

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

February 26, 2025

[REDACTED], EXECUTIVE DIRECTOR
WESTFIELD BEHAVIORAL HEALTH AFFILIATES INC
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/12/2024 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: WESTFIELD License #: 47424 License Expiration: 02/04/2025
 Address: 5826 OLD PULASKI ROAD, NEW WILMINGTON, PA 16142
 County: LAWRENCE Region: WESTERN

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: WESTFIELD BEHAVIORAL HEALTH AFFILIATES INC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 7 Waking Staff: 5

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 12/12/2024

Inspection Dates and Department Representative

12/12/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 8 Residents Served: 7

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 7 Are 60 Years of Age or Older: 1
 Diagnosed with Mental Illness: 7 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

12/12/2024 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/17/2025

01/24/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 02/17/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/29/2025

Inspections / Reviews *(continued)*

01/29/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/17/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 02/26/2025

02/26/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/17/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The license inspection summary, dated 5/1/24, was not posted in the home.

Plan of Correction

Accept () - 01/24/2025

On 12/12/24, the inspection was posted from 5/1/24 by the administrator. On 1/7/25, the inspection from 12/12/24 was posted by the administrator. Administrator created a monthly checklist, asking for current date and then what the date is on the most current inspection to ensure most recent inspection is always posted.

Licensee's Proposed Overall Completion Date: 01/14/2025

Implemented () - 02/26/2025

25c11 - List of Rates

2. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

- 11. A list of personal care services to be provided to the resident based on the outcome of the resident's support plan, a list of the actual rates that the resident will be periodically charged for food, shelter and services and how, when and by whom payment is to be made.

Description of Violation

Resident #2's contract, signed on (), did not include the rates for food, shelter, and services.

Plan of Correction

Accept () - 01/29/2025

On 1/13/25, administrator made a new contract for Resident #2, the updated contract included the rate for food, shelter, and other services. The updated contract was explained to Resident #2 and Resident #2 signed. An example contracts is now posted with all areas highlighted that need to be filled out to ensure completion. On the anniversary of admission, each resident's contract will be audited, a spreadsheet was made by administrator on 1/27/25 to be used to keep track.

Licensee's Proposed Overall Completion Date: 01/27/2025

Implemented () - 02/25/2025

65f - Training Topics

3. Requirements

2600.

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

- 1. Medication self-administration training.
- 4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- 5. Personal care service needs of the resident.
- 6. Safe management techniques.
- 7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

65f - Training Topics (continued)

Description of Violation

Direct care staff person A did not complete training in the following topics in training year January to December 2023:

- *Medication self-administration training.
- *Infection control and general principles of cleanliness and hygiene
- *Personal care service needs of the resident.
- *Safe management techniques
- *Care for residents with mental illness or an intellectual disability.

Direct care staff person B and direct care staff person C did not complete training in the following topics in training year January to December 2023:

- *Medication self-administration training.
- *Personal care service needs of the resident.
- *Safe management techniques
- *Care for residents with mental illness or an intellectual disability.

REPEAT VIOLATION: 12/11/2023

Plan of Correction

Accept ([redacted]) - 01/29/2025)

Administrator held a staff meeting on 1/8/25 with employees and went over the importance and ensuring all training is completed. All employees were advised to reach out for assistance if needed. A spreadsheet of all employees and then the required trainings was created by the administrator. When employees complete the training, the box will be checked. This will allow administrator to keep track of who needs what training, and this will also act as a reminder to employees to complete training. Employees were educated on the fact if they do not complete these trainings that they will be out of compliance and removed from the schedule until completed. Tracking sheet will be checked by administrator on a monthly basis. In 2024 the following training were completed:

- Medication and Self Administration: Staff A, B, and C on 12/9/2024.
- Infection Control: Staff A on 5/10/2024.
- Personal Care Services: Staff A, B, and C on 3/6/2024.
- Safe Managment: Staff A, B, and C on 11/13/2024.
- Care for residents with mental illness or ID: Staff A, B, and C on 1/20/24.

Licensee's Proposed Overall Completion Date: 01/27/2025

Implemented ([redacted]) - 02/25/2025)

65g - Annual Training Content

4. 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:

- 2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
- 4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).

Description of Violation

Direct care staff person A and direct care staff person B did not complete training in the following topics in training year January to December 2023:

65g - Annual Training Content (continued)

*Emergency preparedness procedures and recognition and response to crises and emergency situations.

