

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

April 8, 2024

[REDACTED] CEO
WESTMONT WOODS LP
787 GOUCHER STREET
ATTN [REDACTED]
JOHNSTOWN, PA, 15905

RE: QUALITY LIFE SERVICES -
WESTMONT
787 GOUCHER STREET
JOHNSTOWN, PA, 15905
LICENSE/COC#: 33238

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/22/2024 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: *QUALITY LIFE SERVICES - WESTMONT* **License #:** 33238 **License Expiration:** 08/11/2024
Address: 787 GOUCHER STREET, JOHNSTOWN, PA 15905
County: CAMBRIA **Region:** CENTRAL

Administrator

Name: [REDACTED] **Email:** [REDACTED]

Legal Entity

Name: WESTMONT WOODS LP
Address: 787 GOUCHER STREET, ATTN [REDACTED], JOHNSTOWN, PA, 15905
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-1 **Date:** 01/11/1995 **Issued By:** Department of Health
Type: C-1 **Date:** 11/26/1962 **Issued By:** Department of Labor & Industry

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 32 **Waking Staff:** 24

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 02/22/2024

Inspection Dates and Department Representative

02/22/2024 - 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: 2

Number of Residents Who:

Receive Supplemental Security Income: 1 **Are 60 Years of Age or Older:** 22
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 1
Have Mobility Need: 9 **Have Physical Disability:** 1

Inspections / Reviews

02/22/2024 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/08/2024

Inspections / Reviews *(continued)*

03/14/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/04/2024

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 03/21/2024

03/22/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/04/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/08/2024

04/08/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/04/2024

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], 23 residents were present in the home. During this time, 3 staff were present in the home who were certified in Basic Life Support but 0 staff were certified in First Aid.

On [REDACTED], from [REDACTED], 23 residents were present in the home. During this time, 2 staff were present in the home who were certified in Basic Life Support but 0 staff were certified in First Aid.

Repeated Violation - 2/15/2023

Plan of Correction

Accept ([REDACTED] - 03/22/2024)

Current personal care staff members will be CPR/First Aide trained by February 29th, 2024. Date of training for the personal care staff was 2/28/2024. Staff were educated that if any resident needed First Aide until they were properly trained, they were to send the resident to the emergency room. Date: 2/22/2024.

The Personal Care Administrator will ensure all new personal care staff members will be CPR/First Aide trained within the first 3 months of being hired. Date: 2/28/2024

NHA will present education on February 23rd, 2024 with the Personal Care Administrator on the importance of regulation 2600.63.a.

Personal Care Administrator will do an audit every quarter to maintain personal care staff who need CPR/First Aide trained in 2024 will have it completed. Start date 2/28/2024.

Personal care administrator will complete daily review of personal care staff starting 2/28/2024 to ensure there is a PC staff member who is CPR/First Aide trained is scheduled based on the resident census (one staff member per 50 residents). Daily review will conclude May 31st with quarterly review to ensure all personal care staff have CPR/first aide certification. Results of the audits will be reviewed and recorded in monthly QAPI meeting start date of March 19th, 2024.

Licensee's Proposed Overall Completion Date: 03/19/2024

Implemented ([REDACTED] - 04/08/2024)

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 Member A, whose first day of work was [REDACTED] did not receive orientation on the following topics until [REDACTED] evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

Plan of Correction

Directed ([REDACTED]) - 03/22/2024)

Ancillary Department Heads and the Personal Care Administrator were all educated by the NHA on February 23, 2024 that 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. 7. Telephone use and notification of emergency services. Documentation of the education will be kept.

The certified maintenance employee was educated by the NHA on February 23, 2024 the importance of conducting the fire safety training for the employees on the first day of hire. Documentation of the education will be kept. An audit was completed by the personal care administrator on February 24th, 2024 to ensure all staff members had first day orientation paperwork completed. Results of the audit will be reviewed and recorded in the monthly QAPI meeting starting March 19th, 2024.

The company has instituted a new process where all new staff receive fire safety training on their first day of hire by the maintenance employee. Start date March 1, 2024. Documentation of the education will be kept.

The Human Resource Director will audit within one week after date of hire for any new employees that they have completed their orientation and fire safety training.

Proposed Overall Completion Date: 03/19/2024

(Directed)

- Ancillary Department Heads and the Personal Care Administrator were all educated by the NHA on February 23, 2024 that 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

65a - FS Orientation 1st Day (continued)

location and use of fire extinguishers. 6. Smoke detectors and fire alarms. 7. Telephone use and notification of emergency services. Documentation of the education will be kept.

