

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

April 25, 2024

[REDACTED], EXECUTIVE DIRECTOR  
WESTMINSTER WOODS INC  
360 WESTMINSTER DRIVE  
HUNTINGDON, PA, 16652

RE: WESTMINSTER WOODS  
360 WESTMINSTER DRIVE  
HOMESTEAD BUILDING  
HUNTINGDON, PA, 16652  
LICENSE/COC#: 36067

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/21/2024 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: WESTMINSTER WOODS License #: 36067 License Expiration: 06/03/2024
Address: 360 WESTMINSTER DRIVE, HOMESTEAD BUILDING, HUNTINGDON, PA 16652
County: HUNTINGDON Region: CENTRAL

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: WESTMINSTER WOODS INC
Address: [Redacted]
Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Type: C-2 LP Date: 03/11/2003 Issued By: DL&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 23 Waking Staff: 17

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 02/21/2024

Inspection Dates and Department Representative

02/21/2024 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 34 Residents Served: 23

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 23
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

02/21/2024 Full

Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 03/15/2024

03/25/2024 - POC Submission

Submitted By: [Redacted] Date Submitted: 04/24/2024
Reviewer: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 04/19/2024

Inspections / Reviews *(continued)*

04/19/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/24/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/26/2024

04/25/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/24/2024

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 [redacted] from [redacted], 24 residents were present in the home. During this time, there were no staff persons present in the home who are certified in both CPR and First Aid.

On [redacted] from [redacted], 23 residents were present in the home. During this time, there were no staff persons present in the home who are certified in both CPR and First Aid.

On [redacted] from [redacted], 21 residents were present in the home. During this time, there were no staff persons present in the home who are certified in both CPR and First Aid.

Repeated Violation - 11/1/22

Plan of Correction

Accept [redacted] - 04/19/2024)

63a – First Aid/CPR Training

1. Staff member working the shift notated in the violation report was certified for First Aid on Friday 2/27/24.
2. Current staff CPR and First Aid certifications will be audited and verified no later than April 15, 2024.
3. Administrator or Designee will Monitor current staff to verify CPR and First Aid certifications. Administrator has developed an employee roster form to utilize in tracking. That system will be implemented no later than April 15, 2024.
4. Administrator or Designee will audit CPR and First Aid certifications of staff at least monthly for three months. These monthly audits will begin in May 2024. The results of these audits will be presented at the next quarterly QAPI committee meeting in July 2024 for Furter analysis and corrective actions if necessary.

Licensee's Proposed Overall Completion Date: 04/19/2024

Implemented [redacted] - 04/24/2024)

65a - FS Orientation 1st Day

2. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home’s smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.

65a FS Orientation 1st Day (continued)

7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, hired on [REDACTED], did not receive orientation on the following topics:

- 1. Evacuation procedures.
- 2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- 3. The designated meeting place outside the building or within the fire safe area in the event of an actual fire.
- 4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- 5. The location and use of fire extinguishers.
- 6. Smoke detectors and fire alarms.
- 7. Telephone use and notification of emergency services

Plan of Correction

Accept ([REDACTED] - 04/19/2024)

65a FS Orientation 1st Day

- 1. Staff member #1 was trained on the First Day Orientation and Rights/Abuse topics by administrator on April 4, 2024.
- 2. Administrator or Designee will ensure that newly hired staff members are trained on these topics timely.
- 3. Administrator or Designee will audit current staff members and verify that current staff have been trained on these topics no later than April 19, 2024. Human recourse manager will utilize new hire checklist to verify completion of orientation.
- 4. Administrator or Designee will audit new staff member orientation training for three months to ensure that training on these topics is completed timely. These monthly audits will begin In May 2024. The results of these audits will be presented at the next quarterly QAPI committee in July 2024 for further analysis and corrective actions if necessary.

Licensee's Proposed Overall Completion Date: 04/19/2024

Implemented ([REDACTED] - 04/24/2024)

65b - Rights/Abuse 40 Hours

3. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- 1. Resident rights.
- 2. Emergency medical plan.

Description of Violation

Staff person A, hired on [REDACTED], did not receive orientation on the following topics:

- 1. Resident rights.
- 2. Emergency medical plan.

