

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

May 12, 2026

[REDACTED], ESQUIRE
QUALITY LIFE SERVICES-WESTMONT, LLC
[REDACTED]
[REDACTED]

RE: QUALITY LIFE SERVICES-
WESTMONT
787 GOUCHER STREET
JOHNSTOWN, PA, 15905
LICENSE/COC#: 33946

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/31/2026, 04/01/2026 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]
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *QUALITY LIFE SERVICES-WESTMONT* **License #:** *33946* **License Expiration:** *11/01/2026*

Address: *787 GOUCHER STREET, JOHNSTOWN, PA 15905*

County: *CAMBRIA* **Region:** *CENTRAL*

Administrator

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

Legal Entity

Name: *QUALITY LIFE SERVICES-WESTMONT, LLC*

Address: [REDACTED]

Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: *C-1* **Date:** *08/24/1960* **Issued By:** *Department of Labor and Industry*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *32* **Waking Staff:** *24*

Inspection Information

Type: *Full* **Notice:** *Unannounced* **BHA Docket #:**

Reason: *Renewal* **Exit Conference Date:** *04/01/2026*

Inspection Dates and Department Representative

03/31/2026 - On-Site: [REDACTED]

04/01/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *34* **Residents Served:** *28*

Secured Dementia Care Unit

In Home: *No* **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *1* **Are 60 Years of Age or Older:** *27*

Diagnosed with Mental Illness: *1* **Diagnosed with Intellectual Disability:** *1*

Have Mobility Need: *4* **Have Physical Disability:** *0*

Inspections / Reviews

03/31/2026 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *04/16/2026*

Inspections / Reviews *(continued)*

04/15/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/07/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/09/2026

05/12/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/07/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

227d - Support Plan Medical/Dental

1. 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 #1 has bilateral half-rails on their bed. The resident's support plan, dated [REDACTED] does not include any risks associated with the use, the resident's ability to use the device safely for the purpose it was intended and whether a cover is required to meet FDA guidelines.

Resident #2 has an enabler bar installed on one side of their bed and half-rails on the other side of the bed. The resident's support plan, dated [REDACTED] does not include any risks associated with the use, the resident's ability to use the devices safely for the purpose it was intended and whether a cover is required to meet FDA guidelines.

Plan of Correction

Accept ([REDACTED] - 04/15/2026)

Resident #1 and Resident #2 will both have updated RASPs completed by the Personal Care Administrator adding that the resident(s) were educated of the risks associated with an assist bar/side rails, the resident’s ability to use the devices safely, the purpose the device is intended for and whether a cover is needed to meet FDA guidelines by April 8th, 2026.

An audit of all residents RASP’s who utilize an assist bar or siderail will be completed to ensure the RASP states that the resident was educated of the risks associated with an assist bar/side rails, the resident’s ability to use the devices safely, the purpose the device is intended for and whether a cover is needed to meet FDA guidelines, this will be done by the Personal Care Administrator by April 8th, 2026.

The Personal Care Administrator was educated by the NHA that each resident who utilizes and assist bar/siderail must state in their RASP that education was provided to the resident of the risks associated with the device, the resident’s ability to use the devices safely, the purpose the device is intended for and whether a cover is needed to meet FDA guidelines. Documentation of the education will be kept.

The Personal Care Administrator will complete and audit weekly for 4 weeks on any new admissions or any RASPs that are due to ensure that if the resident is utilizing an assist bar/siderail, the RASP will state that the resident was education of the risks associated with an assist bar/side rails, the resident’s ability to use the devices safely, the purpose the device is intended for and whether a cover is needed to meet FDA guidelines. The audit will begin on 4/9/2026 and end on 5/9/2026. Results of the audit will be reviewed and recorded in the monthly QAPI meeting.

Licensee's Proposed Overall Completion Date: 05/09/2026

Implemented ([REDACTED] - 05/12/2026)