

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

December 19, 2022

[REDACTED]  
WESTFIELD BEHAVIORAL HEALTH AFFILIATES INC  
[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 11/02/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: WESTFIELD License #: 47424 License Expiration: 02/04/2023  
 Address: 5826 OLD PULASKI ROAD, NEW WILMINGTON, PA 16142  
 County: LAWRENCE Region: WESTERN

**Administrator**

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

**Legal Entity**

Name: WESTFIELD BEHAVIORAL HEALTH AFFILIATES INC  
 Address: 130 WEST NORTH STREET, NEW CASTLE, PA, 16101  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: Other Date: 12/13/1996 Issued By: Dept L & 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: 11/02/2022

**Inspection Dates and Department Representative**

11/02/2022 - 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**

11/02/2022 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/22/2022

11/23/2022 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 12/14/2022  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/01/2022

Inspections / Reviews (*continued*)

12/06/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/14/2022

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 12/21/2022

12/19/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/14/2022

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

81b - Resident Personal Equipment

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On 11/2/22, at approximately 11:25 a.m., there were four unsecured full tanks of compressed oxygen observed in the home's dry food storage room.

Plan of Correction

Accept (JW - 12/06/2022)

On 11/03/2022: Maintenance Supervisor was asked by the PCH Administrator to construct a stand to hold the free-standing oxygen tanks.

The stand was constructed on 11/07/2022, by the Maintenance Supervisor to hold the free-standing oxygen tanks securely and safe from falling over.

As PCH Administrator I will make sure that the tanks will remain in the stand when not being used and returned to stand when the tanks are not in use.

A check list was made on 11/07/2022 for direct care staff to sign off on when checking the tanks are in the secure stand. PCHA will monitor the check list bi-weekly to make sure the procedure is being followed stating 11/14/2022.

Licensee's Proposed Overall Completion Date: 11/30/2022

Implemented (JW - 12/19/2022)

91 - Telephone Numbers

2. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

On 11/2/22 at approximately 10:39 a.m., the telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline were not posted on or near the living room telephone with an outside line.

Plan of Correction

Accept (JW - 12/06/2022)

There was no emergency phone list by the resident's line. On 11/03/2022 a list was made and attached to the wall right next to the resident's line.

The emergency list was put into a protected cover and attached to the wall.

Monthly checks to make sure that the phone list is still attached to the wall to ensure the emergency list is there for the residents to be able to see and use if they need the numbers.

Licensee's Proposed Overall Completion Date: 11/30/2022

Implemented (JW - 12/19/2022)

100b - Removal Snow/Obstructions

3. Requirements

2600.

100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

100b - Removal Snow/Obstructions (continued)

Description of Violation

On 11/2/22 at approximately 10:53 a.m., the emergency exit stairs located in the basement, have a thin coverage of wet leaves on the steps, posing a fall risk.

Plan of Correction

Accept (JW - 12/06/2022)

On 11/02/2022 the time of the inspection there were leaves covering the steps leading out of the basement. As PCH Administrator I met with Maintenance Supervisor and had [redacted] clean the stairwell off on 11/02/2022 In place as of 11/07/2022 Maintenance sheet was put into place for the stairwell to be cleaned off three times a week and to sign off every time it is done by maintenance.

Licensee's Proposed Overall Completion Date: 11/30/2022

Implemented (JW - 12/19/2022)

101j6 - Mirror

4. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

6. A mirror.

Description of Violation

on 11/2/22 at approximately 10:45 a.m., resident #1's bedroom did not have a mirror.

Plan of Correction

Accept (JW - 12/06/2022)

On 11/02/2022 Resident #1 room did not have a mirror as PCH Administrator [redacted] met with Maintenance Supervisor and explained there was no mirror in Resident #1 room, and we needed to have one in the room as soon as possible. Maintenance Supervisor purchased a mirror on 11/03/2022 and installed is on the back of the door in Resident #1 room.

As PCH Administrator [redacted] will do biweekly room checks to ensure that all resident's rooms have all the proper items in their rooms. [redacted] made a biweekly check list on 11/3/2022 to check all items that the residents must have, and [redacted] must sign off on the check list sheet.

Licensee's Proposed Overall Completion Date: 11/30/2022

Implemented (JW - 12/19/2022)

103f - Refrigerator/Freezer Temps

5. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 11/2/22 at approximately 10:51 a.m., the thermometer in the basement freezer, located at the bottom of the stairs, measured 12 degrees Fahrenheit and at 2:03 p.m., it measured 8 degrees Fahrenheit.

