

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

March 9, 2023

[REDACTED], CHIEF EXECUTIVE OFFICER
WESTMONT WOODS LP
787 GOUCHER STREET
ATTN [REDACTED]
JOHNSTOWN, PA, 15905

RE: QUALITY LIFE SERVICES -
WESTMONT
787 GOUCHER STREET
JOHNSTOWN, PA, 15905
LICENSE/COC#: 33238

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/15/2023 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: *QUALITY LIFE SERVICES - WESTMONT* **License #:** 33238 **License Expiration:** 08/11/2023
Address: 787 GOUCHER STREET, JOHNSTOWN, PA 15905
County: CAMBRIA **Region:** CENTRAL

Administrator

Name: *Kayleigh Novak* **Phone:** 8146599829 **Email:** knovak@qualitylifeservices.com

Legal Entity

Name: *WESTMONT WOODS LP*
Address: 787 GOUCHER STREET, ATTN [REDACTED], JOHNSTOWN, PA, 15905
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: *C-1* **Date:** 01/11/1995 **Issued By:** *Dept of Health*

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 20 **Waking Staff:** 15

Inspection Information

Type: *Full* **Notice:** *Unannounced* **BHA Docket #:** 0
Reason: *Renewal, Complaint* **Exit Conference Date:** 02/15/2023

Inspection Dates and Department Representative

02/15/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 34 **Residents Served:** 19

Secured Dementia Care Unit

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

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 6 **Are 60 Years of Age or Older:** 18
Diagnosed with Mental Illness: 1 **Diagnosed with Intellectual Disability:** 1
Have Mobility Need: 1 **Have Physical Disability:** 2

Inspections / Reviews

02/15/2023 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** 03/04/2023

03/03/2023 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 03/06/2023
Reviewer: [REDACTED] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** 03/08/2023

Inspections / Reviews *(continued)*

03/06/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/06/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/11/2023

03/09/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/06/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

63a - First Aid/CPR Training

1. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 02/05/23 to 02/11/23, from 11 pm to 7 am, 19 residents were present in the home. During this time no staff persons were present in the home who were certified in first aid, obstructed airway techniques and CPR.

Plan of Correction

Accept (█ - 03/03/2023)

Completion date is for March 10th, 2023. All staff members who are not certified in first aid, CPR and obstructed airway techniques, will have on site instruction/training. Nursing Home Administrator to provide education to Personal Care Administrator and Personal Care Aides regarding regulation. Proof of education will be recorded in HR file. Findings of audits will be reviewed by the Personal Care Administrator and recorded in a monthly Quality Assurance Performance Improvement Meeting.

Licensee's Proposed Overall Completion Date: 03/10/2023

Implemented (█ - 03/09/2023)

81b - Resident Personal Equipment

2. 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 02/15/23, an uncovered, unsecured enabler bar with an opening, measuring approximately 10 inches, was observed on Resident 1's bed. This device exceeds the FDA measurement guidelines of 4 3/4 inches and was not covered.

Plan of Correction

Accept (█ - 03/06/2023)

Completion date is for March 10th, 2023. All enabler bars are to have covers over device along with securing device to bed. PC administrator will provide cover for devices and monitor for security. An in-house audit will be completed by the Personal Care Administrator to determine if other enabler bars are present. A weekly audit will then be completed to ensure the covers are in place. Audit will occur weekly for 4 weeks. Nursing Home Administrator to provide education to Personal Care Administrator and Personal Care Aides regarding regulation. Proof of education will be recorded in HR file. Findings of audits will be reviewed by the Personal Care Administrator and recorded in a monthly Quality Assurance Performance Improvement Meeting.

Licensee's Proposed Overall Completion Date: 03/10/2023

Implemented (█ - 03/09/2023)

86a - Ventilation

3. Requirements

2600.

86a - Ventilation (*continued*)

86.a. All areas of the home that are used by the resident shall be ventilated. Ventilation includes an operable window, air conditioner, fan or mechanical ventilation that ensures airflow.

Description of Violation

The exhaust fan in Bathroom #19, makes a loud clicking sound when operated, which doesn't ensure adequate air flow.

Plan of Correction

Accept (█) - 03/06/2023)

Completion date is for March 10th, 2023. Exhaust fan in Bathroom #19 was repaired by maintenance on 2/16/23 for appropriate working condition. In addition, an audit of all other exhaust fans were conducted by Maintenance to ensure they were working properly. Maintenance will do a monthly check beginning March 1st, 2023 for three months to ensure compliance. Nursing Home Administrator to provide education to Personal Care Administrator and Personal Care Aides regarding regulation. Proof of education will be recorded in HR file. Findings of audits will be reviewed by the Personal Care Administrator and recorded in a monthly Quality Assurance Performance Improvement Meeting.

Licensee's Proposed Overall Completion Date: 03/10/2023

Implemented (█) - 03/09/2023)

102i - Soap Dispenser

4. Requirements

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

There were unlabeled, used bars of soap in the shared bathroom of Room 27 and the main shower room of the home.

Plan of Correction

Accept (█) - 03/06/2023)

Completion date is for March 10th, 2023. PC Administrator labeled all soap containers with resident names for common shower area. In addition, an initial audit was conducted by Personal Care Administrator of all residents soap to be labeled and placed in individual container. Weekly audits will be conducted by PC Administrator weekly for 4 weeks to ensure compliance. Nursing Home Administrator to provide education to Personal Care Administrator and Personal Care Aides regarding regulation. Proof of education will be recorded in HR file. Findings of audits will be reviewed by the Personal Care Administrator and recorded in a monthly Quality Assurance Performance Improvement Meeting.

