

Department of Human Services  
Bureau of Human Service Licensing

July 29, 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 06/10/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Larry Mazza

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: *02/27/2023*  
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: *Labor and Industry*

**Staffing Hours**

Resident Support Staff: *1* Total Daily Staff: *55* Waking Staff: *41*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #: [REDACTED]  
Reason: *Complaint* Exit Conference Date: *06/10/2022*

**Inspection Dates and Department Representative**

06/10/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *80* Residents Served: *32*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *1st floor* Capacity: *36* Residents Served: *12*

**Hospice**

Current Residents: *2*

**Number of Residents Who:**

Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *32*  
Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *22* Have Physical Disability: *0*

**Inspections / Reviews**

06/10/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/01/2022*

Inspections / Reviews *(continued)*

07/05/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/11/2022*

07/11/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/31/2022*

07/29/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

According to multiple staff and resident interviews, residents are not receiving assistance with bathing on a weekly basis, to include residents #1 and #2.

According to resident #1's most recent assessment and support plan, dated [REDACTED] resident #1 requires full physical assistance with bathing. According to the home's shower schedule, resident #1 is to receive assistance with bathing on Tuesdays and Sundays; however, resident #1 has not received assistance with a shower for approximately 2 months.

According to resident #2's most recent assessment and support plan, dated [REDACTED], resident #2 requires physical assistance with bathing. According to the home's shower schedule, resident #2 is to receive assistance with bathing on Wednesdays and Sundays; however, resident #2 has not received assistance with a shower for approximately 3 weeks.

Plan of Correction

Directed

- 6/10/22: PCHs reviewed exit interview possibilities of citation with Wellness Director
- 6/16/22: Staff meeting to address potential citations from 6/10/22 complaint visit
- 6/16/22: "People sheets"/report sheets updated to reflect needs of residents
- 6/23/22: Obtaining Kiosks to assist care caregivers in charting in Point Click Care (PCC) task for resident,
- 6/27/22: 2nd floor being installed – 6/28/22: 1st floor installed
- 6/24/22 Shower schedule reviewed and updated to assist caregivers with schedule – will be on people sheet
- 6/24/22: Hospice baths will be chart in PCC and or be part of the documentation on Hospice Binders
- 6/28/22 Caregiver Staff will be educated on Kiosk use and data entry. (DIRECTED: Documentation of the education shall be kept. LM 7/11/22). Education will on on-going as 7/1/22: needed to include new staff
- 7/5/22: PCHA and/or Designee will audit showers and documentation: 2 charts per day for 4 weeks. Then 5 resident's/chart per month on going
- 7/11/22: PCHA and/or Designee will audit showers and documentation: As part of the monthly shower/chart audits, those residents who require assistance with bathing shall also be interviewed by a designated staff person to ensure they are receiving assistance with bathing as indicated in their RASP. Documentation of the interviews shall be kept. Shower audits and will occur as 2 interview, 3 days per week, for 4 weeks, then 4 Audit/interviews per month; this then will be ongoing. Audits/Interviews will be kept in a binder.

Completion Date: 07/11/2022

Document Submission

Implemented

- 6/10/22: PCHs reviewed exit interview possibilities of citation with Wellness Director
- 6/16/22: Staff meeting to address potential citations from 6/10/22 complaint visit
- 6/16/22: "People sheets"/report sheets updated to reflect needs of residents
- 6/23/22: Obtaining Kiosks to assist care caregivers in charting in Point Click Care (PCC) task for resident,

**23a - Activities of Daily Living Assistance (continued)**

6/27/22: 2nd floor being installed – 6/28/22: 1st floor installed  
 6/24/22 Shower schedule reviewed and updated to assist caregivers with schedule – will be on people sheet  
 6/24/22: Hospice baths will be chart in PCC and or be part of the documentation on Hospice Binders  
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**60a - Staff/Support Plan**

**1. Requirements**

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

**Description of Violation**

The home routinely schedules 2 staff persons in the home from approximately 11:30pm through 7:00am. On 6/5/22 through 6/9/22, the home served 32 residents in the home, including 21 residents with mobility needs. Of the 21 residents with mobility needs, 12 of the residents reside in the home's secured dementia care unit (SDCU), and resident #1 requires the physical assistance of 2 staff persons to transfer in/out of bed/chair. On 6/5/22 through 6/9/22, only 2 staff persons were present in the home from approximately 11:30pm through 7:00am, which is not adequate to evacuate all residents in the event of an emergency. Additionally, the home does not have a maximum safe evacuation time specified in writing within the past year by a fire safety expert exceeding an evacuation time of 2 minutes, 30 seconds.