- The certified maintenance employee was educated by the NHA on February 23, 2024 the importance of conducting the fire safety training for the employees on the first day of hire. Documentation of the education will be kept.
- An audit was completed by the personal care administrator on February 24th, 2024 to ensure all staff members had first day orientation paperwork completed. Results of the audit will be reviewed and recorded in the monthly QAPI meeting starting March 19th, 2024.
- The company has instituted a new process where all new staff receive fire safety training on their first day of hire by the maintenance employee. Start date March 1, 2024. Documentation of the education will be kept.
- Effective 4/1/2024, the Human Resource Director will audit within one week after date of hire for any new employees that they have completed their orientation and fire safety training.

Directed Completion Date: 04/01/2024

Implemented [REDACTED] - 04/08/2024)

81b - Resident Personal Equipment

3. 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 2/22/24 at approximately 9:25 AM, Resident #1's bed was observed to have an enabler device. The enabler device was not covered and had an opening measuring 11.5 inches wide x 15.5 inches high, creating a potential entrapment hazard.

Repeated Violation - 2/15/2023

Plan of Correction

Accept [REDACTED] - 03/22/2024)

An audit of all beds was completed on February 29th, 2024 by the Personal Care Administrator to ensure any enabler bars met regulation. Any found that did not meet were immediately removed, replaced or a cover was provided by the Personal Care Administrator to ensure the residents safety and to be complaint with the regulation 2600.81.b.

Education was provided to the Personal Care Administrator by the NHA on February 23, 2024 on regulation 2600.81.b and the importance of maintaining compliance. Documentation of the education will be kept.

Personal care staff were educated by the Personal Care Administrator on regulation 2600.81.b Documentation of the education will be kept. Education will be completed by February 27th, 2024.

Starting February 28th, 2024 Personal care staff members will check all residents with an enabler bar daily on each shift to ensure compliance and safety. Documentation of the safety check will be kept in the resident's electronic treatment record.

Personal care administrator will do an audit weekly for 4 weeks, starting March 3, 2024 and ending March 30, 2024 to ensure the enabler bar on each residents bed is secure and has a cover over it. Results of the audits will be reviewed and recorded in monthly QAPI meeting starting March 19th, 2024.

81b - Resident Personal Equipment (continued)

Licensee's Proposed Overall Completion Date: 03/19/2024

Implemented () - 04/08/2024

82a - Poisonous Materials

4. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

On 2/22/24 at approximately 4:10 PM, a clear, 12 ounce spray bottle was observed in the janitor closet in the short hall, filled with an unidentified, clear liquid. Maintenance Director was unable to identify the liquid substance contained in the spray bottle. A manufacturer's label was not on the spray bottle.

Plan of Correction

Accept () - 03/22/2024

An audit was completed by the personal care administrator to ensure all poisonous materials are labeled and in their original containers. Any found not labeled will be thrown away immediately, this was completed on February 22, 2024.

Maintenance/housekeeping staff were educated by personal care administrator on February 23, 2024 the importance of poisonous materials and that all poisonous materials must be stored in their original, labeled containers as per regulation 2600. 82a. Documentation of the education will be kept.

Starting April 1st, 2024 the Maintenance Director and his assistant will continue to audit monthly that all poisonous materials are labeled and in their original containers.

An audit will be completed by maintenance director weekly starting on March 3rd for 5 times a week for 1 week, then 4 times a week for 1 week, then 2 times a week for 1 week, then once a week for 1 week to ensure compliance of regulation 2600. 82a. Results of the audits will be reviewed and recorded in monthly QAPI meeting starting March 19th, 2024.

Licensee's Proposed Overall Completion Date: 03/19/2024

Implemented () - 04/08/2024

100b - Removal Snow/Obstructions

5. Requirements

2600.

100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Description of Violation

On 2/22/2024 at approximately 9:10 AM, there was snow covering the exterior walkway by the dining room exit.

On 2/22/2024 at approximately 9:16 AM, there was snow/ice covering the exterior walkway by the sunroom exit.

On 2/22/2024 at approximately 9:25 AM, there was snow/ice covering the exterior walkway by the short hall exit.

Plan of Correction

Accept () - 03/14/2024

All snow/ice were immediately removed from every exit door.

100b - Removal Snow/Obstructions (continued)

Maintenance department was educated by the personal care administrator on the regulation 2600.100b and the importance of snow removal from outside walkways, ramps, steps, recreational areas and exterior fire escapes. Education will be completed by March 8th, 2024. Documentation of the education will be kept. The maintenance director or designee will complete an audit 5 times a week for 1 week, then 4 times a week for 1 week, then 2 times a week for 1 week, then once a week for 1 week to ensure compliance. The audit will be begin March 3rd and end March 30th. The results of the audit will be reviewed and recorded.

