





**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail: [REDACTED]

Mailing Date: February 7, 2024

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

RE: Quality Life Services-Apollo  
License #: 442380

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), annual licensing inspections on October 11, 2023, October 12, 2023, November 1, 2023, and December 28, 2023, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala".

Juliet Marsala  
Deputy Secretary  
Office of Long-term Living

Enclosures  
License  
Licensing Inspection Summary

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

**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, [REDACTED] APOLLO, PA, 15613*  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

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

**Staffing Hours**

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

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal, Complaint, Incident* Exit Conference Date: *10/12/2023*

**Inspection Dates and Department Representative**

*10/11/2023 - On-Site* [REDACTED]  
*10/12/2023 - On-Site* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *80* Residents Served: *33*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *2*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *33*  
Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *8* Have Physical Disability: *0*

**Inspections / Reviews**

**10/11/2023 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/17/2023*

11/15/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/30/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 11/22/2023

11/27/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/30/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 12/04/2023

02/01/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/30/2023

Reviewer: [REDACTED]

Follow-Up Type: Exception

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

*Resident #1 was receiving hospice services and had not been "awake" for two days. Resident #1 was ordered Morphine Sulf 100mg/5ml – Take 0.5ml under the tongue every four hours routine and Morphine Sulf 100mg/5ml – Take 0.5ml every hour as needed for pain or dyspnea. However, on 10/7/23 at 1:00 a.m., 2:00 a.m. and 3:00 a.m., the resident's family requested that the resident be administered the prn morphine dose due to the resident's agitation signaling that [REDACTED] was uncomfortable. Staff person A, the medication technician on duty, refused to administer the prn medication as requested and prescribed. Resident #2 ceased to breath on [REDACTED] 23.*

*Repeat Violation 5/30/23 et al, 10/18/22 et al*

Plan of Correction

Accept [REDACTED] 11/27/2023)

*In response to the violation on 11/09/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/08/2023 by the PC Administrator to immediately place staff person A on administrative leave, pending investigation, Staff A was terminated from employment on [REDACTED] 2023.*

*To enhance the currently compliant operations, on 11/14/2023 the PC Administrator and Three Rivers Hospice will provide training on 11/14/2023 to all direct care staff and Medication Technicians on the hospice process, comfort measures and medications. Documentation of education will be kept, with a completion date of 11/14/2023.*

*Education conducted by Area Agency on Aging on Abuse prevention and reporting has been scheduled with [REDACTED] [REDACTED] for all direct care staff on December 6, 2023. Documentation of education will be kept.*

*Effective 11/14/2023 the PC Administrator/Medication Train the Trainer will perform semi-annual Review of Hospice Comfort measures and medications through 12/31/2024 to maintain ongoing compliance with not neglecting, intimidating, physically or verbally abusing, mistreating, subjecting to corporal punishment or disciplining residents in any way. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

*Weekly monitoring by the administrator and/or designee of all hospice orders and treatments to ensure the prescribers are met to begin on 11/15/2023. A monitoring tool has been created and documentation of the monitoring will be kept in each of the residents' files.*

*Beginning 11/15/2023 the PC Administrator will conduct private interview of at least three resident a week for three months with an end date of 2/15/2024. Beginning 3/1/2024 the PC administrator will conduct private interviews with three residents a month to ensure compliance with regulation 2600.42.b. A resident interview questionnaire was created, and documentation of the interview will be kept on file in the administrator's office.*

**Licensee's Proposed Overall Completion Date: 12/06/2023**

**Implemented [REDACTED] 02/01/2024)**

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 10/11/23, the bed enabler for resident #3 in bedroom #8 had a top opening that measured 4" wide X 7" high and a bottom opening that measured 4" wide X 14" high. However, there was no cover on the bedside mobility device.*

*Repeat Violation 3/7/23, 10/18/22 et al*

**Plan of Correction**

**Accept** [REDACTED] **11/15/2023)**

*In response to the violation on 11/09/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/11/2023 by the PC Administrator put a cover on the enabler bar while the inspectors were on site.*

*To enhance the currently compliant operations, on 10/11/2023 the PC Administrator provided education to Resident #3 on safety and importance of keeping the cover in place. Documentation of education will be kept. The administrator provided education to staff and housekeeping on 2600.81.b, the safety risks of the bar needing to be covered on 11/14/2023. Documentation of Education will be kept, with a completion date of 11/14/2023.*

*Effective 10/12/2023 the Direct Care Staff and Housekeeping will perform daily safety walkthrough of facility to ensure the enabler bar cover remains in place, documentation of this task has been added to the daily report sheets through 12/31/2024 to maintain ongoing compliance any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

**Licensee's Proposed Overall Completion Date: 11/14/2023**

**Implemented** [REDACTED] **02/01/2024)**

**102d - Grab/Hand/Assist Bar/Slip-Resistant Surface**

**3. Requirements**

2600.

