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

August 4, 2023



As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/05/2022 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,

cc: Pennsylvania Bureau of Human Service Licensing

WESTLAKE WOODS AL			454	07
Facility Information				
Name: WESTLAKE WOODS AL		Licen e #: 45407	Licen e Expiration: 10/31/2023	
Address: 3302 WEST LAKE ROAD, ERIE, PA	16505			
County: ERIE	Region: WESTERN			
Administrator				
Name:	Phone:	Email:		
Legal Entity				
Name: ERIE OPS LLC				
Address: Phone: Email:				
Certificate(s) of Occupancy				
Type: C 2 LP	Date: 10/31/1997		I ued By: Dept. of Labor & Industry	
Staffing Hours				
Resident Support Staff: 0	Total Daily Staff: 85		Waking Staff: 64	
Inspection Information				
Type: PartialNotice: Un	announced	BHA Docket #:		
Reason: Incident		Exit Conference Date	e: 12/09/2022	
Inspection Dates and Department Repr	resentative			
12/05/2022 On Site				
Resident Demographic Data as of Inspe	ection Dates			
General Information				
License Capacity: 79		Residents Served:	57	
Special Care Unit In Home: No Area:		Capacity:	Residents Served:	
Hospice		Capacity.	Residents Served.	
Current Residents: 3				
Number of Residents Who:				
Receive Supplemental Security Incom	me : 0	-		
Diagnosed with Mental Illness: 0 Have Mobility Need: 28	Diagnosed with Intellectual Disability: 0 Have Physical Disability: 0			
Inspections / Reviews				
12/05/2022 - Partial				
Lead Inspector:	Follow-Up Type: Po	OC Submission	Follow-Up Date: 01/27/2023	
03/18/2023 - POC Submission				
Submitted By:	Date Submitted: 04	4/10/2023		
Reviewer:	Follow-Up Type: Po	OC Submission	Follow-Up Date: 03/24/2023	



15a Resident abuse report

1. Requirements

2800.

15.a. The residence shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 22 at approximately 29 pm, staff person A and staff person B were assisting resident #1 with removing 20 shirt. Staff person A became forceful, causing resident #1 to scream and yell for 20 to stop. Staff person A told resident #1 to shut up and slapped 20 in the face with the back of 20 hand. Resident #1 was crying and said please don't do that. However, this incident was not reported to the local Area Agency on Aging until 20 /22.

On 1 22, staff person B observed staff person A grab resident #2 from wheelchair, swing over to the toilet and roughly drop conto the toilet seat. This upset resident #2 and looked afraid. Resident #2 said doesn't want staff person A to come into room ever again. However, this incident was not reported to the local Area Agency on Aging unti 22.

On 22, staff person B observed staff person A tell resident #3 20 needed to take a bath and 20 breath smells like shit. Resident #3 just looked down, like was embarrassed. However, this incident was not reported to the local Area Agency on Aging until 22.

Between 22 and 22, while providing perineal care to resident #1, staff person C observed staff person A smack resident #1 in the buttocks and heard tell the resident pussy stinks. However, this incident was not reported to the local Area Agency on Aging until 22.

Plan of Correction

Accept (- 04/04/2023)

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.

Residence disputes the below cited violation but is without procedural option to appeal the violation. 55 Pa. Code § 2800.15 - Abuse reporting covered by law provides: (a) The residence shall immediately report suspected abuse of a resident served in the residence in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701-10225.707) and 6 Pa. Code § § 15.21-15.27 (relating to reporting suspected abuse, neglect, abandonment or exploitation) and comply with the requirements regarding restrictions on staff persons. Page 15 and 193 of the PA Department of Human Services, Bureau of Human Services Licensing, Regulatory Compliance Guide (RCG) states, "Upon receiving a report of abuse, residences must:

1. Immediately report suspected abuse of a resident served in the residence in accordance with the Older Adults Protective Services Act (35 P.S. §§ 10225.101 – 10225.5102) and 6 Pa. Code §§ 15.21 – 15.27. The "Abuse Reporting Flowchart" on the following page illustrates these requirements."

Page 19 of the RCG Discussion of Abuse Reporting Covered by Law uses the term residence and staff persons. The RCG speaks to a difference between the Residence and its staff.

15a Resident abuse report (continued)

The Executive Director notified Greater Erie Community Action Committee (GECAC) Area Agency on Aging (AAA) on 11/27/2022, immediately upon receipt of the allegation involving Resident 1, which is in compliance with the law for Residence to "1. Immediately report suspected abuse of a resident served in the residence." The basis for the citation provided is that the Residence did not report the allegation prior to receipt of notice of the allegation creating a strict iability scenario for residences to report allegations/suspicions of which it has no knowledge.

