

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

August 23, 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 review on 07/10/2023, 07/14/2023, 07/17/2023 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 APOLLO* **License #:** *44238* **License Expiration:** *12/23/2023*

Address: *153 GOODVIEW DRIVE, APOLLO, PA 15613*

County: *WESTMORELAND* **Region:** *WESTERN*

Administrator

Name: [REDACTED] **Phone:** *7247273102* **Email:** *lfrancis@qualitylifeservices.com*

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:** *08/13/2001* **Issued By:** *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *58* **Waking Staff:** *44*

Inspection Information

Type: *Partial* **Notice:** *Unannounced* **BHA Docket #:**

Reason: *Fine* **Exit Conference Date:** *07/17/2023*

Inspection Dates and Department Representative

07/10/2023 On Site [REDACTED]

07/14/2023 Off Site [REDACTED]

07/17/2023 Off Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *80* **Residents Served:** *37*

Secured Dementia Care Unit

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

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: *21* **Have Physical Disability:** *0*

Inspections / Reviews

07/10/2023 - Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *08/03/2023*

Inspections / Reviews *(continued)*

08/18/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/21/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 08/23/2023

08/21/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/21/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 08/25/2023

08/23/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/21/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

Through staff and resident interviews, it was determined that a resident made an allegation of physical abuse by a caregiver on [REDACTED]/2023 and that it had been reported to staff person A, the [REDACTED]. Resident #1 stated that direct care staff B "yanked" [REDACTED] arm so hard that she "thought that [REDACTED] was going to lose [REDACTED] arm." However, this allegation of abuse was not reported to the Area Agency on Aging Protective Services until instructed to do so by the department on [REDACTED]

Plan of Correction

Accept [REDACTED] 08/10/2023)

PCHA provided verbal education to staff member A regarding the process of reporting suspected abuse. PCHA educated staff A on 7/12/23 on 2600.15a and educated on the importance that all incidents/allegations of abuse must be reported immediately to DHS and APS. Direct Care staff member B was immediately suspended on 7/10/2023 until the investigation was completed by DHS and Adult protective services. The alleged abuse was not substantiated by any entity. Staff member B returned to work 7/18/2023 after PCHA received call from DHS and APS that the investigation was not substantiated, and the employee could return to work. Any staff member with alleged abuse will be immediately suspended pending investigation by the home, DHS, and APS.

The PCHA has scheduled with Adult Protective Services to provide education to all PC staff members on Older Adult Protective Services Act (35 P. S. §§ 10225.701 10225.707) and code 15.21 15.27, Training is scheduled for 7/28/2023. Documentation of the education will be kept. Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall audit all allegation of abuse to ensure any allegation of abuse is reported in accordance with Regulation 2600.15(a).

Licensee's Proposed Overall Completion Date: 07/31/2023

Implemented [REDACTED] - 08/23/2023)

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

Through staff and resident interviews, it was determined that a resident made an allegation of physical abuse by a caregiver on [REDACTED]/2023 and that it had been reported to staff person A, the [REDACTED]. Resident #1 stated that direct care staff B "yanked" [REDACTED] arm so hard that [REDACTED] "thought that [REDACTED] was going to lose [REDACTED] arm." The home did not suspend direct care staff B until [REDACTED]/2023 when instructed to do so by the Department.

Repeat violation 10/18/2022 et al.

15b - Supervisor Plan (continued)

Plan of Correction

Accept (JW 08/10/2023)

PCHA educated all staff on 7/12/23 on 2600.15b and educated on the importance that all incidents/allegations of abuse must be reported immediately to DHS and APS. PCHA educated Staff A that any staff member with alleged abuse will be immediately suspended or placed on progressive supervision pending investigation by the home, DHS, and APS. Direct Care staff member B was immediately suspended on 7/10/2023 as directed by the department until the investigation was completed by DHS and Adult protective services. The alleged abuse was not substantiated by any entity. Staff member B returned to work 7/18/2023 after PCHA received call from DHS and APS that the investigation was not substantiated, and the employee could return to work.

The PCHA has scheduled with Adult Protective Services to provide education to all PC staff members on Older Adult Protective Services Act (35 P. && 10225.701-10225.707) and code 15.21-15.27, Training is scheduled for 7/28/2023. Documentation of the education will be kept.

Licensee's Proposed Overall Completion Date: 07/31/2023

Implemented () - 08/23/2023

16c - Written Incident Report

3. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

Through staff and resident interviews, it was determined that a resident made an allegation of physical abuse by a caregiver on /2023 and that it had been reported to staff person A, the . Resident #1 stated that direct care staff B "yanked" arm so hard that "thought that was going to lose arm." However, this incident was not reported to the Department until /2023.

Plan of Correction

Accept () 08/10/2023)

PCHA provided verbal education to staff member A regarding process of incident reporting.

PCHA educated staff A on 7/10/23 on 2600.16c education included the importance that all incidents/allegations of abuse must be investigated and reported to the administrator DHS and APS immediately.

Record of education will be kept.

PCHA or Wellness Director will report all incidents to the DHS and APS immediately PCHA or Wellness director will audit all reportable incidents and conditions to ensure any reportable incidents and conditions are reported in accordance with regulation 2600.16c, Results of the audits will be reviewed and recorded in the monthly QAPI meeting.

Licensee's Proposed Overall Completion Date: 07/31/2023

Implemented () - 08/23/2023

25b - Contract Signatures

4. Requirements

2600.

