure. (Copy of training will be emailed to you immediately following meeting on 9/25/19)

All staff persons were re-educated in Elder Abuse and the Older Adults Protective Services Act (OAPSA) by the Protective Services Office, PA Department of Aging on 9/25/19. Documentation of training was submitted to The Department on 9/30/19.

The administrator of the home will monitor interactions between staff and residents, and immediately address any issues that arise, moving forward. - GE, 9/30/19

Legal Entity Representative

Therese Thomas  
Signature

Therese Thomas PCA 9/19/19  
Printed Name and Title Date

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

The above plan of correction is approved as of 10/8/19  
(Date)

Plan of correction implementation status as of 10/8/19  
(Date)

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

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