

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

August 8, 2023

[REDACTED], ADMINISTRATOR  
WEST HAVEN MANOR LP  
153 GOODVIEW DRIVE  
ATTN [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 licensing inspections on 07/27/2023 of the above facility, no regulatory citations have been identified as a result of this inspection.

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

Sincerely,  
[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *QUALITY LIFE SERVICES APOLLO* License #: *44238* License Expiration: *12/23/2023*  
 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 [REDACTED], APOLLO, PA, 15613*  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C 2 LP* Date: *06/06/2000* Issued By: *Labor and Industry*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *46* Waking Staff: *35*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #: [REDACTED]  
 Reason: *Complaint, Incident* Exit Conference Date: *07/27/2023*

**Inspection Dates and Department Representative**

*07/27/2023 On Site* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

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

**Secured Dementia Care Unit**  
 In Home: *No* Area: [REDACTED] Capacity: [REDACTED] Residents Served: [REDACTED]

**Hospice**  
 Current Residents: *3*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *30*  
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *10* Have Physical Disability: *0*

**Inspections / Reviews**

*07/27/2023 - Partial*  
 Lead Inspector: [REDACTED] Follow-Up Type: *Not Required*

NO DEFICIENCIES FOUND