Plan of Correction

Accept ([REDACTED] - 04/19/2024)

65b Rights/Abuse 40 Hours

- 1. Staff member #1 was trained on the First Day Orientation and Rights/Abuse topics by Administrator on April 4, 2024.

65b - Rights/Abuse 40 Hours (continued)

- 2. Administrator or Designee will ensure that newly hired staff members are trained on these topics timely.
- 3. Administrator or Designee will audit current staff members and verify that current staff have been trained on these topics no later than April 19, 2024. Human recourse manager will utilize new hire checklist to verify completion of orientation.
- 4. Administrator or Designee will audit new staff member orientation training for three months to ensure that training on these topics is completed timely. These monthly audits will begin in May of 2024. The results of these audits will be presented at the next quarterly QAPI committee in July of 2024 for further analysis and corrective actions if necessary.

Licensee's Proposed Overall Completion Date: 04/19/2024

Implemented (████) - 04/24/2024)

132c - Fire Drill Records

4. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drill conducted on █████ does not include the number of residents in the home at the time of the drill.

Repeated Violation - 11/1/22

Plan of Correction

Accept (████) - 04/19/2024)

132c – Fire Drill Records

- 1. DES was re-educated by interim administrator on March 13, 2024, on requirements of the written fire drill record.
- 2. Administrator or Designee will audit Fire Drill Logs monthly for three months to ensure that they include the actual number of residents that reside in the home. These monthly audits will begin in May of 2024. The results of these audits will be presented at the next quarterly QAPI committee in July of 2024 for further analysis and corrective actions if necessary.

Licensee's Proposed Overall Completion Date: 04/19/2024

Implemented (████) - 04/24/2024)

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.

Description of Violation

During the fire drill on █████ at █████ the evacuation time was 6 minutes and 21 seconds. The home has a

132d - Evacuation (continued)

maximum safe evacuation time of 5 minutes and 30 seconds specified in writing within the past year by a fire safety expert. The home exceeded their evacuation time on this date.

Repeated Violation - 11/1/22

Plan of Correction

Accept [REDACTED] - 04/19/2024)

132d – Evacuation

1. DES was re-educated by interim Administrator on March 13, 2024, on the resident evacuation time requirements during fire drills.
2. Administrator or Designee will audit Fire Drill Logs monthly for three months to ensure that the evacuation times are within the amount of time stipulated by the fire safety expert in the Fire Safety Letter. These monthly audits will begin in May of 2024. The results of these audits will be presented at the next quarterly QAPI committee in July of 2024 for further analysis and corrective actions if necessary.

Licensee's Proposed Overall Completion Date: 04/19/2024

Implemented [REDACTED] - 04/24/2024)

132h - Designated Meeting Place

6. Requirements

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

Not all residents of the home evacuated to a designated meeting place away from the building or within the fire-safe area on the following dates:

- On [REDACTED], there were 19 residents in the home, but only 4 residents were evacuated.
- On [REDACTED], there were 21 residents in the home, but only 9 residents were evacuated.
- On [REDACTED], there were 20 residents in the home, but only 3 residents were evacuated.
- On [REDACTED], there were 23 residents in the home, but only 1 resident was evacuated.
- On [REDACTED], there were 24 residents in the home, but only 1 resident was evacuated.
- On [REDACTED], there were 23 residents in the home, but only 6 residents were evacuated.
- On [REDACTED], there were 17 residents in the home, but only 5 residents were evacuated.
- On [REDACTED], there were 20 residents in the home, but only 3 residents were evacuated.
- On [REDACTED] (not indicated on record whether am or pm), there were 17 residents in the home, but only 3 residents were evacuated.
- On [REDACTED], there were 23 residents in the home, but only 10 residents were evacuated.
- On [REDACTED] (not indicated on record whether am or pm), there were 23 residents in the home, but only 5 residents were evacuated.

132h - Designated Meeting Place (continued)

Plan of Correction

Accept [REDACTED] - 04/19/2024)

132h – Designated Meeting Place

1. DES and was re-educated by interim administrator on March 13 on the requirements of evacuating residents to the designated meeting place.
2. Current staff will be re-educated on the requirements of evacuating residents to the designated meeting place no later than April 15, 2024.
3. Administrator or Designee will audit Fire Drill Logs monthly to begin in April 2024 for three months to ensure that current residents are evacuated to the fire safe area. The Administrator / designee will oversee fire drills for three months to ensure fire drills are completed per requirements beginning in April 2024. The results of these audits will be presented at the next quarterly QAPI committee in July 2024 for further analysis and corrective actions if necessary.

