

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

May 21, 2025

[REDACTED]  
ERIE OPS LLC

[REDACTED]  
SUITE #610  
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/14/2025 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: 10/31/2025
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]
Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Type: C 2 LP Date: 10/31/1997 Issued By: Dept of L & I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 60 Waking Staff: 45

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint, Incident Exit Conference Date: 03/14/2025

Inspection Dates and Department Representative

03/14/2025 On Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 79 Residents Served: 46

Special Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 8

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 46
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 14 Have Physical Disability: 1

Inspections / Reviews

03/14/2025 - Partial

Lead Inspector: [Redacted] Follow Up Type: POC Submission Follow Up Date: 04/13/2025

Inspections / Reviews *(continued)*

04/24/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/07/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/30/2025

05/21/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/07/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

186b Medication used by resident

1. Requirements

2800.

186.b. Prescription medications shall be used only by the resident for whom the prescription was prescribed.

Description of Violation

On [redacted] at 9:00 pm, resident [redacted] was administered [redacted], prescribed for and belonging to resident [redacted].

Plan of Correction

Accept [redacted] - 04/24/2025)

186.b Prescription medications shall be used only by the residents for whom the prescription was prescribed. This Plan of Correction is submitted as required under state law. The submission of this Plan of Correction does not constitute an admission of civil or criminal liability on the part of the named Community regarding the 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 186.b Prescription medications shall be used only by the resident for whom the prescription was prescribed.

The Health and Wellness Director provided education and coaching on Medication Administration Policies and Procedures including the 7 Rights of Medications to the Med Passer at the time of the occurrence on 2/27/25. On April 16, 2025, The Health and Wellness Director will hold a mandatory training reviewing Medication Administration Policies and Procedures with all Med Passers/LPNs. The Health and Wellness Director or Designee will conduct weekly audits of the Medication Administration Records (Mars) to verify Medications are utilized for Residents for whom they are prescribed starting April 21, 2025. The audits will be conducted for 10% of the residents for 6 weeks. The audits will continue until 4 weeks of consistent compliance is achieved. If the Health and Wellness Director or Designee identifies any discrepancies during audits, immediate corrective actions will be implemented, and additional training will be provided as necessary. The Executive Director, or Designee will review the plan of correction at the Quality Management Plan meetings quarterly to verify ongoing compliance. The quarterly Quality Management Plan meetings. Proposed Overall Completion Date: May 30, 2025

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented [redacted] - 05/21/2025)

187d Follow prescriber's orders

2. Requirements

2800.

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

Description of Violation

On [redacted] at 9:00 pm, resident [redacted] was administered [redacted], prescribed for and belonging to resident [redacted].

187d Follow prescriber's orders (continued)

Plan of Correction

Accept [redacted] - 04/24/2025)

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

This Plan of Correction is submitted as required under state law. The submission of this Plan of Correction does not constitute an admission of civil or criminal liability on the part of the named Community regarding the 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 Health and Wellness Director provided education and coaching on Medication Administration policies and procedures including the 7 Rights of Medications at the time of occurrence with Med Passer.

On April 16, 2025, the Health and Wellness Director will have a mandatory training reviewing the Medication Administration Policies and Procedures with all Med Passers/LPNs.

The Health and Wellness Director or Designee will conduct weekly audits of the Medication Administration Records (Mars) to verify compliance for following the directions of the prescriber orders for 6 weeks starting April 21, 2025.

The audits will be conducted for 10% of the residents until 4 weeks of consistent compliance is achieved.

If the Health and Wellness Director or Designee identifies any discrepancies during audits, immediate corrective actions will be implemented, and additional training will be provided as necessary.

The Executive Director, or Designee will review the plan of correction at the Quality Management Plan meetings quarterly to verify ongoing compliance. The quarterly Quality Management Plan meetings.

Proposed Overall Completion Date: May 30, 2025

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented [redacted] - 05/21/2025)

227c Final support plan - revision

3. Requirements

2800.

227.c. The final support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment. The residence shall review each resident's final support plan on a quarterly basis and modify as necessary to meet the resident's needs.

Description of Violation

Resident [redacted] support plan, dated [redacted], does not include the use of a fall mat next to [redacted] bed.

Plan of Correction

Accept [redacted] - 04/24/2025)

This Plan of Correction is submitted as required under state law. The submission of this Plan of Correction does not constitute an admission of civil or criminal liability on the part of the named Community regarding the 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,

227c Final support plan revision (continued)

officer, director, attorney, or shareholder of the Community or affiliated companies.

55 Pa. Code § 2800.227.c. The final support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the residents' needs as indicated in the current assessment. The residence shall review each resident's final support plan on a quarterly basis and modify as necessary to meet the resident's needs. Resident #3's Service plan was updated by the Health and Wellness Director with the addition of use of a fall mat on date of inspection 3/14/25.

The Health and Wellness Director and/or the Designee will audit Resident service plans to verify care changes are updated into the service plans by 4/30/25.

The Health and Wellness Director or Designee will conduct audits on service plans weekly to verify all Residents care needs are incorporated into the service plan for 6 weeks starting on 4/21/25. The audits will be conducted for 10% of the residents and will continue until 4 weeks of consistent compliance is achieved.

The Executive Director, or Designee will review the plan of correction at the Quality Management Plan meetings quarterly to verify ongoing compliance. The quarterly Quality Management Plan meetings.

Proposed Overall Completion Date: May 30, 2025

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented (redacted) 05/21/2025)