102.d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

**Description of Violation**

*On 10/11/23 at approximately 10:30 a.m., the shower for the bathroom shared by the residents in room #15 and room #17 did not have a nonslip surface.*

**Plan of Correction**

**Accept** [REDACTED] **11/15/2023)**

*In response to the violation on 11/09/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/11/2023 by the Maintenance staff, Nonslip adhesive strips were placed on the bottom of the shower while inspectors were on site.*

*To enhance the currently compliant operations, on 10/19/2023 by the PC Administrator, Education was provided to Housekeeping, Maintenance, and Direct Care Staff on 2600.102.d. Documentation of the education will be kept, with a completion date of 10/19/2023.*

**102d - Grab/Hand/Assist Bar/Slip-Resistant Surface (continued)**

*Effective 10/20/2023 the Housekeeping will perform weekly checking of all showers for nonslip surfaces. through 12/31/2024 to maintain ongoing compliance housekeeping has added checking all showers for nonslip surfaces, ensuring toilet and bath areas have grab bars, handrails or assist bars, and that bathtubs and showers have slip-resistant surfaces. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

**Licensee's Proposed Overall Completion Date: 11/14/2023**

**Implemented [REDACTED] 02/01/2024)**

**121a - Unobstructed Egress**

**4. Requirements**

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

**Description of Violation**

*On 10/11/23 at approximately 10:50 a.m., the exit door to the outside from the lower level near Room #37 took excessive force to open.*

*Repeat Violation 10/18/22 et al*

**Plan of Correction**

**Accept ([REDACTED] - 11/27/2023)**

*In response to the violation on 11/09/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/11/2023 by the Maintenance staff by replacing the weather stripping, and the door was no longer sticking while the inspectors were on site.*

*To enhance the currently compliant operations, on 10/16/2023 the PC Administrator provided Education on 2600.121.a to maintenance staff. Documentation of education will be kept. Unobstructed egress was added to monthly building maintenance walkthrough and tracked through the tells system.*

*Education on 2600.121.a was provided to all direct care staff and housekeeping by the PC administrator during the staff meeting on 11/14/2023. Documentation of education will be kept.*

*Beginning 11/20/2023 a member of the maintenance department will complete daily monitoring of all emergency exits to ensure compliance with regulation 2600.121.a Documentation of daily walkthrough monitoring will be kept.*

*Effective 10/16/2023 the PC Administrator and Maintenance Director will perform monthly inspections through 12/31/2024 to maintain ongoing compliance by performing monthly walkthrough ensuring stairways, hallways, doorways, passageways and egress routes from rooms and from the building are unlocked and unobstructed. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

**Licensee's Proposed Overall Completion Date: 11/20/2023**

**Implemented [REDACTED] - 02/01/2024)**

**183d - Prescription Current**

**5. Requirements**

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

**Description of Violation**

*Resident #2 was ordered melatonin 5m tablet – give 1 tablet by mouth at bedtime. This medication was discontinued on 9/28/23. However, on 10/11/23 at 2:45 p.m., there was a bottle of this medication with pharmacy label for resident #2 in the home’s medication cart.*

*On 5/23/23, Resident #4 was ordered Robitussin Peak Cold DM oral syrup 100-10 mg/5ml – Give 10ml by mouth every 6 hours as needed for cough for 90 days. However, on 10/11/23 at 2:00 p.m., the bottle of this medication with pharmacy label for resident #2 was still in the home’s medication cart.*

**Plan of Correction**

**Accept (█ - 11/15/2023)**

*In response to the violation on 11/09/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/11/2023 by the Wellness Director to remove all discontinued medications from the medication cart while the inspectors were on site.*