The Executive Director notified Greater Erie Community Action Committee (GECAC) Area Agency on Aging (AAA) on 11/28/2022 immediately upon notice of the additional allegations. Residence learned of these allegations when conducting its investigation of 11/27/2022. The notification to GECAC AAA is in compliance with the law for Residence to "1. Immediately report suspected abuse of a resident served in the residence." The basis for the citation provided is that the Residence did not report the allegation prior to receipt of notice of the allegation creating a strict iability scenario for residences to report allegations/suspicions of which it has no knowledge.

The Executive Director or designee will continue to notify GECAC AAA immediately upon notification of an allegation or suspicion of abuse.

To date Code § 2800.15 - Abuse reporting covered by law in-service trainings were held on 12/01/2022, 12/06/2022, and 01/05/2023 by Executive Director or designee. Team member discussions were held with the staff during shift meetings on Code § 2800.15 - Abuse reporting covered by law 11/28/2022-12/13/2022 by Executive Director or designee.

The Executive Director and Care Team Manager will conduct and complete all-staff retraining on 55 Pa. Code § 2800.15 - Abuse reporting covered by law by February 16, 2023 with emphasis on the requirement of staff for mmediate notification of Residence leadership of an allegation or suspicion of abuse. Additionally, the Executive Director or designee will continue to conduct training at hire, annually and as warranted.

Licensee's Proposed Overall Completion Date: 03/31/2023

		Implemented	- 08/04/2023)

15b Resident abuse superv plan

2. Requirements

15.b. If there is an allegation of abuse of a resident involving a residence s staff person, the residence shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On 22 at approximately 22 pm, staff person A and staff person B were assisting resident #1 with removing shirt. Staff person A became forceful, causing resident #1 to scream and yell for 25 to stop. Staff person A told resident #1 to shut up and slapped in the face with the back of 26 hand. Resident #1 was crying and said please don't do that. However, staff person A worked from 26 pm on 26 /22 to 26 am on 26 /22 and was not suspended until /22.

On /22, staff person B observed staff person A grab resident #2 from wheelchair, swing over to the toilet
and roughly drop onto the toilet seat. This upset resident #2 and looked afraid. Resident #2 said doesn't
want staff person A to come into room ever again. However, staff person A worked from pm on /22 to
am on /22 and was not suspended until /22.

On /22, staff person B observed staff person A tell resident # needed to take a bath and breath smells

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15

5b Resident abuse-superv plan (continued)	
like shit. Resident #3 just looked down, like was embarrassed. However, staff perso /22 to am on 22 and was not suspended until 22.	n A worked from pm on
Between 22 and 22, while providing perineal care to resident #1, staff perine and the staff p	lowever, staff person A worked
Plan of Correction	Accept - 04/04/202

04/04/2023)

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Residence disputes the below cited violation but is without procedural option to appeal the violation.

55 Pa. Code § 2800.15 - Abuse reporting covered by law provides: (b) If there is an allegation of abuse of a resident nvolving a residence's staff person, the residence shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Staff Person A was suspended on 11/27/2022 upon notice to Residence of the allegation of abuse.

The Executive Director and Care Team Manager will conduct and complete retraining on 55 Pa. Code § 2800.15 -Abuse reporting covered by law with all team members no later than February 16, 2023. Additionally, the Executive Director or designee will continue to conduct training at hire, annually, and as warranted.

Licensee's Proposed Overall Completion Date: 03/31/2023

		Implemented	- 08/04/2023)
6c li	ncident reporting		

3. Requirements

2800.

16.c. The residence shall report the incident or condition to the Department's assisted living residence office or the assisted living residence complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2800.15 (relating to abuse reporting covered by law).

Description of Violation

/22 at approximately pm, staff person A and staff person B were assisting resident #1 with removing On shirt. Staff person A became forceful, causing resident #1 to scream and yell for to stop. Staff person A told resident #1 to shut up and slapped in the face with the back of hand. Resident #1 was crying and said please don't do that. However, this incident was not reported to the Department unti /22.

On /22, staff person B observed staff person A grab resident #2 from wheelchair, swing over to the toilet and roughly drop onto the toilet seat. This upset resident #2 and looked afraid. Resident #2 saia doesn't want staff person A to come into room ever again. However, this incident was not reported to the Department until /22.

On 22, staff person B observed staff person A tell resident #3 needed to take a bath and breath smells like shit. Resident #3 just looked down, like was embarrassed. However, this incident was not reported to the Department until

Between	while providing	perineal	care to re	sident #1, staff person C observed staff person
A smack resident #1 in the butto	c <mark>ks a</mark> nd heard	tell the	resident	pussy stinks. However, this incident was not
reported to the Department until	/22.	-		

Plan of Correction

04/04/2023)

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Residence disputes the below cited violation but is without a procedural option to appeal the violation. 55 Pa. Code § 2800.16 – Reportable incidents and conditions provides: (c) The residence shall report the incident or condition to the Department's assisted living residence office or the assisted living residence complaint hotline within 24 hours in a manner designated by the Department.