Licensee's Proposed Overall Completion Date: 04/19/2024

Implemented [REDACTED] - 04/24/2024)

141a - Medical Evaluation

7. 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.

Description of Violation

The medical evaluation was not complete within 60 days prior to admission or within 30 days after admission of the Resident #1, who was admitted to the home on [REDACTED]

Plan of Correction

Accept [REDACTED] - 04/19/2024)

141a – Medical Evaluation

1. Medical evaluation for resident #1 was completed on [REDACTED].
2. Administrator completed audit of current residents on April 5, 2024 to ensure that a medical evaluation was completed timely.
3. Current licensed staff will be re-educated by administrator on medical evaluation requirements for resident admissions no later than April 15, 2024. Administrator has developed a resident roster form to utilize in tracking. that system will be implemented in April 2024.
4. Administrator or Designee will audit current resident Medical Evaluations monthly for three months to ensure that they have been completed timely. These monthly audits will begin in May 2024. The results of these audits will be presented at the next quarterly QAPI committee in July 2024 for further analysis and corrective actions if necessary.

Licensee's Proposed Overall Completion Date: 04/19/2024

Implemented [REDACTED] - 04/24/2024)

141b1 - Annual Medical Evaluation

8. Requirements

141b1 Annual Medical Evaluation (continued)

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #2's most recent medical evaluation was completed on [REDACTED].

Plan of Correction

Accept ( [REDACTED] - 04/19/2024)

141b1 – Annual Medical Evaluation

1. Medical Evaluation for Resident #2 was completed on [REDACTED]
2. Administrator completed an audit on current residents on April 5, 2024, to ensure that a medical evaluation was completed timely.
3. Current licensed staff will be re-educated by Administrator on Medical Evaluation admission requirements for resident admissions no later than April 15, 2024. Administrator has developed resident roster form to utilize in tracking. That system will be implemented in April 2024.
4. Administrator or designee will audit current resident Medical Evaluations monthly for three months to ensure that they have been completed timely. These monthly audits will begin in May 2024. The results of these audits will be presented at the next quarterly QAPI committee in July 2024 for further analysis and corrective actions if necessary.

Licensee's Proposed Overall Completion Date: 04/19/2024

Implemented ( [REDACTED] - 04/24/2024)

183b Meds and Syringes Locked

9. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On [REDACTED] at approximately [REDACTED] Resident #2's room was unlocked, and two containers of prescribed [REDACTED] [REDACTED] were on top of resident's nightstand. Resident was not in his/her room at the time.

Plan of Correction

Accept ( [REDACTED] - 04/19/2024)

183b – Meds and Syringes Locked

1. Resident #2 was educated by interim administrator on February 24,2024 that medications must be kept locked in resident room.
2. Current resident rooms were audited by interim administrator on February 23, 2024, to verify that no prescription or OTC, CAM or syringes were unlocked.
3. Administrator or designee will audit random current resident rooms once a week for two weeks and once a month for two months to ensure that no unlocked medications are present in residents' rooms. these weekly audits will begin in April 2024, and the monthly audits will be in May 2024. results of these audits will be presented at the next quarterly QAPI committee in July 2024 for further analysis and corrective actions if necessary.

Licensee's Proposed Overall Completion Date: 04/19/2024

Implemented ( [REDACTED] - 04/24/2024)

183e Storing Medications

10. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On [redacted] at approximately [redacted], Resident #1's [redacted] were observed in the medication cart. According to the manufacturer's instructions and label on the medication, this medication requires refrigeration.

Plan of Correction

Accept ( [redacted] - 04/19/2024)

183e – Storing Medications

1. Administrator discarded the medication at approximately 5pm on February 21 2024.
2. Administrator or Designee audited the other medication cart on February 22, 2024 to ensure that no other medications are present that require refrigeration.
3. Current staff will be re-educated by administrator no later than April 10, 2024 on storage of medications.
4. Administrator or Designee will audit medication carts once a week for two weeks and once a month for two months to ensure that no medications that require refrigeration are in those carts. These weekly audits will begin in April 2024, and the monthly audits will begin in May. 2024. the results of these audits will be presented at the next quarterly QAPI committee in JULY 2024 for further analysis and corrective actions if necessary.

