

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

April 7, 2026

[REDACTED], ADMINISTRATOR
WESTMINSTER WOODS INC
360 WESTMINSTER DRIVE
HUNTINGDON, PA, 16652

RE: WESTMINSTER WOODS
360 WESTMINSTER DRIVE
HOMESTEAD BUILDING
HUNTINGDON, PA, 16652
LICENSE/COC#: 36067

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/05/2026, 03/06/2026 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: WESTMINSTER WOODS License #: 36067 License Expiration: 06/03/2026
 Address: 360 WESTMINSTER DRIVE, HOMESTEAD BUILDING, HUNTINGDON, PA 16652
 County: HUNTINGDON Region: CENTRAL

Administrator

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

Legal Entity

Name: WESTMINSTER WOODS INC
 Address: 360 WESTMINSTER DRIVE, HUNTINGDON, PA, 16652
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 03/11/2003 Issued By: Department of Labor & Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 28 Waking Staff: 21

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 03/06/2026

Inspection Dates and Department Representative

03/05/2026 - On-Site: Bryan Nilsson, Kristin Elias
 03/06/2026 - On-Site: Bryan Nilsson

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 34 Residents Served: 24
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 24
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 4 Have Physical Disability: 0

Inspections / Reviews

03/05/2026 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/27/2026

Inspections / Reviews *(continued)*

03/27/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/06/2026

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 04/06/2026

04/07/2026 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/06/2026

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

141a - Medical Evaluation

1. 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.

Description of Violation

Resident #1 was admitted to the home on [REDACTED]. However, the medical evaluation was not completed until [REDACTED].

Repeated violation - 1/9/25

Plan of Correction

Accept ([REDACTED]) - 03/27/2026)

- 1. Resident had a medical evaluation completed on [REDACTED]
- 2. The PCHA or designee will conduct an audit of current residents to ensure medical evaluations are current. If discrepancies are noted a new/updated medical evaluation will be completed by 4/10/26.
- 3. PCHA or designee will provide re-education to the current clinical team members who are involved with medical evaluation monitoring/completion on the applicable regulatory requirements related to medical evaluation completion by 4/10/26.
- 4. The PCHA or designee will conduct a random audit of medical evaluation completeness in for 3 residents weekly x4 weeks and then 3 residents monthly x 2 months with audit results reviewed for results and recommendations by the quality management committee.

Licensee's Proposed Overall Completion Date: 04/10/2026

Implemented ([REDACTED]) - 04/07/2026)

141a 1-10 Medical Evaluation Information

2. 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.

Description of Violation

Resident #1, #2, and #3's medical evaluations did not include a general physical examination by a physician, physician’s assistant or nurse practitioner.

Plan of Correction

Accept ([REDACTED]) - 03/27/2026)

- 1. Residents 1,2,3 medical evaluations were reviewed with updated physician/extender review and general physical

141a 1-10 Medical Evaluation Information (continued)

examination completed by 4/3/16.

2. The PCHA or designee will conduct an audit of current residents to ensure medical evaluations are current. If discrepancies are noted a new/updated medical evaluation will be completed by 4/10/26.

3. PCHA or designee will provide re-education to the current clinical team members who are involved with medical evaluation monitoring/completion on the applicable regulatory requirements related to medical evaluation completion by 4/10/26.

4. The PCHA or designee will conduct a random audit of medical evaluation completeness in accordance with regulatory requirements for 3 residents weekly x4 weeks and then 3 residents monthly x 2 months with audit results reviewed for results and recommendations by the quality management committee.

Licensee's Proposed Overall Completion Date: 04/10/2026

Implemented (█) - 04/07/2026)

185a - Implement Storage Procedures**3. 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 #3 is prescribed blood sugar checks one time per day. On the following dates and times resident #3's blood sugar measurements were incorrectly documented on the resident Medication Administration Record (MAR).

- On 3/1/26 the MAR recorded a measurement of 202 and the glucometer read 260.
- On 3/2/26 the MAR recorded a measurement of 187 and the glucometer was missing any measurement for this date.
- On 3/4/26 the MAR recorded a measurement of 172 and the glucometer read 253.
- On 3/5/26 the MAR recorded a measurement of 172 and the glucometer read 332.