*The Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102).

Direct care staff person C did not complete training in emergency preparedness procedures and recognition and response to crises and emergency situations in training year January to December 2023.

REPEAT VIOLATION: 12/11/2023

Plan of Correction

Accept () - 01/29/2025

Administrator held a staff meeting on 1/8/25 with employees and went over the importance and ensuring all training is completed. All employees were advised to reach out for assistance if needed. A spreadsheet of all employees and then the required trainings was created by the administrator. When employees complete the training, the box will be checked. This will allow administrator to keep track of who needs what training, and this will also act as a reminder to employees to complete training. Employees were educated on the fact if they do not complete these trainings that they will be out of compliance and removed from the schedule until completed. Spreadsheet will be checked by administrator on a monthly basis. In 2024, trainings were completed by Staff A and B:

OAPSA: 10/15/2024

Emergency Preparedness: 8/20/2024

Licensee's Proposed Overall Completion Date: 01/27/2025

Implemented () - 02/25/2025

94b - Non-Skid Surface

5. Requirements

2600.

94.b. Interior stairs, exterior steps and ramps must have nonskid surfaces.

Description of Violation

The steps at the back door and the ramp leading to the smoking area did not have a non-skid surface.

Plan of Correction

Accept () - 01/29/2025

Staff were educated on 1/8/25 by the administrator about importance of safe areas that are free of ice, snow, or obstructions. A log was created by this administrator on 1/7/25 asking staff to provide service to exits to ensure safety. Administrator reached out to the maintenance department on 1/8/25 asking for non-skid to be placed on ramp outside back door. Supplies were ordered. When supplies arrive, maintenance will install expeditiously. Target date for installation is 3/3/2025.

Licensee's Proposed Overall Completion Date: 01/27/2025

Implemented () - 02/26/2025

100b - Removal Snow/Obstructions

6. 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.

100b - Removal Snow/Obstructions (continued)

Description of Violation

At approximately 9:40 a.m., there was ice on the steps from the back door and on the steps from the laundry room.

Plan of Correction

Accept () - 01/22/2025

Staff were educated on 1/8/25 by the administrator about importance of safe areas that are free of ice, snow, or obstructions. A log was created by this administrator on 1/7/25 asking staff to provide service to exits to ensure safety. Administrator reached out to the maintenance department on 1/8/25 asking for non-skid to be placed on ramp outside back door. Supplies were ordered. When supplies arrive, maintenance will install expeditiously.

Licensee's Proposed Overall Completion Date: 01/14/2025

Implemented () - 02/25/2025

101j7 - Lighting/Operable Lamp

7. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

There was no operable lamp or other source of light in bedroom #2 that could be turned on and off from bedside.

Plan of Correction

Accept () - 01/22/2025

Lamp was plugged in by the administrator and operable on 12/12/24. Administrator met with residents on 12/13/24 to explain the requirement of light source at bedside, and that it needs to be plugged in at all times. A weekly checklist was created by administrator on 1/13/25 with all rooms to ensure each room has a light source at bedside and if it is operable. All residents were also provided with a battery powered flashlight that is to be kept in nightstand as a second option.

Licensee's Proposed Overall Completion Date: 01/14/2025

Implemented () - 02/25/2025

141a 1-10 Medical Evaluation Information

8. 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. The evaluation must include the following:

- 1. A general physical examination by a physician, physician's assistant or nurse practitioner.
- 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
- 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
- 4. Special health or dietary needs of the resident.
- 5. Allergies.
- 6. Immunization history.
- 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
- 8. Body positioning and movement stimulation for residents, if appropriate.
- 9. Health status.
- 10. Mobility assessment, updated annually or at the Department's request.

141a 1-10 Medical Evaluation Information (continued)

Description of Violation

Resident #2's Medical Evaluation, dated [redacted] did not document [redacted] diagnoses or [redacted] need for body positioning. These sections were blank.

REPEAT VIOLATION: 12/11/2023

Plan of Correction

Accept ([redacted] - 01/29/2025)

Staff were reeducated by administrator on 1/8/25 about the importance of resident's DME being filled out completely. An example sheet was shown and is now hanging in the office to be referenced to anytime. The example sheet has all required areas needing to be filled out highlighted. Annual DME for resident was completed on 1/15/25. All DME's will be checks along with contract on the anniversary of admission and checked off chart made by this administrator on 1/27/25.

