



CERTIFIED MAIL – RETURN RECEIPT  
REQUESTED MAILING DATE: JUNE 23, 2023

[REDACTED]  
West Haven Manor LP  
153 Goodview Drive  
Apollo, Pennsylvania 15613

RE: Quality Life Services Apollo  
153 Goodview Drive  
Apollo, Pennsylvania 15613  
License/COC #: 442381

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on October 18, 2022, October 19, 2022, November 1, 2022, November 2, 2022, November 3, 2022, January 24, 2023, January 25, 2023, and March 7, 2023, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), failure to submit an acceptable plan to correct noncompliance items, failure to comply with the acceptable plan to correct noncompliance items, and mistreatment or abuse of residents being cared for in the facility, the Department hereby REVOKES your certificate of compliance (license number 442380) dated May 19, 2023 – February 27, 2024, and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1); (5) and 55 Pa. Code § 20.71(a)(2); (3); (4); (5) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from June 23, 2023 to December 23, 2023.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa. Code Chapter 2600	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
<b>Section:</b>					
15(b)	II	30	\$5	\$150	5 calendar days from mailing date of this letter
25(b)	II	30	\$5	\$150	5 calendar days from mailing date of this letter
42(b)	II	30	\$5	\$150	5 calendar days from mailing date of this letter
60(a)	II	30	\$5	\$150	5 calendar days from mailing date of this letter
132(c)	II	30	\$5	\$150	5 calendar days from mailing date of this letter
132(d)	II	30	\$5	\$150	5 calendar days from mailing date of this letter
184(a)	II	30	\$5	\$150	5 calendar days from mailing date of this letter
191	II	30	\$5	\$150	5 calendar days from mailing date of this letter
224(a)	II	30	\$5	\$150	5 calendar days from mailing date of this letter
225(a)	II	30	\$5	\$150	5 calendar days from mailing date of this letter
225(c)	II	30	\$5	\$150	5 calendar days from mailing date of this letter
227(d)	II	30	\$5	\$150	5 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been

achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[REDACTED]  
Pennsylvania Department of Human Services  
Bureau of Human Services Licensing  
Room 631, Health and Welfare Building  
625 Forster Street  
Harrisburg, Pennsylvania 17120  
PH: 717-214-1304

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Juliet Marsala  
Deputy Secretary  
Office of Long-term Living

Enclosure  
Licensing Inspection Summary

cc:

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

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: [REDACTED] Email: [REDACTED]

**Legal Entity**

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

**Certificate(s) of Occupancy**

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

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *41* Waking Staff: *31*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Incident* Exit Conference Date: *01/25/2023*

**Inspection Dates and Department Representative**

01/24/2023 - On-Site: [REDACTED]  
01/25/2023 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *80* Residents Served: *28*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *1*

**Number of Residents Who:**

Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *28*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *13* Have Physical Disability: *0*

**Inspections / Reviews**

**01/24/2023 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/05/2023*

02/06/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/05/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 02/13/2023

02/13/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/13/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 02/20/2023

06/15/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/21/2023

Reviewer: [REDACTED]

Follow-Up Type: Enforcement

15b - Supervisor Plan

2. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On 1/8/23, at approximately 6:00 p.m., staff person A stated [redacted] observed resident #1 crying and screaming as staff person B was towel-drying [redacted] hair in a rough manner and saying, I will wrap this towel around your head. Quit being an [redacted]. However, staff person B continued to work [redacted] scheduled shift until approximately 11:00 p.m.

REPEAT VIOLATION: 1/20/2022

Plan of Correction

Directed [redacted] - 02/13/2023)

On 1/25/23, PCHA received clarification of the infraction relevant to the lapse in time reporting the alleged abuse with Staff Person A's observation of Staff Person B. On this same day, PCHA addressed verbally with Staff Person A was verbally explained the specifics of needing to report immediately any abuses observed the minute they are observed to the staff supervisor or to call the PCHA, Wellness Director and RN supervisor on call so that the alleged perpetrator can be removed from direct patient care immediately. On 1/9/23, Staff Person B was removed from the facility and placed under suspension pending internal and external investigations, upon making the allegation aware to the prior interim PCHA. On 1/25/27, PCHA with NHA approval has implemented an updated "Abuse Reporting" policy within the PCH and all employees have acknowledged this change as of 1/27/23. The updated "Abuse Reporting" policy was implemented in practice and placed in all internal external versions of the Policies and Procedures manual. Additionally, on 1/25/23 to 1/27/23 all employees were subject to reeducation of updated reporting policy and abuse education by the PCHA and Wellness Director. As of 1/27/23, it was agreed between Wellness Director and PCHA with oversight from NHA, that abuse education and continued Abuse Reporting policy education is to be provided on a quarterly basis as of 1/27/23 for submission to NHA for continued effectiveness and clarity into the Abuse Reporting policy, as well as varied written education materials and verbal teachings on Abuse Reporting and Education by PCHA and Wellness Director.