REPEAT VIOLATION: 06/30/2021, et.al.

**Plan of Correction**

**Directed**

6/10/22: Not admitting due to current staffing discussion with SNF NHA post DHS Exit interview  
 6/16/22: Staff Meeting related to 6/10/22 DHS visit, Staffing, Units; possible resolutions,  
 6/17/22: Executive Corporate meeting at QLS Apollo. PA. SNF - discussed PCH staffing and possibility of Combining units due to staffing challenges  
 6/21/22: Financial Meeting Corporate Office Butler, PA – Discussed PCH. Staffing, Admissions related to staffing and need for increased staff due to resident needs  
 6/22/22: 11:00AM met with regional marketer – Admissions to be received case by case  
 6/23/22: PCHA Orientation, Butler PA – discussed Staffing and combining units due to staffing.  
 6/24/22: Conversation with HR director – Ads posted for Caregivers and med techs positions – 5/26/22, 6/9/22,

60a - Staff/Support Plan (continued)

Quality Life Agency staffing; aware of staffing needs – Also using outside agency and SNF staff when available  
 6/27/22: PCHA and/or Designee will monitor PPD (Patient Per Day) daily to meet staff minimum or in house resident, Will work with HR to monitor hours scheduled vs hours worked to begin 7/5/22. (DIRECTED: The daily review shall ensure adequate staffing is present in the home in accordance with 2600.57a, 2600.57b, 2600.57c, 2600.57d, 2600.58, 2600.60a, 2600.60c and 2600.61. LM 7/11/22).

6/28/22: Fire safety drill was conducted with a fire safety expert at 6:00pm evacuation. Evacuation time was determined to be 4 minutes, 5 seconds. Confirmation letter obtained. (Per provider, the fire drill conducted by a fire safety expert was conducted on 6/28/22. LM 7/11/22).

7/5/22: A log will be maintained by the PCHA, scheduler, and or designee with the daily PPD this will be ongoing to reflect needs / staffing. This will be on going.

7/11/22: The PCH is currently meeting the staffing requirement on a daily basis.

7/11/22: 7/5/22: If the home is not meeting the adequate staffing the following

Resources/Steps for staffing include:

1. PCH own staff; the offer of extra hours/shifts,
2. SNF staffing; and the offer of extra hours/shifts,
- 3, QLS Agency staffing, for staffing requests: (confirmations to be kept)
4. Outside agency staffing: (confirmation to be kept)

Each resource will be utilized to achieve at least minimal staffing requirements for each day

7/11/22: 7/5/22: A log will be maintained by the PCHA, scheduler, and or designee with the daily PPD hours this will be ongoing to reflect needs/staffing. This will be kept with a copy of the current and previous schedules This will be on going.

**Completion Date:** 07/11/2022

**Document Submission**

**Implemented**

6/10/22: Not admitting due to current staffing discussion with SNF NHA post DHS Exit interview

6/16/22: Staff Meeting related to 6/10/22 DHS visit, Staffing, Units; possible resolutions,

6/17/22: Executive Corporate meeting at QLS Apollo. PA. SNF - discussed PCH staffing and possibility of Combining units due to staffing challenges

6/21/22: Financial Meeting Corporate Office Butler, PA – Discussed PCH. Staffing, Admissions related to staffing and need for increased staff due to resident needs

6/22/22: 11:00AM met with regional marketer – Admissions to be received case by case

6/23/22: PCHA Orientation, Butler PA – discussed Staffing and combining units due to staffing.

6/24/22: Conversation with HR director – Ads posted for Caregivers and med techs positions – 5/26/22, 6/9/22,

Quality Life Agency staffing; aware of staffing needs – Also using outside agency and SNF staff when available

6/27/22: PCHA and/or Designee will monitor PPD (Patient Per Day) daily to meet staff minimum or in house resident, Will work with HR to monitor hours scheduled vs hours worked to begin 7/5/22. (DIRECTED: The daily review shall ensure adequate staffing is present in the home in accordance with 2600.57a, 2600.57b, 2600.57c, 2600.57d, 2600.58, 2600.60a, 2600.60c and 2600.61. LM 7/11/22).