25b - Contract Signatures (continued)

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The contract for resident #2, dated [REDACTED] was not signed by the resident.

Plan of Correction

Accepted [REDACTED] - 08/10/2023)

The contract for resident 2 was signed on [REDACTED] in the presence of [REDACTED] spouse.

New PCHA educated staff on 2600.25 b on 7/12/2023. Education will be kept.

New PCHA and the Director of Clinical Services completed an audit of all resident charts for signatures, required forms and completion the week of 7/10/2023-7/14/2023. The Chief Nursing Officer completed a second review audit of all charts the week of 7/17/2023 through 7/21/2023.

Moving forward all admission paperwork will be completed by the PCHA and reviewed by Wellness Director or designated person. Quarterly audits will be completed on all resident charts for compliance.

Licensee's Proposed Overall Completion Date: 07/31/2023

Implemented [REDACTED] - 08/23/2023)

184a - Resident's Meds Labeled

5. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

There was no pharmacy label on resident #2's [REDACTED] which was stored in a plastic baggie with lancets.

There was no pharmacy label on resident #3's insulin pens, [REDACTED] and [REDACTED]. They were stored together in a plastic baggie together with lancets.

There was no pharmacy label on resident resident #4's insulin pens, [REDACTED]. They were stored together in a plastic baggie together with lancets.

There was no pharmacy label on resident resident #5's [REDACTED] that was stored in a plastic baggie.

Resident #6 is ordered [REDACTED] however the medication label indicates [REDACTED].
Resident In addition, resident #6's [REDACTED] take 1 daily is listed as [REDACTED] on the MAR.

Repeat Violation 10/18/0222 et al

Plan of Correction

Accepted [REDACTED] - 08/10/2023)

All certified medication technicians were educated on 184 a on 7/11/2023. Education will be kept.

Pharmacy label placed on resident #2's [REDACTED], which is stored in a plastic baggie and labeled correctly on 7/10/2023.

Pharmacy labels placed on resident #3's insulin pens, [REDACTED] are now stored separately in separate plastic baggies and labeled correctly on 7/10/2023.

184a - Resident's Meds Labeled (continued)

Pharmacy labels placed on resident #4's insulin pens, [REDACTED] and [REDACTED] are now stored separately in separate plastic baggies and labeled correctly on 7/10/2023.
 Pharmacy label placed on resident #5's [REDACTED] which is stored in a plastic baggie and labeled correctly on 7/10/2023.
 Resident #6 [REDACTED], medication label changed by pharmacy on 7/12/2023.
 Resident #6's MAR changed on 7/12/2023 to reflect [REDACTED], take 1 daily.
 Beginning 7/17/2023 The wellness director and/or designated person will complete weekly audits of the med carts for 90 days, then monthly after. Documentation of cart audits will be kept.

Licensee's Proposed Overall Completion Date: 07/31/2023

Implemented [REDACTED] - 08/23/2023)

187d - Follow Prescriber's Orders

6. Requirements

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

Description of Violation

Resident #6 is prescribed [REDACTED] take 1 tablet by mouth one a day every Saturday. However, this medication was not administered to the resident on Saturday, [REDACTED], because the medication was not available in the home.

Plan of Correction

Accept [REDACTED] - 08/10/2023)

Resident #6 [REDACTED] was ordered 7/10/2023 while inspectors were on site. medication was delivered 7/11/2023 and available for next administration on 7/15/2023..
 Education provided to all certified medication technicians on regulation 2600.187d and the immediate process to follow when a medication is not available. Documentation of education will be kept.
 Beginning 7/17/2023 The wellness director and/or designated person will complete weekly audits of the med carts for 90 days, then monthly after. Documentation of cart audits will be kept.

Licensee's Proposed Overall Completion Date: 07/31/2023

Implemented [REDACTED] - 08/23/2023)

191 - Resident Right to Refuse

7. Requirements

2600.
 191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #7, admitted [REDACTED], has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Repeat Violation 10/18/2022 et al

191 - Resident Right to Refuse (*continued*)**Plan of Correction**

Accept [REDACTED] - 08/21/2023)

The administrator or designee will ensure that all new resident admissions will be educated on the right to refuse medication. Documentation of this education will be kept in the resident record. The administrator and designee have completed a review of all current resident charts to ensure that written documentation of the right to refuse medication is in each record.

Licensee's Proposed Overall Completion Date: 08/21/2023

Implemented [REDACTED] - 08/23/2023)

225c - Additional Assessment

8. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

The assessment for resident #1, dated [REDACTED]/2022, indicates the resident is mobile; however, the resident is now immobile and needs the assistance of two persons for transfers.

Repeat Violation 10/18/2022 et al

Plan of Correction

Accept [REDACTED] 08/10/2023)

Resident #1 assessment and support plan were updated while inspector was on site.

Wellness director and/or designee began an audit of all resident assessments and support plans on 07.07.23. All resident support plans and assessments will be updated to include proper levels of care and formal supports and the services they are receiving.

Education will be provided by PCHA to Wellness Director and staff on 7/12.2023 regarding updating resident's assessments and support plans to include all needed care and all formal supports and services being provided.

Documentation of the education will be kept.

Findings of these audits/rounds will be reviewed and recorded in monthly QAOI meeting

Licensee's Proposed Overall Completion Date: 08/15/2023

Implemented [REDACTED] - 08/23/2023)