DIRECTED

Within one calendar day of receipt of the accepted plan of correction: The administrator shall audit any allegations of abuse to ensure any staff person alleged of abuse is immediately suspended or placed on a plan of supervision approved by the Department. 2/13/23 [redacted]

Directed Completion Date: 02/13/2023

Not Implemented ([redacted] - 06/14/2023)

16b - Incident Policies

3. Requirements

2600.

16.b. The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.

Description of Violation

The home's written abuse reporting policy located in the policy and procedures manual indicates, "Staff at Quality Life Services shall immediately report suspected abuse of a resident served at Quality Life Services in accordance with the Older Adult Protective Services Act and comply with the requirements regarding restrictions on staff persons. All reports of suspected abuse of a resident shall also be reported to the administrator as an incident."

However, on 1/8/23, at approximately 6:00 p.m., staff person A stated [redacted] observed resident #1 crying and screaming

16b - Incident Policies (continued)

as staff person B was towel-drying [REDACTED] hair in a rough manner and saying, I will wrap this towel around your head. Quit being an asshole. However, this allegation of abuse was not reported to the Department until 1/9/23 at approximately 10:00 a.m., and staff person B continued working her scheduled shift until approximately 11:00 p.m.

**Plan of Correction**

**Directed [REDACTED] - 02/13/2023)**

On 1/25/23, PCHA was alerted to the technicality of reporting the abuse as occurred 1/8/23, and not reported until 1/9/23. Staff Person A was educated to the specificity of requiring immediately a report in occurrence, as well as to alert shift supervisor, Wellness Director, PCHA, NHA, and/or any other presiding employee entity that the occurrence of suspected resident abuse occurred and to immediately remove the alleged offender from all aspects of direct resident care. Staff Person A confirmed verbal understanding and was provided remediation in the form of formal in-service, written materials to review and discuss, and verbal clarification from PCHA. Following this review on 1/25/23, PCHA and NHA conducted a thorough review of the current policy and procedure for abuse reporting within the company handbook, and refined verbiage was determined to be necessary. As of 1/27/23, Abuse Reporting updated policy and procedure was implemented across all public and internal versions of the company handbook. Additionally, this updated Abuse Reporting policy was provided to all ancillary services held within the PCH as of 1/27/23. As of 1/27/23, abuse reporting education and associated company policies will be subject to quarterly reeducation to all staff in the PCH by Wellness Director and PCHA with oversight by NHA on an ongoing basis.

**DIRECTED**

Within one calendar day of receipt of the accepted plan of correction: The administrator shall audit all reportable incidents and conditions to ensure reporting compliance with Regulation 2600.16(c). 2/13/23 [REDACTED]

**Directed Completion Date: 02/13/2023**

**Not Implemented [REDACTED] - 06/14/2023)**

51 - Criminal Background Check

**4. Requirements**

2600.

- 51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

**Description of Violation**

Direct care staff person B was hired on [REDACTED]; however, the home did not request a criminal history background check until 9/2/22.

**Plan of Correction**

**Accepted [REDACTED] - 02/06/2023)**

On 1/25/23, PCHA began to research Staff Person A's background check in conjunction with two associated staffing agencies, as well as in-house Human Resources Representatives. PCHA and HR determined that Staff Person B was employed by a competing staffing agency prior to the Background Check as presented 1/25/23. Human Resources representatives were able to provide and confirm background checks dated 8/20/21, and 9/2/22, coinciding within 30 days of initial hire date of 7/11/22 with first staffing agency, and placement with the second staffing agency 8/30/22. PCHA has implemented a form titled "Personal Care Home Employee Checklist" (inclusive of 1st day and 40 hour trainings) to get ensure all requisite forms are secured for every existing and new hires from the date of 1/25/23 onward. PCHA completed an initial audit of all employee files occurred 1/25/23, and quarterly audit is scheduled to occur from this date to ensure completeness

51 - Criminal Background Check (*continued*)

Licensee's Proposed Overall Completion Date: 02/17/2023

Not Implemented (█) 06/14/2023)

141a - Medical Evaluation

7. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

A medical evaluation was not completed for resident #1, admitted on █.

Plan of Correction

Accept (█) - 02/13/2023)

On 1/25/23, PCHA attempted to find the DME form for surveyor for Resident #1, and this was subsequently unable to be located. Given this, on the same date, following a review of Resident #1's chart it was determined that Resident #1 was seen on 1/6/23, and an updated DME form was completed and signed by CRNP on 1/27/23. PCHA conducted a review of Resident #1's chart on 1/25/23, and determined that all other requisite forms were compiled appropriately, as evidenced by this chart review guided by forms "Audit for 227a", "141b" and "New Admission Checklist". As of 1/9/23, PCHA compiled "RASP and DME Audit" form, to outline dates of necessary forms for all residents, inclusive of Resident #1. From the date of 1/27/23, and on an ongoing monthly and quarterly cumulative review, these forms will be continuously audited for completeness and accuracy. For compounded oversight, an ongoing monthly audit for violation 224a, is also implemented as of 1/27/23, to ensure extra oversight.