The Bureau of Human Services Licensing (BHSL) Incident Reporting Form was filed on November 28, 2022, within the required 24 hours reporting from the time the residence was notified. The BHSL appears to apply a strict liability standard for reporting allegations of abuse regardless of notice of the allegation to the residence or information that would create a suspicion of abuse.

The Bureau of Human Services Licensing (BHSL) Incident Reporting Form was filed on December 8, 2022, at the direction of the licensing representative. The additional allegations were reported to AAA and were discussed with the BHSL. The residence believed it had met the requirement of the regulation when the initial report was submitted on 11/28/2022. The residence planned to submit final incident report as a follow up when Residence concluded the nvestigation.

The Executive Director and Care Team Manager will conduct and complete retraining on 55 Pa. Code § 2800.16 Reportable incidents and conditions with all team members no later than February 16, 2023.

No later than, February 16, 2023, the Executive Director or designee will notify the BHSL within 24 hours of its notice of a reportable incident pursuant to applicable regulations.

Licensee's Proposed Overall Completion Date: 03/24/2023

Implemented (08/04/2023)

42b Abuse/Neglect

4. Requirements

2800.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On /22 at approximately pm, staff person A and staff person B were assisting resident #1 with removing

42b Abuse/Neglect (continued)

shirt. Staff person A became forceful, causing resident #1 to scream and yell for to stop. Staff person A told resident #1 to shut up and slapped in the face with the back of hand. Resident #1 was crying and said please don't do that.

On 22, staff person B observed staff person A grab resident #2 wheelchair, swing over to the toilet and roughly drop onto the toilet seat. This upset resident #2 and looked afraid. Resident #2 said doesn't want staff person A to come into room ever again.

On 22, staff person B observed staff person A tell resident #3 needed to take a bath and breath smells like shit. Resident #3 just looked down, like was embarrassed.

Between 22 and 22, while providing perineal care to resident #1, staff person C observed staff person A smack resident #1 in the buttocks and heard tell the resident pussy stinks.

Plan of Correction

04/04/2023)

Accept

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55 Pa. Code § 2800.42 – Specific Right provides: (b)A resident may not be neglected, intimidated, physically or erbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

We request that the BHSL create a registry of caregivers/aids substantiated to have committed abuse of a senior prohibiting them from being hired to work with vulnerable adults. In this instance, the surveyor reported that Staff Person A was known to her as having a history of substantiated abuse when employed with a former provider. There s no system in place by BHSL to protect residents from confirmed abusers or alert residences that the potential staff should not be hired due to the person's known history of abuse. Staff Person A falsely signed a statement at hire asserting that she does not have a history of having abused a senior.

Executive Director and Care Team Manager will conduct and complete retraining on 55 Pa. Code § 2800.42 Specific Rights (b) abuse/neglect with all team members no later than February 28, 2023. The Executive Director or designee will continue to conduct training on this topic at hire, annually and as needed.

The Executive Director or designee will conduct a sampling of 6 residents weekly for 4 weeks to monitor compliance with regulation 2800.42(b). This will begin week of 02/06/2023. The residents sampled will be asked about way care s delivered and about their satisfaction with the caregiving staff. Additional weekly checks will continue until consistent compliance with this regulation is demonstrated.

The Executive Director or designee, when reviewing Service Plans with resident and designated person, will ncorporate in the plan review conversation as it relates to delivery of service and how the resident is treated by team members. This will begin week of 02/06/2023.

Licensee's Proposed Overall Completion Date: 03/24/2023

Implemented - 08/04/2023)

54a Direct care staff quals

5. Requirements

2800.

54.a. Direct care staff persons shall have the following qualifications:

2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

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55 Pa. Code § 2800.54 –Qualifications for direct staff person provides: (a) Direct care staff persons shall have the following qualifications. (2) Have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Staff person A provided documentation regarding her high school education. It turns out that staff person A did not have a high school diploma when the document was scrutinized for authenticity.

Staff person A no longer works at the community as of December 6, 2022.

The Care Team Manager or designee will monitor this requirement at hire and confirm that proper documentation is n employee file within the timelines specified in the RCG beginning 02/01/2023.

The Executive Director will audit the team member file within the first 30 days of employment for all new hires starting 02/01/2023.

The Care Team Manager will audit 6 employee files a week until all files have been reviewed which will be completed n approximately 8 weeks. The Care Team Manager will begin auditing files week of 02/06/2023.

Licensee's Proposed Overall Completion Date: 03/24/2023

Implemented - 0

- 08/04/2023)

Accept - 04/04/2023)