*To enhance the currently compliant operations, on 10/19/2023 the PC Administrator did provide training on regulation 2600.183.d with Wellness Director and Lead Med Techs, to ensure when an order reach is completion date or when an order is discontinued, the medication is immediately removed from the medication carts, with a completion date of 10/19/2023. Documentation of education will be kept.*

*Effective 10/16/2023 the Wellness Director and PC Administrator will perform monthly audits through 12/31/2024 to maintain ongoing compliance leadership will review current and discontinued medications monthly, cross checking with the medication cart ensuring only current prescription, OTC, sample and CAM for individuals living in the home will be kept in the home. Quality Pharmacy will complete monthly cart audits and any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

**Licensee's Proposed Overall Completion Date: 12/31/2024**

**Implemented (█ 02/01/2024)**

**184a - Resident's Meds Labeled**

**6. Requirements**

2600.

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

- 4. The prescribed dosage and instructions for administration.

**Description of Violation**

*Resident #2 is ordered escitalopram 10mg – Give 1 tablet by mouth in the morning. However, on 10/11/23 at 2:42 p.m., there was a bottle of escitalopram 5mg tablets with pharmacy label that indicates take 1 (crossed off and “2” was handwritten over it) tablet every morning. The resident’s medication administration record indicates escitalopram 10mg – give 1 tablet by mouth in the morning.*

*Resident #2 is ordered Vitamin D3 oral capsule 1.25mg (50000IU) – Give 1 capsule by mouth in the morning every Friday. However, on 10/11/23 at 2:42 p.m., there was an over-the-counter bottle of Nature Made D3 5,000 IU*

**184a - Resident's Meds Labeled (continued)**

*(125mcg) with no pharmacy label and no directions changed sticker. The manufacturer label indicates take one softgel daily with a meal.*

*Resident #2 is ordered aspirin EC low strength oral tablet delayed release 81mg – give 1 tablet by mouth in the morning. However, on 10/11/23 at 2:42 p.m., there was an over-the-counter bottle of aspirin 81mg with no pharmacy label and no directions changed sticker. The manufacturer label indicates take 4-8 tablets every four hours.*

*Repeat Violation 7/10/23 et al, 3/7/23, 10/18/22 et al*

**Plan of Correction**

**Accept [REDACTED] 11/27/2023)**

*In response to the violation on 10/11/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/11/2023 by the Wellness Director to place directions changed stickers to prompt med techs to follow directions on the eMAR. The wellness director spoke to [REDACTED] CRNP for Resident #2 to change the order to Escitalopram 5mg Give 2 tablets (10mg) by mouth in the morning daily. The order was changed 10/11/2023. The bottle of nature made vitamin D3 5000 for resident #2 was removed from the cart on 10/11/23, New bottle arrived on 10/12/23 with correct dosing and was available for the next scheduled administration. The Wellness director placed a direction changed sticker on the bottle of aspirin for Resident #2 on 10/11/23 while the inspectors were still on site to prompt the med techs to refer to eMAR for correct dosing instructions.*

*The PC Administrator provided education to the Wellness Director and Med Techs on 10/19/2023 on 2600.184.a and how to review all current medication in the cart for compliance. Documentation of education will be kept. To enhance the currently compliant operations, on 10/12/2023 the Wellness Director/Lead Med Tech will review all orders to ensure the labels match the orders. "Directions Changed" stickers will be placed on any medication that has been dispensed differently from how it was written in the eMAR, with a completion date of 10/20/2023.*

*Effective 10/12/2023 the Wellness Director, PC Administrator and Lead Med Tech will perform monthly reviews through 12/31/2024 to maintain ongoing compliance with ensuring the original container for prescription medications will be labeled with a pharmacy label that includes, including the prescribed dosage and instructions for administration, and the prescribed dosage and instructions for administration. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

**Licensee's Proposed Overall Completion Date: 11/21/2023**

**Implemented ([REDACTED] 02/01/2024)**

**187d - Follow Prescriber's Orders**

**7. Requirements**

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

**Description of Violation**

*Resident #1 was receiving hospice services and had not been "awake" for approximately two days. Resident #1 was ordered Morphine Sulf 100mg/5ml – Take 0.5ml under the tongue every four hours routine and Morphine Sulf 100mg/5ml – Take 0.5ml every hour as needed for pain or dyspnea. However, on 10/7/23 at 1:00 a.m., 2:00 a.m. and 3:00 a.m., the resident's family requested that the resident be administered the prn morphine dose due to the resident's agitation signaling that she was uncomfortable. Staff person A, the medication technician on duty, refused to*

187d - Follow Prescriber's Orders (continued)

administer the prn medication as requested and prescribed.