Plan of Correction

Accept (JW - 12/06/2022)

On 11/03/2022 As PCH Administrator I met with the Maintenance Supervisor about the freezer in question. [redacted] looked at the freezer and control panel.

Maintenance Supervisor found that the control panel needed to be replace and ordered one on 11/03/2022.

**103f - Refrigerator/Freezer Temps (continued)**

Maintenance Supervisor replaced new control panel on 11/08/2022.

On 11/09/2022 as PCH Administrator [REDACTED] checked the thermometer, and it was reading -5 degrees.

PCH Administrator [REDACTED] set up a sign off sheet on 11/09/2022 for staff to check on freezer temperature weekly in the freezer that is in question to make sure it is below zero.

Licensee's Proposed Overall Completion Date: 11/30/2022

Implemented (JW - 12/19/2022)

**132d - Evacuation****6. 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**

On 11/2/22, the home did not have a current fire safe evacuation time designated in writing by a fire safety expert. The home exceeded an evacuation time of 2 minutes and 30 seconds for the fire drill conducted on 3/30/22 at 5:30 p.m. with an evacuation time of 3 minutes, 0 seconds.

**Plan of Correction**

Accept (JW - 12/06/2022)

On 3/30/2022 the fire chief was at Westfield doing fire safety with staff and residents. [REDACTED] conducted a fire drill that was timed at 3 minutes. [REDACTED] did note there was an issue with one of the residents leaving the building. Fire Chief did have a talk with that resident about exiting the building when there is a fire drill or in case of a fire.

The Fire Chief did advise us on the next fire drill that we conduct in April will have to be under the guideline for existing the building.

When staff conducted the fire drill on 4/23/2022 all residents got out in 2 minutes and 10 seconds.

On 11/02/2022, the day of the inspection the Fire Chief came in a wrote a letter explaining what happened and did speak with the DHS.

As PCH Administrator [REDACTED] need to make sure all residents and staff exist the building when having a fire drill in a safe and timely manner which is under 3 minutes. [REDACTED] have meet with the residents 4/01/2022 to explain how important it is to leave the house when the fire alarm is going off. It is for their safety to get out as fast and safe as possible.

Monthly drills are conducted, and residents and staff are existing the building under 3 minutes.

February 2023 the fire chief will be back to have a yearly training on fire safety with residents and staff.

Licensee's Proposed Overall Completion Date: 11/30/2022

Implemented (JW - 12/19/2022)

**187a - Medication Record****7. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.

187a - Medication Record (continued)

- 5. Dosage form.
- 6. Dose.
- 7. Route of administration.
- 8. Frequency of administration.
- 9. Administration times.
- 10. Duration of therapy, if applicable.
- 11. Special precautions, if applicable.
- 12. Diagnosis or purpose for the medication, including pro re nata (PRN).
- 13. Date and time of medication administration.
- 14. Name and initials of the staff person administering the medication.

Description of Violation

On 11/2/22, Resident #1 was ordered [redacted] 3 times a day before meals at 8:00 a.m., 12:00 p.m., 4:30 p.m. per [redacted]. On 10/14/22 at 8:00 a.m., a blood glucose reading of 164 was taken., requiring 2 units [redacted]; however, 12 units [redacted] was recorded as being administered.

Plan of Correction

Accept (JW - 12/06/2022)

PCHA discussed on 11/3/2022 with staff involved the violation and educated the staff on the procedure of giving and recording the proper amount of [redacted] and how to calculate the amount when additional [redacted] is required with the [redacted].

PCHA on 11/8/2022 observed staff give [redacted] to the resident #1 and to make sure staff understood the [redacted] and how to document the [redacted]. As PCHA [redacted] made a check list on 11/03/2022 to check the MARS Twice a week to make sure that the direct care staff is administrating the insulin and [redacted] as prescribed by the doctor.

PCHA will schedule diabetic training again in April 2023.

Licensee's Proposed Overall Completion Date: 11/30/2022

Implemented (JW - 12/19/2022)

187d - Follow Prescriber's Orders

8. Requirements

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

Description of Violation

On 11/2/22, Resident #1 was ordered [redacted] 3 times a day before meals at 8:00 a.m., 12:00 p.m., 4:30 p.m. per [redacted]: 141-200= 2U, 201-300= 3U, 301-400= 4U, 400+= 5U.