Plan of Correction

Accept (█) - 03/27/2026)

1. Residents 3 was unable to utilize the cell phone application for the automated libre device and the device was discontinued by the physician on 3/24/2026 and new orders were received for manual blood glucose monitoring.

2. The PCHA or designee will conduct an audit of current residents to blood sugars collected in the past 3 days have been documented accurately, verifying that device and electronic health record documentation are consistent. If discrepancies are noted individual staff education will occur by 4/10/26.

3. PCHA or designee will provide re-education to the current clinical team members who are involved with blood glucose monitoring on the applicable requirement to ensure accuracy with readings and medical record documentation by 4/10/26.

4. The PCHA or designee will conduct a random audit of blood glucose readings and medical record documentation for 1 day of blood glucose monitoring for 2 residents with blood glucose monitoring orders weekly x4 weeks and then 3 residents monthly x 2 months with audit results reviewed for results and recommendations by the quality management committee.

185a - Implement Storage Procedures (continued)

Licensee's Proposed Overall Completion Date: 04/10/2026

Implemented () - 04/07/2026

187a - Medication Record

4. 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 #1 is prescribed Lisinopril Oral Tab 30 MG, Clopidogrel Bisulfate Oral Tab 75 MG, and Glimepiride Oral Tab 2 MG. However, resident #1's MAR does not indicate a diagnosis for this medication.

Resident #3 is prescribed Amlodipine Besylate Oral Tab 5 MG and Calcitriol Oral Capsule .25 MCG. However, resident #3's MAR does not indicate a diagnosis for this medication.

Plan of Correction

Accept () - 03/27/2026

1. Electronic Health Record vendor made aware of the diagnosis not flowing to the EMAR from the order that is entered as intended. Issue had previously been resolved by tech support, but these orders may have been entered prior to the resolution being in effect. Orders will be re-entered in order for the diagnosis to appear on the EMAR.

2. The PCHA or designee will conduct an audit of current MARs to ensure current medications ordered have a diagnosis included. If discrepancies are noted the physician will be contacted to provide diagnosis by 4/10/26.

3. PCHA or designee will provide re-education to the current clinical team members who are involved with medication administration on the applicable requirement to ensure accuracy and presence of diagnosis for each ordered medication by 4/10/26.

4. The PCHA or designee will conduct a random audit of 2 resident MARs to ensure current medications ordered have a diagnosis weekly x4 weeks and then monthly x 2 months with audit results reviewed for results and recommendations by the quality management committee.

Licensee's Proposed Overall Completion Date: 04/10/2026

Implemented () - 04/07/2026

187d - Follow Prescriber's Orders

5. Requirements

2600.

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

Description of Violation

Resident #2 is prescribed Levothyroxine 88 MCG Tablet, 1 tablet 1 time a day. However, the MAR for resident #2 does not record this medication being administered on 3/5/26.

Resident #2 was previously prescribed Pantoprazole Sodium Oral Tab 40 MG, 1 time a day. The prescriber reduced

187d - Follow Prescriber's Orders (continued)

the dosage to 20 MG, 1 time a day, to begin on 3/4/26. On 3/4/26 and 3/5/26 the home administered the previous dose of 40 MG to resident #2.

Plan of Correction**Accept (█ - 03/27/2026)**

- 1. There were no ill effects noted to the involved residents and the physician was updated on 3/6/2026. This incident was reported to DHS since providers instructions were not followed.*
- 2. The PCHA or designee will conduct an audit of current medication carts to ensure ordered medications are labeled and present by 4/10/26. If discrepancies are noted the pharmacy will be contacted to provide additional support by 4/10/26.*
- 3. PCHA or designee will provide re-education to the current clinical team members who are involved with medication administration on the rights to medication administration and the facility medication administration policy by 4/10/26.*
- 4. The PCHA or designee will conduct a random audit of medication administration passes on 3 random residents twice weekly x 4 weeks and then twice monthly x 2 months with audit results reviewed for results and recommendations by the quality management committee.*

Licensee's Proposed Overall Completion Date: 04/10/2026**Implemented (█ - 04/07/2026)**