

Department of Human Services
Bureau of Human Service Licensing

February 1, 2022

[REDACTED], EXECUTIVE DIRECTOR
[REDACTED]
[REDACTED]

RE: WESTFIELD
5826 OLD PULASKI ROAD
NEW WILMINGTON, PA, 16142
LICENSE/COC#: 47424

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/05/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *WESTFIELD* License #: *47424* License Expiration: *02/04/2022*
Address: *5826 OLD PULASKI ROAD, NEW WILMINGTON, PA 16142*
County: *LAWRENCE* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *C-3 SP* Date: *12/13/1996* Issued By: *DEPT I & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *8* Waking Staff: *6*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *10/05/2021*

Inspection Dates and Department Representative

10/05/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *8* Residents Served: *8*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *8* Are 60 Years of Age or Older: *2*
Diagnosed with Mental Illness: *8* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

10/05/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/18/2021*

Inspections / Reviews (*continued*)

12/08/2021 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *12/15/2021*

12/17/2021 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *12/17/2021*

02/01/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

25a - Written Contract and Review

1. Requirements

2600.

25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident’s designated person if any, prior to signature.

Description of Violation

Resident #1 was admitted to the home on [REDACTED]; however, a resident-home contract was not completed.

Plan of Correction

Directed

When a new admission comes in the contract will be done with them on the day they arrive. The back up administrator will also be present to double check that all forms are complete. Monthly check list is also in place so no forms get missed.

(Directed)

Beginning 12/27/21, the administrator will create a tracking system to ensure a contract is completed for all new admissions within 24 hours after admission. Documentation will be submitted to the Department.

([REDACTED] 12/17/21)

(Directed)

By 1/6/22, any staff persons involved with resident admissions documentation will be educated to the new resident documentation tracking system. Documentation of education will be kept.

([REDACTED] 12/17/21)

Document Submission

Implemented

The Administrator will do all documentation from this point forward.

82a - Poisonous Materials

1. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

At 10:15 a.m., the supply closet in the laundry room contained a 650ml clear spray bottle and a 800ml spray bottle with labels indicating, "Disinfectant cleaner", written in black permanent marker, and each were 1/4 full of a blue liquid identified as Triple Crown Plus Disinfectant. Original product labeling indicates, contact poison control if swallowed.

Plan of Correction

Accept

Plan of Action: All spray bottles and its contents without labels were disposed of on 10/05/2021 while the inspector was at the home. I ordered a case sanitizer spray from [REDACTED] on 11/02/2021 and it was delivered on 11/03/2021.

Monitoring: I will check all cleaning products on a monthly basis to ensure they all have labels. The home will no longer purchase empty spray containers and fill them cleaning products.

Education: During the next staff meeting on 12/06/2021 I will train the staff on the importance of having labels on all cleaning products in the home. This will ensure the safety of the residents.

82a - Poisonous Materials (continued)

Document Submission

Implemented

Purchased bottles with labels.

227c - Support Plan Revision

1. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident #2's most recent assessment, dated [REDACTED], indicates the resident has minimal mobility needs; however, the resident's most recent support plan, dated [REDACTED], does not indicate a description of the mobility needs, a plan to address the mobility needs, or the responsible party.

Plan of Correction

Directed

Monthly check list for all residents Rasp will be done and double checked by the back up administrator.

(Directed)

The administrator or designated staff person will review all current and newly completed support plans to ensure all support plans are complete, accurate and indicate the care and services the home will provide to the resident.

(AD 12/17/21)

Document Submission

Implemented

The Administrator will do all of the documentations.

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #2's most recent medical evaluation, dated [REDACTED], does not include the resident's weight, pulse rate, ability to self-administer medications, health status, special health or dietary needs, body positioning/movement, and cognitive functioning. These areas of the form are blank.

Resident #3's most recent medical evaluation was completed on [REDACTED].

Resident #4's most recent medical evaluation was completed on [REDACTED]; however, the resident's previous annual medical evaluation was completed [REDACTED].

REPEAT VIOLATION: 9/6/2019

Plan of Correction

Directed

Resident #2 went back to the doctors on [REDACTED] and the doctor did finish the Dme.

I had a staff meeting on [REDACTED] and let the staff know when taking residents for their Dme to make sure that the doctor fills out all parts of the form before leaving the office. I will also double check the form when returning from the doctors appointment.

Resident #3 doctor did give a paper that he was seen on [REDACTED] by telehealth and was also seen on telehealth

141b1 - Annual Medical Evaluation (continued)

on 7/26/2021. We did not have a DME done in 2020. In the future if we are on quarantine we can have a Dme done by Telehealth.

Resident #4 was home with his parents and they did sign documentation that states that they did not want to take him to his Dme due to COVID 19. When resident returned to Westfield we where able to schedule [REDACTED] Dme.

(Directed)

By 12/27/21, the administrator or designated staff person will check all resident records to ensure a current medical evaluation is completed and present in each residents' record.

By 12/27/21, a resident document tracking system will be developed and implemented to ensure all residents have a medical evaluation completed within the required timeframe. Documentation will be submitted to the Department.

Resident #3 will have a medical evaluation completed by a physician, physician's assistant or certified registered nurse practitioner.

[REDACTED] 12/17/21)

Document Submission**Implemented**

Administrator has a list of all residents DME schedules and when they need to be scheduled for their physicals.

225a - Assessment 15 Days**1. Requirements**

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 initial assessment, dated [REDACTED], does not include an assessment of the resident's supervision needs or medication administration needs. These sections of the assessment are blank.

REPEAT VIOLATION: 9/6/2019

Plan of Correction**Directed**

As the administrator I must double check my work and on the 15th of each month making sure to go over my check list for all files. The backup administrator will also check the check list once a month.

(Directed)

By 12/27/21, the administrator or designated staff person will review all current resident assessments to ensure completion and accuracy including all diagnoses and supervision needs.

(AD 12/17/21)

(Directed)

By 12/27/21, tThe administrator will develop and implement a policy and procedures to ensure all residents have an assessment completed within 15 days of admission. All staff persons completing assessments will be educated regarding the completion and accuracy of the document including the documentation of all diagnoses and supervision needs. Documentation of the training will be submitted to the Department.

225a - Assessment 15 Days (continued)

(AD 12/17/21)

Document Submission

Implemented

The Administrator will do all the documentation from this point.

225c - Additional Assessment

1. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident #4's most recent assessment was completed on [REDACTED]; however, the resident's previous assessment was completed on [REDACTED]

REPEAT VIOLATION: 9/6/2019

Plan of Correction

Directed

The resident's Rasp and DME must be check monthly to make sure all guidelines are followed. As the Administrator I must always double check my work and have the backup administrator also check the files.

(Directed)

By 12/27/21, the administrator or designated staff person will review all current resident assessments to ensure completion and accuracy including all diagnoses and supervision needs.

(AD 12/17/21)

(Directed)

By 12/27/21, the administrator will develop and implement a policy and procedures to ensure all residents have an assessment completed within 15 days of admission. All staff persons completing assessments will be educated regarding the completion and accuracy of the document including the documentation of all diagnoses and supervision needs. Documentation of the training will be submitted to the Department.

(AD 12/17/21)

Document Submission

Implemented

The Administrator will do all documentation.