



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SENT VIA EMAIL: sbeardsley@qualityliveservices.com
smotchar@qualityliveservices.com

MAILING DATE: March 10, 2020

Ms. Sandy Motchar
Administrator
West Haven Manor, LP
153 Goodview Drive
Apollo, Pennsylvania 15613

RE: Quality Live Services Apollo
Certificate #: 442380

Dear Ms. Motchar:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on December 16, 2019, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Jon B. Kimberland".

Jon Kimberland
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

MAR 02 2020

Violation Report

WEST REGION FIELD OFFICE
Human Services Licensing
License Number: 44258

Facility Information

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

Administrator

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

Legal Entity

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

Certificate(s) of Occupancy

Type: *C-2 LP* Date: Issued By:

Staffing Hours

Resident Support Staff: Total Daily Staff: *68* Waking Staff: *57*

Inspection

Type: *Partial* Reason: *Complaint* BHA Docket #: Notice: *Unannounced*

Inspection Dates and Department Representative

12/16/2019 - On-Site: Karen Georgoulis
02/13/2020 - Off-Site: Karen Georgoulis

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 1st floor* Capacity: *36* Residents Served: *16*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *2* Are 60 Years of Age or Older: *49*
Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *79* Have Physical Disability: *7*

Sandra Motchar, Adm *Sandra Motchar* *2-26-20*
12/16/2019

QUALITY LIFE SERVICES - APOLLO

MAR 02 2020

WEST REGION FIELD OFFICE
Human Services Licensing

225a - Assessment 15 Days

Regulations

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #1's assessment, dated 2/18/19, indicates no issues with agitation, aggression, irritability, judgement or hallucinations. The resident was admitted to the Secure Care Dementia Unit (SCDU) 2/5/19, with a diagnosis of dementia, anxiety. However, the resident record and staff interviews indicate the resident has been exhibiting physical and verbal aggression and hallucinations. Also, the assessment indicates resident #1 is a moderate need with mobility. However, the medical evaluation dated 2/5/19, indicates the resident's mobility needs require a total assist to evacuate safely.

Resident #2's assessment, dated 11/15/19, indicates moderate supervision needs and minimal judgement and mobility needs. The resident was admitted to the SCDU, 11/4/19, with a diagnosis of dementia with wandering. However, staff interviews indicate the resident has exhibited confusion with extreme exit seeking and wandering behaviors. Also, the resident requires a total assist to evacuate safely.

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.)

An updated RASA WAS COMPLETED FOR RESIDENTS #1 AND #2. THE ADMINISTRATOR WILL REVIEW THE DME'S ALONG WITH THE RASP'S ONCE THE WELLNESS DIRECTOR COMPLETES THEM - TO VERIFY THEY ARE COMPLETED IN CONJUNCTION WITH EACH OTHER. A VELCO "DO NOT ENTER" SIGN WAS PLACED ON RESIDENT #1 DOOR FRAME TO STOP OTHER RESIDENTS FROM ENTERING. THIS HAS STOPPED OTHER RESIDENTS FROM GOING INTO HIS ROOM

Legal Entity Representative

Sandy Motcher, Adm.
Signature

Sandy Motcher
Printed Name and Title

2-26-20
Date

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

The above plan of correction is approved as of 3/2/2020
(Date)

Plan of correction implementation status as of 3/2/2020
(Date)

The above plan of correction was approved by [Signature]
(Initials)

Implemented
 Not Implemented

QUALITY LIFE SERVICES - APOLLO

44238

MAR 02 2020

234d - Support Plan Revision

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

2600.

234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

Resident #1's support plan, dated 2/18/19, has not been updated to address the following behavioral concerns regarding agitation, aggression, irritability, judgement and hallucinations. Interviews and progress notes indicate resident #1, does not like other residents going into his/her bedroom and that seems to trigger aggressive behavior. When this occurs the resident will swear, yell, get in the residents faces, verbally threaten them and has been physically aggressive, has pushed residents out of his/her bedroom. On 11/25/19, threatened to knock resident #2 out, stating the resident was in his/her room taking clothes from the closet, when resident #2 was with staff. Interviews indicated resident #1 during a fit of rage, picked up his/her television, pulling the plug out of the wall and threw the television to the floor breaking it. Resident #1 exhibits agitation and anxiousness after visits or phone calls with his/her daughter.

Resident #2's support plan, dated 11/15/19, indicates moderate supervision needs and minimal judgement and mobility needs. However, the resident has exhibiting extreme exit seeking and wandering behaviors and wanders checking hallways, windows, other resident bedroom's bathrooms and closets. The resident's support plan has not been updated to address the resident's need for increased supervision.

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.)

A NEW RASP & DME WERE UPDATED TO ADDRESS THE CONCERNS OF RESIDENTS #1 & #2. THE BEHAVIOR HAVE IMPROVED ON RESIDENT #1 SINCE RESIDENT #2 IS NO LONGER WANDERING IN RESIDENT #1'S ROOM. STAFF MEMBERS ALONG WITH ADMINISTRATOR & WELLNESS DIRECTOR WILL DISCUSS WHAT POSITIVE INTERVENTIONS CAN BE MET WITH RESIDENTS WHEN THEY SHOW SIGNS OF BEHAVIORS.

Legal Entity Representative

Sandy Motcher, Adm
Signature

Sandy Motcher 2-26-20
Printed Name and Title Date

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The above plan of correction is approved as of 3/2/2020
(Date)

Plan of correction implementation status as of 3/2/200
(Date)

Implemented

Not Implemented

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