Licensee's Proposed Overall Completion Date: 04/19/2024

Implemented ( [redacted] - 04/24/2024)

185a - Implement Storage Procedures

11. 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

Resident #2 is prescribed [redacted] for [redacted] and [redacted] 2 tablets for pain as needed. On 2/21/24 these medications were not available in the home.

Resident #3 is prescribed [redacted] for [redacted] as needed. On 2/21/24, this medication was not available in the home

Plan of Correction

Accept ( [redacted] - 04/19/2024)

185a – Implement Storage Procedures

1. Medications were received from the pharmacy at approximately 1:06 am February 22,2024.
2. An audit of current medication orders for availability of medication was completed by the Administrator on February 22, 2024.
3. Current staff will be re-educated by administrator, related to pharmacy refill process, and the requirement for availability of ordered medications no later than April 19, 2024.
4. Administrator or Designee will audit 3 random residents from each medication cart once a week for two weeks and once a month for two months to ensure all ordered medications are available in those carts. These weekly audits will begin in April 2024. Monthly audits will begin in May 2024. Results of these audits will be presented at

185a Implement Storage Procedures (continued)

the next quarterly QAPI committee in July 2024 for further analysis for corrective actions if necessary.

Licensee's Proposed Overall Completion Date: 04/19/2024

Implemented ( ) - 04/24/2024)

190a - Completion Medication Course

12. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person B, who last completed the Modified Department approved medication administration course on 1/5/21, administered medications to residents to include the following:

On [redacted] at [redacted], [redacted] to Resident #3.

On [redacted] medications to Resident #2, including [redacted]

Staff person C last completed the Modified Department approved medication administration course on 3/8/23. However, any staff person who took the modified course in lieu of the standard course was to complete the standard medication course by July 31, 2023. Staff person C administered medications to residents to include the following:

On [redacted] through [redacted] at [redacted], administered [redacted] to Resident #2.

On [redacted] through [redacted] at [redacted], administered [redacted] to Resident #3.

Plan of Correction

Accept ( ) - 04/19/2024)

190a Completion of Medication Course

1. Staff members B & C will complete the standard course no later than April 19, 2024.
2. Administrator or Designee will audit the current staff records no later than April 19, 2024 to ensure that current medication administrators have completed the standard course.
3. Education provided to the Administrator by Executive Director on February 29, 2024 to ensure that all staff administering medication have completed the standard medication course.
4. Administrator or Designee will audit Medication Administrator course completions monthly for three months to ensure that no Medication Administrator has been trained using the modified course. These monthly audits will begin in May 2024. The results of these audits will be presented at the next quarterly QAPI committee in July 2024 for further analysis and corrective actions if necessary.

Licensee's Proposed Overall Completion Date: 04/19/2024

Implemented ( ) - 04/24/2024)

227d - Support Plan Medical/Dental

13. Requirements

2600.

227.d. Each home shall document in the resident’s support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident’s physician, physician’s assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #1 has an enabler on their bed. However, the current assessment and support plan for Resident #1, dated [REDACTED] does not indicate the resident has a need for the enabler.

Repeated Violation - 11/1/22

Plan of Correction

Accept [REDACTED] - 04/19/2024)

227d – Support Plan Medical/Dental

1. Administrator completed updated resident assessment and support plan to include the enabler on March 13, 2024.
2. Administrator or Designee will review current residents to determine if any are using an enabler. If any residents are using an enabler without the corresponding support plan and assessment, the corresponding assessments and support plans will be completed no later than April 15, 2024.
3. Licensed staff responsible for assessments and support plans will be re-educated on assessment and support plan documentation by the Administrator no later than April 19, 2024.
4. Administrator or Designee will audit current residents with an enabler once a month for three months to ensure that the corresponding assessment and support plan documentation support use of the enabler. These monthly audits will begin in may 2024. The results of this audit will be presented at the next quarterly QAPI committee in July 2024 for further analysis and corrective actions if necessary.

Licensee's Proposed Overall Completion Date: 04/19/2024

Implemented [REDACTED] - 04/24/2024)