Licensee's Proposed Overall Completion Date: 02/13/2023

Not Implemented (█) - 06/14/2023)

190a - Completion Medication Course

8. 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

Staff person B, who has not successfully completed the Department-approved medications administration course since 9/26/21, administered numerous medications to multiple residents at various dates and times, to include the following medications administered to resident #1 at bedtime on 1/1/23, 1/6/23, 1/7/23, and 1/8/23:

- mirtazapine 7.5mg
- requip 0.5mg
- trimetroprim 100mg
- Tylenol PM extra strength 500-25mg

Plan of Correction

Accept (█) - 02/06/2023)

On 1/24/22, PCHA and NHA conducted parallel investigations regarding Staff Person A's background check and certifications as supplied through two competing staffing agencies. It was outlined from these agencies, that Staff Person A was in compliance with initial orientation training for both medication technician position as well as an

190a - Completion Medication Course (continued)

*"Initial Personal Care Aide Training" that complies with all skills and knowledge as would be required for direct patient care in a personal care home setting. Following this presentation of certificates, it was also uncovered that Staff Person A, did in fact achieve an orientation to the position of Personal Care Aide. Due to this not having occurred within the first 40 hours of work, a comprehensive audit form of the "Personal Care Aide Orientation" occurred initially between 12/2/22 and 12/14/22, with planned quarterly audits from this date to ensure completeness of orientation and necessary skills to patient care.*

**Licensee's Proposed Overall Completion Date: 02/17/2023**

**Implemented [REDACTED] - 06/14/2023)**

224a - Preadmission Screen Form

**9. Requirements**

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

**Description of Violation**

*Resident #1's preadmission screening form, dated 10/3/22, does not include a determination that the needs of the resident can be met by the services provided by the home.*

REPEAT VIOLATION: 6/30/2021, et. al.

**Plan of Correction**

**Accept [REDACTED] - 02/13/2023)**

*On 1/24/23, PCHA was alerted to an omission on form "Preadmission Screen Form" was incomplete with regard to a determination of facility to confirm ability to meet resident needs for Resident #1. As of 1/27/23, this form has been reviewed in conjunction with all electronic medical records to confirm the date of admission, as well as a review of capacity for facility to meet current care needs. On 1/27/23, following this review and care conference with PCHA and Wellness Director and CRNP, it was determined that facility and staff can meet needs, and this determination was amended to show on the original form as previously omitted. On 1/27/23, PCHA and Wellness Director completed an audit of Resident #1's chart as guided by form "New Admission Checklist". Additionally, on 1/9/23 PCHA compiled a "RASP and DME" audit form to reflect an included date of Preadmission Screen Forms and audit evaluation. As of 1/27/23, and on a monthly and ongoing quarterly cumulative review basis (from 1/27/23), an audit inclusive of Preadmission Screen Forms, will be conducted to ensure compliance.*

**Licensee's Proposed Overall Completion Date: 02/13/2023**

**Not Implemented [REDACTED] - 06/14/2023)**

225a - Assessment 15 Days

**10. 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], indicates the resident has no problem with aggression; however,*

**225a - Assessment 15 Days (continued)**

multiple staff interviews indicate the resident becomes aggressive and combative during showering.

REPEAT VIOLATION: 6/30/2021, et. al.

**Plan of Correction**

**Accept** [redacted] - 02/06/2023)

On 1/24/23, PCHA conducted a review of internal clinical and psychosocial documentation with regard to Resident #1. On 1/24/23/, PCHA also conducted informal interviews with patient care aides, medication technicians and Wellness Director to clarify instances of aggression with Resident #1. In collaboration, on 1/25/23, it was determined that Resident #1 requires an updated assessment to promote a clearly defined outline to ensure that Resident #1 is receiving proper physical hygiene. From the date of 1/25/23, a complete audit of all resident files occurred to reflect input of direct care workers and the Wellness Director's knowledge of patient's on site, as well as to form the basis of monthly and cumulative quarterly audits from the date onward of 1/25/23 to ensure completeness.

Licensee's Proposed Overall Completion Date: 02/17/2023

**Not Implemented** [redacted] - 06/14/2023)

**227g -Support Plan Signatures**

**11. Requirements**

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

**Description of Violation**

Resident #1's initial support plan, dated 10/11/22, was not signed by the resident and the assessor until 12/7/22.

**Plan of Correction**

**Accept** [redacted] - 02/13/2023)

On 1/24/23, PCHA and Wellness Director conducted a review of Resident #1's support plan to reveal initial completeness from the date of 10/11/22, but this support plan was not signed by Resident #1 until 12/7/22. However, on 1/24/23, PCHA and Wellness Director, in conjunction with medication technicians and personal care attendants, that Resident #1's support plan did require revision. As of 1/26/23, Resident #1's support plan has been amended by PCHA to reflect associated care changes along with verbal input from Son/Designated Support Person. PCHA has implemented a working document as of 1/9/23 "Rasp and DME Audit" to be amended by PCHA and Wellness Director month over month, as well as to be compounded by quarterly review of all associated documentation changes from the date of 1/27/23.

Licensee's Proposed Overall Completion Date: 02/13/2023

**Not Implemented** [redacted] - 06/14/2023)