Licensee's Proposed Overall Completion Date: 01/27/2025

Implemented ([redacted] - 02/25/2025)

162c - Menus Posted

9. 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

The menu for the week of 12/15/24 was not posted.

Plan of Correction

Accept ([redacted] - 01/22/2025)

A menu for the week of 12/15/24 was posted by the administrator on 12/13/24. A weekly checklist has been created by administrator asking the current week and what week is posted. Administrator will use this as a guide to ensure 1 week advanced is posted at all times.

Licensee's Proposed Overall Completion Date: 01/14/2025

Implemented ([redacted] - 02/25/2025)

184a - Resident's Meds Labeled

10. 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 #4 was prescribed [redacted] however, the pharmacy label on resident #4's [redacted] indicates the resident [redacted].

REPEAT VIOLATION: 5/1/2024

184a - Resident's Meds Labeled (continued)

Plan of Correction

Accept (█ - 01/29/2025)

Staff were reeducated on 1/8/25 of the requirements pertaining to original containers for prescription medication being labeled with pharmacy label that indicated the prescribed dosage and instructions for administration. A checklist was created by the administrator on 1/7/25 asking staff to check off at the end of shift if all labels match MAR. Staff member put a change of label sticker on medication in refrigerator indicating staff's need to follow MAR on computer, Staff were instructed to reach out to administrator immediately if there are any discrepancies so administrator can reach out to pharmacy and PCP to correct.

Licensee's Proposed Overall Completion Date: 01/27/2025

Implemented (█ - 02/25/2025)

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 #4's █ was not █ At approximately 2:51 p.m., █

Plan of Correction

Accept (█ - 01/29/2025)

Staff were reeducated on 1/8/25 about the requirement █ listed. Staff were shown by this administrator on 1/8/25 how to █. Administrator also explained to staff █ are always in med cart and to refer them if needed. A reminder stated █ is posted at med cart. Administrator also created a checklist on 1/8/25 asking all staff to double check █ are accurate, and if they need to be changed to do so immediately. This is to be done every shift.

Licensee's Proposed Overall Completion Date: 01/27/2025

Implemented (█ - 02/25/2025)

187a - Medication Record

12. Requirements

2600.

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

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

Description of Violation

Resident #2 was prescribed █; however, resident #2's December 2024 medication administration record (MAR) indicates the medication as █

The MAR for Resident #2's █, did not include a diagnosis.

187a - Medication Record (continued)

Plan of Correction

Accept (█ - 01/29/2025)

Pharmacy was contacted by administrator and asked to change label on medication in order to match the MAR on 12/12/24, both now say █ Staff were reeducated on 1/8/25 by the administrator on the requirement of medication record being accurate as well as a diagnosis or purpose of medication being listed in MAR. A checklist was created by this administrator on 1/7/25 asking all staff to ensure all orders match the MAR and to sign off at the end of shift. Administrator explained to staff if there are any discrepancies to notify administrator immediately.

Licensee's Proposed Overall Completion Date: 01/27/2025

Implemented (█ - 02/25/2025)

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 #2's assessment, dated █, did not include the resident's diagnoses to include █

Plan of Correction

Accept (█ - 01/29/2025)

Resident #2's support plan was updated on 12/20/24 by this administrator for █ annual. Diagnoses are listed on updated support plan. A checklist of when RASP and DME is posted and when completing administrator will be sure all areas are filled in. On the anniversary on admission, all support plans will be audited and this will be kept track by administrator with a spreadsheet made by administrator on 1/27/25.

Licensee's Proposed Overall Completion Date: 01/27/2025

Implemented (█ - 02/25/2025)

254a - Records Discharge/Active

14. Requirements

2600.

254.a. Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.

Description of Violation

Resident records of former residents of the home were stored in the unlocked basement. These records, including resident #1's physician reports, were accessible and unattended.

Plan of Correction

Accept (█ - 01/29/2025)

Medical records were transported by maintenance department on 1/13/25 to the medical records department at Human Services Center to be incinerated. A record was made by this administrator of resident's name, D.O.B, admission date, record number and discharge date and this is locked in a file cabinet in administrators office that is also locked. All records shall be maintained 3 years following discharge.

Licensee's Proposed Overall Completion Date: 01/27/2025

Implemented (█ - 02/26/2025)