

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

March 4, 2024

[REDACTED]
WESTFIELD BEHAVIORAL HEALTH AFFILIATES INC
[REDACTED]

RE: WESTFIELD
5826 OLD PULASKI ROAD
NEW WILMINGTON, PA, 16142
LICENSE/COC#: 47424

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/06/2023 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: WESTFIELD License #: 47424 License Expiration: 02/04/2024
 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: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-3 SP Date: 12/13/1996 Issued By: Dept L & I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 6 Waking Staff: 5

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 10/18/2023

Inspection Dates and Department Representative

10/06/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 8 Residents Served: 6
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 6 Are 60 Years of Age or Older: 0
 Diagnosed with Mental Illness: 6 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

10/06/2023 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/06/2023

10/31/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 10/31/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/07/2023

Inspections / Reviews *(continued)*

03/04/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/31/2023

Reviewer: [REDACTED]

Follow-Up Type: *Bypass Document
Submission*

03/04/2024 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/04/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

16c - Written Incident Report

1. 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

On [REDACTED], staff person A reported to staff person B that resident [REDACTED] accused resident [REDACTED] of [REDACTED]. However, the home did not report this allegation to the Department until [REDACTED].

Plan of Correction

Accept [REDACTED] 11/01/2023)

As Administrator of Westfield Personal Care Home, I must report any and all incident reports to the DHS within the first 24 hours. From this point forward I will make sure that DHS is notified within the first 24 hours of any incidents that may occur at Westfield Personal Care Home. Before any reports are sent to DHS the Administrator and the Director of Westfield will complete the incident report together before sending within the 24-hour period.

Licensee's Proposed Overall Completion Date: 10/31/2023

Implemented [REDACTED] 03/04/2024)