

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

June 25, 2024

[REDACTED], PA AREA DIRECTOR
ERIE OPS LLC
[REDACTED]
[REDACTED]

RE: WESTLAKE WOODS AL
3302 WEST LAKE ROAD
ERIE, PA, 16505
LICENSE/COC#: 45407

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/12/2024 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: WESTLAKE WOODS AL License #: 45407 License Expiration: 10/31/2024
Address: 3302 WEST LAKE ROAD, ERIE, PA 16505
County: ERIE Region: WESTERN

Administrator

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

Legal Entity

Name: ERIE OPS LLC
Address: [Redacted]

Certificate(s) of Occupancy

Type: C-2 LP Date: 10/31/1997 Issued By: Department of Labor

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 82 Waking Staff: 62

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint Exit Conference Date: 04/12/2024

Inspection Dates and Department Representative

04/12/2024 - On-Site [Redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 79 Residents Served: 59

Special 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: 59
Diagnosed with Mental Illness: 3 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 23 Have Physical Disability: 1

Inspections / Reviews

04/12/2024 Partial

Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 05/02/2024

05/02/2024 - POC Submission

Submitted By: [Redacted] Date Submitted: 06/12/2024
Reviewer: [Redacted] Follow-Up Type: Document Submission Follow-Up Date: 06/13/2024

Inspections / Reviews *(continued)*

06/25/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/12/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

85a Sanitary conditions

1. Requirements

2800.
85.a. Sanitary conditions shall be maintained.

Description of Violation

At approximately 5:00 p.m., there were multiple heavily soiled smears of fecal matter on resident #1's bed to include a heavily soiled smear of fecal matter approximately 8 x 8 inches in size on the floor at the foot of resident #1's bed and a heavily soiled smear of fecal matter approximately 4 x 4 inches in size on the left side of resident #1's bed. There was also a saturated stain of urine in the center of resident #1's bed approximately 3 1/2 feet in diameter. Resident #1 indicated her bed/bedsheets had been in this condition since last night/this morning.

Plan of Correction

Accept (redacted) - 05/02/2024)

This plan of correction is submitted as required under State law. The submission of this Plan of Correction does not constitute any admission of civil or criminal liability on the part of the named Community as to contents stated in this Statement of Deficiencies. Any changes to the Community's policies and procedures made because of its receipt of this Statement of Deficiencies are subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The Community submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney, or shareholder of the Community or affiliated companies.

55 Pa. Code § 2800.85.a. Sanitary conditions shall be maintained.

The apartment home was cleaned during the onsite inspection on April 12, 2024. The Executive Director tidied up the apartment home; maintenance shampooed the carpets and spot cleaned the mattress and housekeeping laundered the bedding and linens.

Resident #1 toileting regimen updated to include protective undergarments and toileting schedule. Mattress cover placed on resident's bed. The Care Team Manager or designee will monitor the apartment home weekly. The weekly audit will be conducted for four weeks beginning the week of 5/13/2024. Additional weekly audits will be conducted until there are four weeks of consistent compliance demonstrated with this regulation.

The Care Team Manager or designee will conduct a sampling of 10% of the residents apartment homes for sanitary conditions during a weekly audit. The weekly audit will be conducted for four weeks beginning the week of 5/13/2024. Additional weekly audits will be conducted until there are four weeks of consistent compliance demonstrated with this regulation. Upon completion of weekly audits the Care Team Manager or designee will conduct monthly audits until 3 months of consistent compliance is demonstrated with this regulation.

Licensee's Proposed Overall Completion Date: 06/13/2024

Implemented (redacted) - 06/25/2024)

185a Storage procedures

2. Requirements

2800.

185a Storage procedures (continued)

185.a. The residence 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] take one tablet by mouth every eight hours as needed for [redacted]. However, from [redacted] the medication was not present in the home.

Plan of Correction

Accept [redacted] - 05/02/2024)

This plan of correction is submitted as required under State law. The submission of this Plan of Correction does not constitute any admission of civil or criminal liability on the part of the named Community as to contents stated in this Statement of Deficiencies. Any changes to the Community's policies and procedures made because of its receipt of this Statement of Deficiencies are subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The Community submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney, or shareholder of the Community or affiliated companies.

55 Pa. Code § 2800.185.a The residence shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

At the time of the onsite inspection resident #2 medications were available.

A meeting for med passers and clinicians will be held on 5/08/2024, for documented reeducation by the Health and Wellness Director on the medication policy and procedures and the importance of having as needed medications available for administration. Any med passers or clinicians not in attendance will be trained by the Health and Wellness Director or designee no later 5/17/2024. Documentation of training will be maintained.

