

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

September 19, 2025

[REDACTED]  
QUALITY LIFE SERVICES-APOLLO LLC  
[REDACTED]

RE: QUALITY LIFE SERVICES-APOLLO  
153 GOODVIEW DRIVE  
APOLLO, PA, 15613  
LICENSE/COC#: 45531

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/20/2025, 08/25/2025, 08/28/2025, 09/05/2025 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: *QUALITY LIFE SERVICES-APOLLO* License #: *45531* License Expiration: *05/08/2026*  
 Address: *153 GOODVIEW DRIVE, APOLLO, PA 15613*  
 County: *WESTMORELAND* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

Name: *QUALITY LIFE SERVICES-APOLLO LLC*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *08/13/2001* Issued By: *PA Dept L & I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *49* Waking Staff: *37*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint, Incident* Exit Conference Date: *09/05/2025*

**Inspection Dates and Department Representative**

08/20/2025 - On-Site: [REDACTED]  
 08/25/2025 - Off-Site: [REDACTED]  
 08/28/2025 - Off-Site: [REDACTED]  
 09/05/2025 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *80* Residents Served: *26*

**Secured Dementia Care Unit**  
 In Home: *No* Area: Capacity: Residents Served:

**Hospice**  
 Current Residents: *4*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *26*  
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *23* Have Physical Disability: *0*

**Inspections / Reviews**

08/20/2025 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/20/2025*

Inspections / Reviews *(continued)*

09/13/2025 POC Submission

Submitted By: [REDACTED] - Date Submitted: 09/19/2025

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 09/19/2025

09/19/2025 Document Submission

Submitted By: [REDACTED] Date Submitted: 09/19/2025

Reviewer: [REDACTED] Follow Up Type: Not Required

42c - Treatment of Residents

1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

Staff interviews indicate that from [REDACTED] staff person A made several derogatory, inappropriate and insensitive statements to other staff regarding resident [REDACTED] who was on hospice. On [REDACTED] at approximately 2:00 AM, staff person A entered resident [REDACTED]'s bedroom to administer [REDACTED], while staff person B and staff person C were providing incontinence care. As soon as staff person A entered the bedroom, resident [REDACTED] became extremely upset. Staff person A used profanity directed at resident [REDACTED] while providing care, saying this is [REDACTED] when administering [REDACTED] which upset resident [REDACTED], causing [REDACTED] to cry. As soon as staff person A left the bedroom, resident [REDACTED] became calm. At approximately 2:30 AM, staff person A attempted to administer PRN [REDACTED] sublingually, and resident [REDACTED] refused. Staff person A asked staff person B and staff person C to hold resident [REDACTED] so [REDACTED] could administer the [REDACTED], even though the resident refused. Staff person B and staff person C assisted, then staff person A left the bedroom. As soon as staff person A left the bedroom, resident [REDACTED] calmed down.

Plan of Correction

Accept ([REDACTED] 09/13/2025)

Staff person A was terminated on [REDACTED].

Resident [REDACTED] was on hospice and has ceased to breathe.

Staff person B and staff person C were re-educated on the facility abuse/neglect policy by the PC Administrator on 9-11-25.

All staff will be re-educated by the PC Administrator/designee on the abuse/neglect policy by 9-16-25.

All education will be documented and kept on file.

All concerns and allegations will be investigated by the PC Administrator/designee. ``

Licensee's Proposed Overall Completion Date: 09/16/2025

Implemented [REDACTED] - 09/19/2025)