Repeat Violation 7/10/23 et al

**Plan of Correction**

Accept [REDACTED] 11/27/2023)

In response to the violation on 11/09/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/08/2023 by the PC Administrator to immediately place staff person A on administrative leave, pending investigation, Staff A was terminated from employment on [REDACTED] 023.

To enhance the currently compliant operations, on 11/14/2023 the PC Administrator and Three Rivers Hospice will provide training on 11/14/2023 to all direct care staff and Medication Technicians on the hospice process, comfort measures and medications. Documentation of education will be kept, with a completion date of 11/14/2023.

On 11/22/2023 the PC Administrator/Medication train the trainer educated all medication technicians on regulation 2600.187.d and Quality Life Services policies and procedures on medication administration. Documentation of education will be kept.

Effective 11/14/2023 the PC Administrator/Medication Train the Trainer will perform semi-annual Review of Hospice Comfort measures and medications through 12/31/2024 to maintain ongoing compliance with not neglecting, intimidating, physically or verbally abusing, mistreating, subjecting to corporal punishment or disciplining residents in any way. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 11/22/2023

Implemented [REDACTED] 02/01/2024)

225a - Assessment 15 Days

**8. 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**

The initial assessment completed 2/21/23 for resident #5, admitted [REDACTED] indicates that the resident is to receive a pureed and nectar thick liquids diet. The assessment was not updated to include the resident's 3/29/23 diet order change to "soft & bite sized texture, thin consistency" [liquids]. Also, the resident's assessment completed 2/21/23 does not include the resident's use of an attached bedside mobility device to transfer in/out of bed.

Resident # 6's medical evaluation completed 10/25/22 indicates that the resident's mobility needs assessment is "Moderate (Immobile)" and that the resident can complete "Body Positioning/Movement with assistance." However, the resident's initial assessment completed 12/31/22 indicates conflicting information as follows:

\*Transferring in/out of bed/chair – Resident needs assistance to get up and walk to common area.

\*Ambulating – Resident will get herself up and walk to the lounge area or dining room but need staff to redirect occasionally.

\*Turning and positioning in bed/chair – Resident will reposition herself when [REDACTED] needs to.

\*Assessment – Mobility – indicates that resident is "Minimal (Mobile)" and requires limited physical or oral assistance to evacuate in an emergency. The plan to meet need is that "resident is able to get [REDACTED] up and walk to an exit but needs cued to which way to exit and which building to enter when needed."

Additionally, resident #6's assessment completed 12/13/22 indicates that the resident's dietary need is pureed.

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

However, prior to her most recent discharge to the hospital on 9/6/23, the resident's diet order was "soft and bite sized."

Repeat Violation 5/30/23 et al, 1/24/23 et al, 10/18/22 et al

**Plan of Correction**

**Accept [REDACTED] 11/15/2023)**

In response to the violation on 10/11/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/11/2023 by the Wellness Director to update Resident #5 assessment to include diet order change and use of attached bedside mobility device. Resident #6 assessment was updated to reflect correct dietary order change from puree to soft and bite sized foods while the inspectors were on site. A new medical evaluation was completed on Resident #6, and it was determined that the resident was in need of a higher level of care, Resident #6 was discharged to the skilled nursing facility on 10/27/2023.

To enhance the currently compliant operations, on 10/19/2023 the PC Administrator will provided education to the Wellness Director and Lead Med Tech on regulation 2600.225.a to include that the information on the assessments must match the information on the medical evaluations. Documentation of the education will be kept. PC Administrator, Wellness Director and Lead Med Tech completed an audit of all resident assessments and medical evaluations to ensure all information was correct and in coordination with each working document, with a completion date of 11/14/2023.

Effective 10/23/2023 the PC Administrator, Wellness Director and Lead Med Tech will perform quarterly audits through 12/31/2024, to maintain ongoing compliance with ensuring each resident has a written initial assessment that is documented on the Department's assessment form within 15 days of admission. Documentation of audits will be kept. The administrator or designee, or a human service agency may complete the initial assessment. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 11/14/2023

**Implemented [REDACTED] 02/01/2024)**

**225c - Additional Assessment**

**9. 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 annual assessment completed 3/23/23 for resident #1, admitted to the home [REDACTED] 23, was not updated to include that the resident was admitted to AHN home hospice on 8/6/23 nor what services hospice was providing.