Licensee's Proposed Overall Completion Date: 03/10/2023

Implemented (█) - 03/09/2023)

132d - Evacuation

5. 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.

132d Evacuation (continued)

Description of Violation

The home's evacuation time during the fire drill on 02/09/23 at 11:33 am was 4 minutes and 2 seconds. This exceeded the fire safety expert's recommended evacuation time of 3 minutes and 30 seconds.

Plan of Correction

Accept [REDACTED] - 03/06/2023)

Completion date is for March 10th, 2023 . Maintenance staff educated on regulation and educated evacuation timeframe for residents by Nursing Home Administrator. PC administrator will monitor fire evacuations on monthly. Nursing Home Administrator to provide education to Personal Care Administrator and Personal Care Aides regarding regulation. Proof of education will be recorded in HR file. Findings of audits will be reviewed by the Personal Care Administrator and recorded in a monthly Quality Assurance Performance Improvement Meeting.

Licensee's Proposed Overall Completion Date: 03/10/2023

Implemented [REDACTED] - 03/09/2023)

141a 1-10 Medical Evaluation Information

6. 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. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident 3's Documentation of Medical Evaluation (DME), dated [REDACTED] did not include the provider's Medical Professional License number.

Plan of Correction

Accept [REDACTED] - 03/06/2023)

Completion date is for March 10th, 2023. CRNP was educated on proper documentation of NPI number for medical evaluation form by Nursing Home Administrator. In addition, PC Administrator audited all charts to ensure that proper documentation of NPI number is on form. PC administrator to review forms weekly for 4 weeks. Nursing Home Administrator to provide education to Personal Care Administrator and Personal Care Aides regarding regulation. Proof of education will be recorded in HR file. Findings of audits will be reviewed by the Personal Care Administrator and recorded in a monthly Quality Assurance Performance Improvement Meeting.

Licensee's Proposed Overall Completion Date: 03/10/2023

Implemented [REDACTED] - 03/09/2023)

144c1 - Smoking Area Guidelines

7. Requirements

144c1 Smoking Area Guidelines (continued)

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

The home's designated smoking area has two large plastic trash bins that contained plastic materials and several cigarette butts.

Plan of Correction

Directed (█ - 03/06/2023)

Completion date is for March 10th, 2023 . Maintenance and personal care staff educated on regulation by the Nursing Home Administrator. Proof of education will be recorded in HR file. Trash receptacles were immediately changed to metal in order to comply with fire safety by maintenance. Maintenance staff will monitor smoking area trash receptacles weekly for 4 weeks. . Findings of audits will be reviewed by the Personal Care Administrator and recorded in a monthly Quality Assurance Performance Improvement Meeting.

Directed-

Audits began 02/20/23

Directed Completion Date: 03/10/2023

Implemented (█ - 03/09/2023)

185a Implement Storage Procedures

8. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On █ around █ Resident 3's glucometer was not calibrated with the correct date and time. The date was displayed as █ and the time █ in the glucometer.

Repeated Violation - 06/08/21

Plan of Correction

Directed (█ - 03/06/2023)

Completion date is for March 10th, 2023. PC administrator did a complete audit of glucometers to ensure that devices were calibrated with the correct date and time. Audits to be completed weekly for four weeks. Education was provided to PC administrator and PC Aides by Nursing Home Administrator. Documentation of the education will be kept in the HR file. Results of the audits will be reviewed and recorded in monthly QAPI meeting.

Directed-

Audits began 02/16/23

Directed Completion Date: 03/10/2023

Implemented (█ - 03/09/2023)

225a Assessment 15 Days

9. 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 2 was admitted on [redacted] however, the resident's assessment was not completed until [redacted].

Plan of Correction

Directed ([redacted] - 03/06/2023)

Completion date is for March 10th, 2023. PC Administrator audited resident records and reviewed demographic sheet for identifying information to be placed on form. PC administrator to audit demographic sheet monthly for three months to include new admissions. Nursing Home Administrator to provide education to Personal Care Administrator and Personal Care Aides regarding regulation. Proof of education will be recorded in HR file. Findings of audits will be reviewed by the Personal Care Administrator and recorded in a monthly Quality Assurance Performance Improvement Meeting.

directed-

audits began 02/16/23

Directed Completion Date: 03/10/2023

Implemented ([redacted] - 03/09/2023)

252 Record Content

10. Requirements

2600.

252. Content of Resident Records Each resident's record must include the following information:
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.

Description of Violation

The records for Residents 1 and 3 do not include the color of hair, color of eyes, and identifying marks.

Plan of Correction

Directed ([redacted] - 03/06/2023)

Completion date is for March 10th, 2023. PC Administrator audited resident records and reviewed demographic sheet for identifying information to be placed on form. PC administrator to audit demographic sheet monthly for three months to include new admissions. Nursing Home Administrator to provide education to Personal Care Administrator and Personal Care Aides regarding regulation. Proof of education will be recorded in HR file. Findings of audits will be reviewed by the Personal Care Administrator and recorded in a monthly Quality Assurance Performance Improvement Meeting.

directed-

audits began 02/16/23.

Directed Completion Date: 03/10/2023

Implemented ([redacted] - 03/09/2023)