Licensee's Proposed Overall Completion Date: 03/07/2024

Implemented (████) - 04/08/2024)

103f - Refrigerator/Freezer Temps

6. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 2/22/24 at approximately 3:58 PM, there was no thermometer in the Personal Care snack refrigerator which contained plastic wrapped sandwiches.

Plan of Correction

Accept (████) - 03/22/2024)

A thermometer was immediately placed into the PC Snack Fridge and all other refrigerators/freezers were audited by the Dietary manager on February 23rd 2024 to ensure they all had a properly working thermometer in them. Kitchen staff were educated by Personal Care Administrator that food requiring refrigeration shall be stored at or below 40F, all frozen food shall be kept at or below 0 degrees and thermometers are required in all refrigerators/freezers. Documentation of the education will be kept.

A new checklist was created by the Personal Care Administrator for kitchen staff to use on all refrigerators/freezers stating the date, time, temperature and staff will sign off that there is a working thermometer in the unit daily. This is checklist will start being used on March 1st, 2024.

An audit will be completed by the Dietary Director to ensure a thermometer is in all refrigerators. An audit will be completed 5 times a week for 1 week, then 4 times a week for 1 week, then 2 times a week for 1 week, then once a week for 1 week to ensure compliance. The audit will start March 1, 2024 and be completed on March 31st, 2024. Results of the audits will be reviewed and recorded in monthly QAPI meeting starting March 19th, 2024.

Licensee's Proposed Overall Completion Date: 03/19/2024

Implemented (████) - 04/08/2024)

107d - Procedure Emergency Management Agency Submission

7. Requirements

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

107d - Procedure Emergency Management Agency Submission (continued)

Description of Violation

The home does not have documentation that the written emergency procedures have been submitted to the local emergency management agency. Per the Administrator, this has not been completed since he/she started working for the home in January 2022.

Plan of Correction

Accept (█) - 03/22/2024)

The emergency procedures will be reviewed, updated, and submitted by the personal care administrator to our local emergency management agency by March 1st, 2024.

The personal care administrator was educated by the NHA and education will be completed by February 29th, 2024 that the emergency procedures need reviewed, updated and submitted annually to the local emergency management agency. Documentation of the education will be kept.

A new checklist will be created by the Personal Care Administrator on March 1st, 2024 to ensure the emergency procedures are reviewed, updated and submitted annually to the local emergency management agency. The personal care administrator will also add reminders to the calendar to ensure the emergency procedures are reviewed, updated and submitted yearly to our local emergency management agency.

Documentation of the reviews, updates and submissions of the emergency procedures will be kept by the home and available for review by the Department.

Licensee's Proposed Overall Completion Date: 03/19/2024

Implemented (█) - 04/08/2024)

109b - Rabies Vaccination

8. Requirements

2600.

109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation

On 2/22/2024, a canine was present at the home; the canine's rabies vaccination was due on 1/19/2024.

A second canine has been present at the home on several occasions in the last year; however, the home does not have a rabies vaccination record on file.

Plan of Correction

Accept (█) - 03/22/2024)

The specific dog that was not vaccinated will not enter the building until a current rabies vaccination record is given to the personal care administrator.

Education was provided on February 24th, 2024 to personal care staff members, ancillary staff members, residents and resident's families by the personal care administrator that all cats and dogs visiting at the home shall have a current rabies vaccination and staff needs a current copy of the vaccination prior to the cat/dog entering the home. Documentation of the education will be kept.

Starting March 1st, 2024 a monthly audit will be completed by the personal care administrator to comply that all cats/dogs that visit the home have a current rabies vaccine. All new animals will not enter the home without a current rabies vaccine. Results of the audits will be reviewed and recorded in monthly QAPI meeting starting March 19th, 2024.

Licensee's Proposed Overall Completion Date: 03/19/2024

109b Rabies Vaccination (continued)

Implemented () - 04/08/2024)

123b Emergency Procedures Posted

9. Requirements

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

On 2/22/2024, the home's emergency procedures were not posted in a conspicuous and public place in the home.

Plan of Correction

Accept () - 03/22/2024)

A copy of the emergency procedures will be placed by the personal care administrator in our main lobby where all resident can easily access it by March 5, 2024.