Repeat Violation 7/10/23 et al, 5/30/23 et al, 10/18/22 et al

**Plan of Correction**

**Accept [REDACTED] 11/15/2023)**

In response to the violation on 10/11/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/11/2023 by the Wellness Director to update Resident #1 assessment to include the admission to AHN Home Hospice services and what services are being provided while the inspectors were on site.

**225c - Additional Assessment (continued)**

*To enhance the currently compliant operations, on 10/19/2023 the PC Administrator will provide education to the Wellness Director and Med Techs on regulation 2600.225.c, documentation of education will be kept. PC Administrator and Wellness Director completed an audit of all resident assessments to ensure all outside agencies and services provided are added to the assessments, with a completion date of 11/14/2023.*

*Effective 10/23/2023 the PC Administrator, Wellness Director and Lead Med Tech will perform quarterly compliance audits through 12/31/2024 to maintain ongoing compliance with ensuring each resident has additional assessments, including if the condition of the resident significantly changes prior to the annual assessment. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

**Licensee's Proposed Overall Completion Date: 11/14/2023**

**Implemented [REDACTED] - 02/01/2024)**

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

**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, [REDACTED] APOLLO, PA, 15613*  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *39* Waking Staff: *29*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Incident* Exit Conference Date: *11/01/2023*

**Inspection Dates and Department Representative**

*11/01/2023 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *80* Residents Served: *29*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *2*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *29*  
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *10* Have Physical Disability: *0*

**Inspections / Reviews**

**11/01/2023 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/19/2023*

Inspections / Reviews *(continued)*

11/20/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/21/2023

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 11/21/2023

02/01/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/21/2023

Reviewer: [REDACTED]

Follow-Up Type: *Exception*

65f - Training Topics

1. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

Description of Violation

Direct care staff person A, hired [REDACTED] 21, did not receive instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan during the 1/1/22 - 12/31/22 staff training year.

Plan of Correction

Accept [REDACTED] 11/20/2023)

In response to the violation on 11/01/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/06/2023 by the PC Administrator to provided training to staff person A on meeting the needs of the residents as described in the preadmission screening, assessment tool, support plan (RASP), and medical evaluation, as well as QLS policies for Resident medical evaluations and initial assessment and preliminary support plans.

To enhance the currently compliant operations, on 11/14/2023 the PC Administrator Provided training to all direct care staff on meeting the needs of residents as defined by the preadmission screening, medical evaluations, assessments and support plans. Documentation of the education will be kept, with a completion date of 11/16/2023.

Effective 11/14/2023 the PC Administrator will perform monthly checks through 12/31/2024 to maintain ongoing compliance with all training requirements. PC Administrator will provide training, monitor and track annual training plan for all employees, new and current ensuring training topics for the annual training for direct care staff are met, including instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, and instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan. Documentation of all education will be kept. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 11/16/2023

Implemented ([REDACTED] - 02/01/2024)

65g - Annual Training Content

2. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.

Description of Violation

Direct care staff person A, hired [REDACTED] 21, did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert during the 1/1/22 - 12/31/22 staff training year.

## 65g - Annual Training Content (continued)

**Plan of Correction****Accept ( [REDACTED] 11/20/2023)**

*In response to the violation on 11/01/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/08/2023 by Jay Bothell, fire expert at Oklahoma VFC, 171 Thorn Street, Apollo PA 15613 has provided training on 11/8/2023 to staff A on Fire Safety, staff duties during an emergency. Location and safe use of fire extinguishers. Documentation of training will be kept.*

*To enhance the currently compliant operations, on 12/06/2023 the Washington TWP VFC 4078 Route 66, Apollo PA 15613 will provide fire safety training to all staff members on 12/19/2023. Including evacuation procedures, staff responsibilities and location and safe use of fire extinguishers. Documentation of education will be kept, with a completion date of 12/06/2023.*