On 10/6/22 at 8:00a.m., a blood glucose reading of 205 was taken, requiring 3 units [redacted]; however, according to the medication administration record, the resident only received 2 [redacted].

On 10/19/22 at 1200 p.m., a blood glucose reading of 167 was taken, requiring 2 units [redacted]; however, according to the medication administration record, the resident received 3 [redacted].

Plan of Correction

Accept (JW - 12/06/2022)

PCH Administrator [redacted] meet with all staff on 11/03/2022 about the medication errors. [redacted] spoke all of the staff about how import it is to double check the [redacted] before giving the [redacted] and to make sure that the correct

**187d - Follow Prescriber's Orders (continued)**

amount of [REDACTED] is recorded.

Staff has to make sure to double check you [REDACTED] before given it.

As PCH Administrator on 11/3/2022 I stressed the import ants of the [REDACTED] and how to give the [REDACTED]. They also need to make sure they review the diabetic training that we had in 4/20/2022 as a refresher so they don't make this mistake again. To ensure the safety of the resident receiving the [REDACTED].

PCH Administrator will have a new diabetic training scheduled in April of 2023.

Staff also had a Train the Trainer training on 10/30/2022 and finished up on 11/06/2022.

PCHA will also schedule the 6-month refresher Train the Trainer in May of 2023.

**Licensee's Proposed Overall Completion Date: 11/30/2022**

**Implemented (JW - 12/19/2022)**

**190a - Completion Medication Course****9. Requirements**

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

**Description of Violation**

on 11/2/22 all direct care staff persons, to include the following, did not complete the annual practicums or MAR reviews, within the last year, as required by the Department-approved medications administration course. However, the following direct care staff administered medication to multiple residents, including resident #1 on the following dates and times:

Staff person A: [REDACTED] on 10/11/22 and 10/16/22 at 8:00 p.m.; [REDACTED] on 10/14/22 at 8:00 a.m.; [REDACTED] on 10/16/22 at 8:00 p.m.

Staff person B: [REDACTED] on 10/4/22-10/8/22, 10/18/22-10/22/22, 10/25/22-10/29/22 at 8:00 p.m.; [REDACTED] on 10/16/22 and 10/23/22 at 8:00 a.m.; [REDACTED] on 10/4/22-10/8/22, 10/18/22-10/22/22, 10/25/22-10/29/22 at 8:00 p.m.

Staff person C: [REDACTED] on 10/10/22, 10/17/22, 10/24/22, 10/30/22, and 10/31/22 at 8:00 p.m.; [REDACTED] on 10/2/22 and 10/15/22 at 8:00 a.m.; [REDACTED] on 10/10/22, 10/17/22, 10/24/22, 10/30/22, and 10/31/22 at 8:00 p.m.

**Plan of Correction**

**Accept (JW - 12/06/2022)**

PCH Administrator had to find a Train the Trainer to train the staff on the medication administration. Our agency does not have a Train the Trainer.

PCH Administrator had scheduled medication training for 10/30/2022 and 11/06/2022 it was done by Train the Trainer that does not work for our Agency.

Staff completed the training by a Train the Trainer.

As the PCH Administrator for future training for medication training by a Train the Trainer is already scheduled in May of 2023 by the same Train the Trainer that did are current training.

**Licensee's Proposed Overall Completion Date: 11/30/2022**

190a - Completion Medication Course *(continued)*

*Implemented (JW - 12/19/2022)*

225c - Additional Assessment

**10. 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**

*On 11/2/22 the most recent annual assessment, dated [REDACTED] for resident #1 was blank in the following section:*

*Assessment- Supervision*

*Assessment- Medication*

**Plan of Correction**

*Accept (JW - 12/06/2022)*

*On 11/03/2022 PCH Administrator went into the RASP of resident #1 and fixed the assessments that were not marked.*

*PCH Administrator [REDACTED] made a check list for me to follow that ensures that [REDACTED] check each box on the RASP that is to be marked.*

*As of 11/03/2022 A check list is in place to make sure when completing RASP that PCH Administrator makes sure the RASP is complete before putting it in the PCH files.*

**Licensee's Proposed Overall Completion Date: 11/30/2022**

*Implemented (JW - 12/19/2022)*