

Department of Human Services
Bureau of Human Service Licensing

February 25, 2022

[REDACTED]
WEST HAVEN MANOR LP
153 GOODVIEW DRIVE
[REDACTED]
APOLLO, PA, 15613

RE: QUALITY LIFE SERVICES - APOLLO
153 GOODVIEW DRIVE
APOLLO, PA, 15613
LICENSE/COC#: 44238

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/14/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Janine Wenzig

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing

February 7, 2022

[REDACTED]
WEST HAVEN MANOR LP
153 GOODVIEW DRIVE
[REDACTED]
APOLLO, PA, 15613

RE: QUALITY LIFE SERVICES - APOLLO
153 GOODVIEW DRIVE
APOLLO, PA, 15613
LICENSE/COCC#: 44238

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 01/14/2022 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,
Janine Wenzig

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: *QUALITY LIFE SERVICES - APOLLO* License #: *44238* License Expiration: *02/27/2022*
Address: *153 GOODVIEW DRIVE, APOLLO, PA 15613*
County: *WESTMORELAND* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *7247273102* Email: [REDACTED]

Legal Entity

Name: *WEST HAVEN MANOR LP*
Address: *153 GOODVIEW DRIVE, ATTN SANDRA MOTCHAR, APOLLO, PA, 15613*
Phone: *7247273102* Email: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *53* Waking Staff: *40*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *01/14/2022*

Inspection Dates and Department Representative

01/14/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *80* Residents Served: *36*

Secured Dementia Care Unit

In Home: *Yes* Area: *1st floor* Capacity: *29* Residents Served: *15*

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *2* Are 60 Years of Age or Older: *36*
Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *17* Have Physical Disability: *1*

Inspections / Reviews

01/14/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/06/2022*

Inspections / Reviews (*continued*)

02/07/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *02/10/2022*

02/25/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

187d - Follow Prescriber's Orders

1. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Staff person A administered the following medications to resident #1 on 12/20/2021 at 8:25 am after the resident had already received the medications earlier in the morning: Allopurinol 100 mg, Aspirin EC delayed release 81 mg, Bisoprolol Fumarate 5 mg, 1.5 tablets, Bumex 1 mg, Colchicine 0.6 mg, Klor-Con 10 extended release 10 MEQ.

Plan of Correction

Accept

- 2600.187.d. The Home shall follow the direction of the prescriber*
- * State Incident report completed immediately following notification of medication error, proper notification of medication error to prescriber and power of authority of resident # 1.*
 - * Staff member A was immediately educated and was given verbal and written education.*
 - * The LPN Administrator met with resident #1 to notify her of medication error and to assess for side effects.*
 - *An Audit will be performed by PCA or designee regarding the 5 rights to all medication technicians to assure home is following directions of the prescriber.*
 - *The results of the audit will be recorded and reviewed in the monthly Quality Assurance Meeting*

Document Submission

Implemented

Documentation Previously submitted.

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 #2's annual assessment, dated [REDACTED] does not include the following diagnoses as listed on the medical evaluation and attachments, dated 4/8/2021:

- * GERD without Esophagitis*
- * Bilateral Osteoarthritis of the Knee*
- * Hyperlipidemia*
- * Hyperkalemia*
- * Seasonal Allergic Rhinitis*
- * Dysphagia Oropharyngeal Phase*
- * Dementia without behavioral disturbances*
- * Major Depressive Disorder*

Also, the assessment did not include the resident's prescribed diet of no added salt and easy to chew texture with level 6 soft bite-size meats.

225c - Additional Assessment (continued)**Plan of Correction****Accept**

2600.225.c. The resident shall have additional assessments as follows:

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

** Resident #2 Annual Assessment was immediately done per regulations*

**Education provided to PCA by the Clinical Director on the importance of filling out the resident's medication evaluation per regulation, specially assuring correct diet and medication diagnoses are to date.*

** An Audit will be performed by PCA or designee on the random 10% of the resident's assessments to ensure the deficient was not duplicated. Any Annual Assessment not found to have the correct information will be immediately done per regulations.*

** An Audit will be conducted by the PCA or designee on all admissions for the next 30 days to ensure all Annual Assessments are completed per regulation.*

**Results of the audits will be recorded and reviewed in the monthly Quality Assurance Meeting.*

Document Submission**Implemented**

Documentation Previously submitted.