*Effective 11/06/2023 the PC Administrator will perform monthly reviews through 12/31/2024 to maintain ongoing compliance with ensuring direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers are trained annually in Fire Safety, including Staff responsibilities, evacuation procedures, location and safe use of fire extinguishers, fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert, or videos prepared by a fire safety expert and accompanied by an onsite staff person trained by a fire safety expert, Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

**Licensee's Proposed Overall Completion Date: 12/06/2023**

**Implemented [REDACTED] 02/01/2024)**

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

**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, [REDACTED], APOLLO, PA, 15613*  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

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

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *52* Waking Staff: *39*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Provisional, Interim* Exit Conference Date: *12/28/2023*

**Inspection Dates and Department Representative**

*12/28/2023 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *80* Residents Served: *31*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *6*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *31*  
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *21* Have Physical Disability: *0*

**Inspections / Reviews**

**12/28/2023 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/27/2024*

Inspections / Reviews *(continued)*

01/24/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/31/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 01/31/2024

02/01/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/31/2024

Reviewer: [REDACTED]

Follow-Up Type: Exception

95 - Furniture and Equipment

1. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

At 12:30 p.m., the toilet in the bathroom shared by rooms #52 and #53 on the lower level of the home was inoperable.

Plan of Correction

Accept [REDACTED] 01/23/2024)

In response to the violation on 12/28/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 12/28/2023 by the Maintenance Director to Place an "out of order" sign on the toilet. The parts were ordered; however, they were on back order. Maintenance Director did inform inspectors while on site that the parts needed have already been ordered and they were expecting them in 7-10days.

To enhance the currently compliant operations, on 01/01/2024 the Administrator has educated maintenance and housekeeping on regulation 2600.95 pertaining to furniture and equipment that must be in good repair.

Documentation of education will be kept. The Administrator and Maintenance director performed a complete walkthrough of the closed floor, a list was made of all potential hazards found on the floor. Maintenance and housekeeping corrected and/or fixed all issues found on the floor, with a completion date of 01/05/2024.

Effective 01/01/2024 the Administrator and Maintenance will perform monthly Walkthroughs of the closed floor through 12/31/2025 to maintain ongoing compliance with 2600.95. Walkthroughs will be reviewed with the safety committee team and immediate actions will be taken, any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented [REDACTED] 02/01/2024)

183d - Prescription Current

2. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

At 12:55 p.m. there was a blister pack of Senna 8.6 mg tablet in the medication cart with pharmacy label for resident #1 with directions – give 2 tablets/17.2mg by mouth every 24 hours as needed for constipation. Give 2 tablets as needed if no bowel movement for 3 days. However, this medication was discontinued on 12/14/23.

At 1:15 p.m., there was a tube of hydrocortisone 1% cream in clear zip top bag in the medication cart with pharmacy label for resident #2 – Apply to bilateral lower legs topically two times a day for rash for 14 days. Medication was filled 12/01/23 indicating that the date to discontinue the medication was 12/15/23.

Plan of Correction

Accept [REDACTED] 01/23/2024)

In response to the violation on 12/28/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 12/28/2023 by the Wellness Director to remove discontinued medication for resident #1 and discontinued cream for resident #2 while inspectors were on site.

**183d - Prescription Current (continued)**

*To enhance the currently compliant operations, on 01/01/2024 the Administrator will educate Wellness director, and Medication technicians on 183.d, documentation of education will be kept. The Administrator has created a form to be used for all limited time medications as well as any medication that has been discontinued by the physician. The form requires the medication technician to sign and date when the last dose has been given and pulled from the cart, The second step is for the Wellness director to sign and date that the cart was checked for accurate discontinue and removal of the medication. The third signature comes from the Administrator who will recheck to ensure the first two steps were completed accurately. The Administrator will educate the wellness director and all medication technicians on use of the new form, documentation of education will be kept, with a completion date of 01/25/2024.*

*Effective 01/01/2024 the Administrator and Wellness Director will perform Twice Monthly audits through 12/31/2024 to maintain ongoing compliance with ensuring only current prescription, OTC, sample and CAM for individuals living in the home will be kept in the home. The wellness director must utilize the new form and sign and date and give to Administrator, who will then re-check the cart for follow-through compliance. The Administrator and Wellness Director will complete full medication audits during the overnight shift twice a month. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

**Licensee's Proposed Overall Completion Date: 01/25/2024**

**Implemented ( [REDACTED] 02/01/2024)**