6/28/22: Fire safety drill was conducted with a fire safety expert at 6:00pm evacuation. Evacuation time was determined to be 4 minutes, 5 seconds. Confirmation letter obtained. (Per provider, the fire drill conducted by a fire safety expert was conducted on 6/28/22. LM 7/11/22).

7/5/22: A log will be maintained by the PCHA, scheduler, and or designee with the daily PPD this will be ongoing to reflect needs / staffing. This will be on going.

7/11/22: The PCH is currently meeting the staffing requirement on a daily basis.

7/11/22: 7/5/22: If the home is not meeting the adequate staffing the following

Resources/Steps for staffing include:

60a - Staff/Support Plan (continued)

1. PCH own staff; the offer of extra hours/shifts,
2. SNF staffing; and the offer of extra hours/shifts,
3. QLS Agency staffing, for staffing requests: (confirmations to be kept)
4. Outside agency staffing: (confirmation to be kept)

Each resource will be utilized to achieve at least minimal staffing requirements for each day

7/11/22: 7/5/22: A log will be maintained by the PCHA, scheduler, and or designee with the daily PPD hours this will be ongoing to reflect needs/staffing. This will be kept with a copy of the current and previous schedules This will be on going.

132b - Safety Inspection/Fire Drill

1. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The most recent fire safety inspection and fire drill conducted by a fire safety expert was completed on 9/22/20.

Plan of Correction

Accept

6/13/22: Conversation with Maintenance Director – to get in touch with [redacted] – to schedule Fire safety expert and fire drill with fire safety inspector

6/15/22: Fire Drill for all staff scheduled for 6/28/22 at 6:00 pm with [redacted] Fire safety expert

6/28/22: Fire Safety Drill completed with evacuation letter (completed)

6/28/22: Fire Safety expert drill will be schedule with 360 days of 6/28/22 for 2023

6/28/22: Discussed re-scheduling of 2023 evacuation drill to be scheduled with [redacted] [redacted] will set outlook calendar reminder of next years (2023) drill for arrangement. Invitees are NHA, PCHA, and Maintenance Director of [redacted] appropriate

6/29/22: PCHA and/or Designee will use DHS fire drill forms and recording of schedule dire drill and expert fire safety drill for evacuation letter or DHS regulations. PCHA and o designee will initial and date each line of the form where a drill has been competed in a monthly audit this will be the audit – 6/29/22 and on-going.

Completion Date: 06/30/2022

Document Submission

Implemented

6/13/22: Conversation with Maintenance Director – to get in touch with [redacted] – to schedule Fire safety expert and fire drill with fire safety inspector

6/15/22: Fire Drill for all staff scheduled for 6/28/22 at 6:00 pm with [redacted] Fire safety expert

6/28/22: Fire Safety Drill completed with evacuation letter (completed)

6/28/22: Fire Safety expert drill will be schedule with 360 days of 6/28/22 for 2023

6/28/22: Discussed re-scheduling of 2023 evacuation drill to be scheduled with [redacted] – will set outlook

**132b - Safety Inspection/Fire Drill (continued)**

calendar reminder of next years (2023) drill for appropriate arrangement. Invitees are NHA, PCHA, and Maintenance Director of [REDACTED]  
 6/29/22: PCHA and/or Designee will use DHS fire drill forms and recording of schedule fire drill and expert fire safety drill for evacuation letter or DHS regulations. PCHA and o designee will initial and date each line of the form where a drill has been competed in a monthly audit this will be the audit – 6/29/22 and on-going.

**132c - Fire Drill Records**

**1. Requirements**

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

**Description of Violation**

The fire drill record for the fire drill conducted on 5/25/22 at 5:15am indicates all 36 residents evacuated; however, it also indicates 1 resident "refused to go out by the door".