The personal care administrator was educated by NHA on February 23rd, 2024 that copies of the emergency procedures shall be posted in a conspicuous and public place in the home and a copy shall be kept. Documentation of the education will be kept.

An audit will be completed by the personal care administrator weekly for 4 weeks to ensure the emergency procedures are kept posted in our main lobby where residents can easily access it. The audit will start March 3, 2024 and complete in March 30st of 2024. Results of the audits will be reviewed and recorded in monthly QAPI meeting starting March 19th, 2024.

Starting April 1st, 2024 the personal care administrator will continue audits quarterly to maintain the emergency procedures are kept posted in our main lobby where residents can easily access it.

Licensee's Proposed Overall Completion Date: 03/19/2024

Implemented () - 04/08/2024)

162c Menus Posted

10. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

On 2/22/2024, the home's menu for the week of 2/18/2024-2/24/2024 was posted. However, the home did not have a menu posted 1 week in advance.

Plan of Correction

Accept () - 03/22/2024)

Two weeks' worth of menus will be posted for the residents by February 29th, 2024 by the dietary manager.

Kitchen staff were educated by the personal care administrator that menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance by the dietary manager and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home. Documentation of the education will be kept.

The dietary manager will do an audit weekly for 4 weeks then to ensure compliance with regulation 2600. 162c that 2 weeks' worth of menus are posted at all times for the residents. The audit will start March 3, 2024 and complete in March 30th of 2024. Results of the audits will be reviewed and recorded in monthly QAPI meeting starting March

162c - Menus Posted (continued)

19th, 2024.

Licensee's Proposed Overall Completion Date: 03/19/2024

Implemented (████) - 04/08/2024)

187a - Medication Record

11. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #2 is prescribed (████████████████████) - Give (████) by mouth in the morning for treatment. However, Resident #2's February 2024 Medication Administration Record does not indicate a diagnosis or purpose for the medication.

Plan of Correction

Accept (████) - 03/22/2024)

Resident #2 medications were audited by the personal care administrator and the proper diagnosis was added for the medication (████) March 1st, 2024.

Med techs were all educated by the personal care administrator on February 23th, 2024 that resident #2's (████) was being used for (████████████████████)

An audit of all resident medications will be completed by the personal care administrator to ensure the proper diagnosis is being used any found out of compliance were immediately corrected. This audit will be complete by March 4, 2024.

The personal care administrator was educated by the NHA on February 23rd, 2024 on the proper diagnosis's that are to be used for all residents and their specific medications. Documentation of the education will be kept.

The personal care administrator will complete an audit on any new medication ordered or any new admissions weekly for 4 weeks, starting on March 3, 2024 and ending on March 30th, 2024. Results of the audits will be reviewed and recorded in monthly QAPI meeting starting March 19th, 2024.

Med techs were trained on February 28, 2024 to review resident MARS daily that the proper diagnosis is being used on all medications and if any found that do not properly fit the specific medication, they are to notify the personal care administrator immediately for corrective action to enter a diagnosis. Date completed

The personal care administrator will complete monthly audits on 25% of the resident MAR to ensure medications have a diagnosis.

Licensee's Proposed Overall Completion Date: 03/19/2024

Implemented (████) - 04/08/2024)

227d - Support Plan Medical/Dental

12. Requirements

2600.

227d - Support Plan Medical/Dental (*continued*)

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

The medical evaluation for Resident #2, dated [REDACTED], indicates the resident is diagnosed with [REDACTED]. The resident's most recent assessment and support plan, dated [REDACTED] does not reflect this diagnosis.

Plan of Correction

Accept ([REDACTED] - 03/22/2024)

Resident #2 had an updated RASP completed by the personal care administrator adding the diagnosis of [REDACTED] on March 4th, 2024.

The personal care administrator was educated by the NHA on February 23, 2024 that all diagnosis's listed for the resident must be present in their most recent RASP. Documentation of the education will be kept.

An audit of all residents RASP's was completed the personal care administrator on March 4th, 2024 to ensure all diagnosis's listed for the residents are on their most recent RASP.

The personal care administrator will complete an audit weekly for 4 weeks on any new admissions or any RASPS that are due to ensure all diagnosis are on the care plan. The audit will begin on March 3rd, 2024 and end on March 30th, 2024. Results of the audits will be reviewed and recorded in monthly QAPI meeting starting March 19th, 2024. Starting April 1st, 2024, the personal care administrator will do a quarterly audit on all residents RASP's to maintain that all diagnoses listed for the residents are on their most recent RASP.

Licensee's Proposed Overall Completion Date: 03/19/2024

Implemented ([REDACTED] - 04/08/2024)