

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

November 15, 2023

[REDACTED]  
ERIE OPS LLC  
[REDACTED]  
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/09/2023 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

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

**Facility Information**

Name: *WESTLAKE WOODS AL* License #: *45407* License Expiration: *10/31/2023*  
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 Labor & Industry*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *76* Waking Staff: *57*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint* Exit Conference Date: *05/10/2023*

**Inspection Dates and Department Representative**

05/09/2023 - On-Site: [REDACTED]  
05/10/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *79* Residents Served: *53*

**Special Care Unit**

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

**Hospice**

Current Residents: *1*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *53*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *23* Have Physical Disability: *1*

**Inspections / Reviews**

**05/09/2023 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/09/2023*

07/17/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/03/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 07/25/2023

11/15/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/08/2023

Reviewer: [REDACTED]

Follow-Up Type: Exception

60a Staffing/support plan needs

1. Requirements

2800.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan. Residence staff or service providers who provide services to the residents in the residence shall meet the applicable professional licensure requirements.

Description of Violation

On 4/23/23 there were 51 residents in the residence, including 15 residents with mobility needs requiring assistance of 1 staff person to evacuate in an emergency and 7 residents requiring the assistance of 2 staff persons to evacuate in an emergency. On this date there were only 2 direct care staff working in the residence to assist residents to evacuate in the event of an emergency from 11:00pm until 4:00am on 4/24/23.

[Redacted] 11/15/23

[Redacted] 11/15/23

On 5/6/23 there were 47 residents in the residence, including 13 residents with mobility needs requiring assistance of 1 staff person to evacuate in an emergency and 6 residents requiring the assistance of 2 staff persons to evacuate in an emergency. [Redacted] 11/15/23  
[Redacted] 2 direct care staff were working in the residence to assist residents to evacuate in the event of an emergency from 3:30am until 5:45am on 5/7/23.

Plan of Correction

Accept [Redacted] - 11/15/2023)

This plan of correction is submitted as required under State law. The submission of this Plan of Correction does not constitute any admission of civil or criminal liability on the part of the named Community as to 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 § 2800.60.(a) Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan. Residence staff or service providers who provide services to the residents in the residence shall meet the applicable professional licensure requirements.

The Residence acknowledges the need for and importance of having adequate staff available to care for and assist residents in the event of an emergency. [Redacted]

8/29/23

60a Staffing/support plan needs (continued)

The Environmental Services Manager supervised a third shift fire drill with three staff members on May 24, 2023. The drill was completed with residents being evacuated to the fire safe area within the time determined by the Fire Safety Expert.

The Executive Director or designee will review the assessment and support plans for care needs to include but not limited to the number of residents, immobile residents, two person assists, and any changes to resident needs at least weekly. As is the process, adjustments to staffing levels are made based on the needs of the residents as specified in the resident's assessment and support plan. Staffing levels are reviewed to evaluate that sufficient staff are scheduled to provide the assisted living services in compliance with applicable regulations and are adjusted accordingly based on the ongoing weekly reviews conducted by the Executive Director or designee. The weekly review will begin the week of 8/14/2023.

Proposed Overall Completion Date: 08/14/2023

**Directed:**

On 11/7/23 at 6:37 AM, a fire safety expert observed a fire drill. 3 staff participated, 45 residents were present and 45 residents were evacuated within the safe evacuation time determined by the fire safety expert.

█ 11/15/23

Licensee's Proposed Overall Completion Date: 08/14/2023

**Implemented** █ - (11/15/23 )