**Plan of Correction**

**Accept**

6/13/22: PCHA was educated by Maintenance Director on Tells fire drill report sheet, and current process.  
 6/13/22: PCHA will provided education to staff on Fire drill and need for full house evacuation on the fire drill process  
 6/13/22: PCHA and or designee will use the proper DHS fire drill form indicated for tracking of fired drills and Evacuations this will start 6/28/22 and be on going  
 6/29/22: PCHA and/or designee will initial and date each line of the form where a drill has been competed in a monthly audit. This will be the start– 6/29/22 and will be an on-going monthly review/audit

**Completion Date:** 06/30/2022

**Document Submission**

**Implemented**

6/13/22: PCHA was educated by Maintenance Director on Tells fire drill report sheet, and current process.  
 6/13/22: PCHA will provided education to staff on Fire drill and need for full house evacuation on the fire drill process  
 6/13/22: PCHA and or designee will use the proper DHS fire drill form indicated for tracking of fired drills and Evacuations this will start 6/28/22 and be on going  
 6/29/22: PCHA and/or designee will initial and date each line of the form where a drill has been competed in a monthly audit. This will be the start– 6/29/22 and will be an on-going monthly review/audit

132d - Evacuation

1. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home does not have a maximum safe evacuation time specified in writing within the past year by a fire safety expert. The home exceeded the safe evacuation time of 2 minutes, 30 seconds during the following drills:

<u>Date/Time of fire drill</u>	<u>Evacuation Time</u>
• 5/25/22 at 5:15am	5 minutes, 45 seconds
• 4/28/22 at 3:40pm	5 minutes, 7 seconds
• 3/25/22 at 10:00am	4 minutes, 30 seconds
• 2/23/22 at 7:34pm	5 minutes, 50 seconds
• 1/31/22 at 10:42am	4 minutes, 46 seconds
• 12/29/21 at 6:23am	5 minutes and 29 seconds

Plan of Correction

Directed

6/13/22: Conversation with Maintenance Director – to get on touch with [REDACTED] – to schedule Fire safety expert and fire drill with fire safety inspector

6/15/22: Fire Drill for all staff scheduled for 6/28/22 at 6:00 pm with [REDACTED] p. Fire safety expert

6/28/22: Fire Safety Drill completed with evacuation letter including safe evacuation time– 4 minutes 5 Seconds evacuation time

6/28/22 Fire Safety expert drill will be schedule with 360 days of 6/28/22 for 2023

6/29/22: PCHA and/or Designee will use DHS fire drill forms and recording of schedule dire drill and expert fire safety drill for evacuation letter or DHS regulations. PCHA and or designee will initial and date each line of the form where a drill has been competed in a monthly audit this will be the audit – 6/29/22 and will be an on-going monthly review/audit. (DIRECTED: The monthly audit shall include a review of the evacuation time for each monthly fire drill to ensure all residents evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert, within the period of time specified in writing within the past year by a fire safety expert. If the evacuation time for any fire drill exceeds the maximum evacuation time as indicated in writing within the past year by a fire safety expert, another fire drill shall be completed within 5 calendar days. All fire drills shall be documented on the home's fire drill records. LM 7/11/22).

Completion Date: 07/11/2022

Document Submission

Implemented

6/13/22: Conversation with Maintenance Director – to get on touch with [REDACTED] – to schedule Fire safety expert and fire drill with fire safety inspector

6/15/22: Fire Drill for all staff scheduled for 6/28/22 at 6:00 pm with [REDACTED] Fire safety expert

**132d - Evacuation (continued)**

*6/28/22: Fire Safety Drill completed with evacuation letter including safe evacuation time– 4 minutes 5 Seconds evacuation time*

*6/28/22 Fire Safety expert drill will be schedule with 360 days of 6/28/22 for 2023*

*6/29/22: PCHA and/or Designee will use DHS fire drill forms and recording of schedule dire drill and expert fire safety drill for evacuation letter or DHS regulations. PCHA and or designee will initial and date each line of the form where a drill has been competed in a monthly audit this will be the audit – 6/29/22 and will be an on-going monthly review/audit. (DIRECTED: The monthly audit shall include a review of the evacuation time for each monthly fire drill to ensure all residents evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert, within the period of time specified in writing within the past year by a fire safety expert. If the evacuation time for any fire drill exceeds the maximum evacuation time as indicated in writing within the past year by a fire safety expert, another fire drill shall be completed within 5 calendar days. All fire drills shall be documented on the home's fire drill records. LM 7/11/22).*