The Health and Wellness Director or designee will audit the availability of as needed medications no later than 5/8/2024. The Health and Wellness Director or designee will conduct a sampling of 10% of the residents as needed medications during a weekly audit. The weekly audit will be conducted for four weeks beginning the week of 5/13/2024. Additional weekly audits will be conducted until there are four weeks of consistent compliance demonstrated with this regulation. Upon completion of weekly audits the Health and Wellness Director or designee will conducted monthly audits.

Licensee's Proposed Overall Completion Date: 06/13/2024

Implemented [redacted] - 06/25/2024)

187c Refusal to take medication

3. Requirements

2800.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

Resident #3 is prescribed [redacted] mixed 2 teaspoons in liquid and take by mouth twice daily. Resident #3

187c Refusal to take medication (continued)

refused the administration of this medication on multiple dates and times to include [REDACTED], evening time. However, the home failed to immediately notify the prescribing physician.

Plan of Correction

Accept ([REDACTED] - 05/02/2024)

This plan of correction is submitted as required under State law. The submission of this Plan of Correction does not constitute any admission of civil or criminal liability on the part of the named Community as to contents stated in this Statement of Deficiencies. Any changes to the Community's policies and procedures made because of its receipt of this Statement of Deficiencies are subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The Community submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney, or shareholder of the Community or affiliated companies.

55 Pa. Code § 2800.187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

The Health and Wellness Director notified resident #3's primary care physician of the refused over the counter medication from 4/4/2024 through 4/9/2024. This was completed on 04/12/2024. The primary care physician discontinued the medication.

A meeting for med passers and clinicians will be held on 5/08/2024, for documented reeducation by the Health and Wellness Director on the medication refusal policy and the importance of reporting medication refusals in accordance with the regulation. Any med passers or clinicians not in attendance will be trained by the Health and Wellness Director or designee no later 5/17/2024. Documentation of training will be maintained.

The Health and Wellness Director or designee will conduct a weekly audit of the electronic medication record for refusals. The weekly audit will be conducted for four weeks beginning the week of 5/13/2024. Additional weekly audits will be conducted until there are four weeks of consistent compliance demonstrated with this regulation. Upon completion of weekly audits the Health and Wellness Director or designee will conducted monthly audits.

Licensee's Proposed Overall Completion Date: 06/13/2024

Implemented ([REDACTED] - 06/25/2024)

187d Follow prescriber's orders

4. Requirements

2800. 187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 is prescribed [REDACTED] take one tablet by mouth every eight hours as needed for [REDACTED] On [REDACTED], at approximately [REDACTED] resident #2 was in a heightened state of [REDACTED] and required the administration of this medication. However, resident #1 was not administered the medication, it was not present in the home.

187d Follow prescriber's orders (continued)

Resident #4 date and time of arrival [REDACTED], at approximately [REDACTED] is prescribed [REDACTED] chew [REDACTED] take 1 tablet by mouth once daily. However, resident #4 was not administered this medication on [REDACTED]. The medication was not present in the home.

Resident #4 date and time of arrival [REDACTED] at approximately [REDACTED] is prescribed [REDACTED] take two capsules by mouth once daily. However, resident #4 was not administered this medication on [REDACTED]. The medication was not present in the home.

Resident #4 date and time of arrival [REDACTED] at approximately [REDACTED] is prescribed mupirocin [REDACTED] apply topically twice daily for 10 days. However, resident #4 was not administered this medication on [REDACTED]. The medication was not present in the home.

Plan of Correction**Accept ([REDACTED] - 05/02/2024)**

This plan of correction is submitted as required under State law. The submission of this Plan of Correction does not constitute any admission of civil or criminal liability on the part of the named Community as to contents stated in this Statement of Deficiencies. Any changes to the Community's policies and procedures made because of its receipt of this Statement of Deficiencies are subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The Community submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney, or shareholder of the Community or affiliated companies.

55 Pa. Code § 2800.187.d. The home shall follow the directions of the prescriber.
The medications for resident #2 were all available at the time of onsite inspection.

The medications for resident #4 were all available at the time of onsite inspection.

A meeting for med passers and clinicians will be held on 5/08/2024, for documented reeducation by the Health and Wellness Director on medication policy and procedures and the importance of following directions of the prescriber. Any med passers or clinicians not in attendance will be trained by the Health and Wellness Director or designee no later 5/17/2024. Documentation of training will be maintained.

The Health and Wellness Director or designee will conduct a sampling of 10% of the residents during a weekly audit of the electronic medication record for compliance. The weekly audit will be conducted for four weeks beginning the week of 5/13/2024. Additional weekly audits will be conducted until there are four weeks consistent compliance demonstrated with this regulation. Upon completion of weekly audits, the Health and Wellness Director or designee will conduct monthly audits.

Licensee's Proposed Overall Completion Date: 06/13/2024

Implemented ([REDACTED] - 06/25/2024)