

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

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 03/30/2023, 04/03/2023 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

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: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 73 Waking Staff: 55

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 04/03/2023

Inspection Dates and Department Representative

03/30/2023 - On-Site: [REDACTED]
 04/03/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 79 Residents Served: 50

Special Care Unit
 In Home: No Area: Capacity: Residents Served:

Hospice
 Current Residents: 3

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 50
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 23 Have Physical Disability: 1

Inspections / Reviews

03/30/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/28/2023

05/12/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 11/13/2023
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 06/07/2023

Inspections / Reviews *(continued)*

11/02/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/13/2023

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 11/09/2023

11/15/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/13/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

25a Resident - residence contract

1. Requirements

2800.

25.a. Prior to admission, or within 24 hours after admission, a written resident-residence contract between the resident and the residence must be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

On 10/31/22 the residence had a change of legal entity; however, new resident-residence contracts between the resident and the residence were not issued, nor were existing resident-residence contracts updated to reflect the change of legal entity for multiple residents, to include resident #1 and resident #2.

Plan of Correction

Accept (█ - 05/12/2023)

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 § 2800.25.a. Prior to admission, or within 24 hours after admission, a written resident-residence contract between the resident and the residence must be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Written notification was provided by the prior and new owners to the residents and designated persons of the change in legal entity, July 2022. Residents and families were provided the opportunity to meet the new ownership in person at a meeting held at the Residence.

The Executive Director or designee will execute an amendment for residents who had moved in prior to November 1, 2022. The Executive Director or designee will have the amendment to residency agreement completed on or before May 31, 2023.

Licensee's Proposed Overall Completion Date: 05/31/2023

Implemented (█ - 11/15/2023)

54a Direct care staff quals

2. 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.

54a Direct care staff quals (continued)

Plan of Correction

Accept () - 05/12/2023)

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 § 2800.54 –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 that () was enrolled in a GED program. Staff person A did not complete the GED program within the six months of hire.

Staff person A no longer works at the community. Staff person A's last day worked was ().

Starting 05/08/2023, the Care Team Manager or designee will obtain documentation of direct care staff qualifications for the team member file within the timelines specified in the RCG (PA Department of Human Services (DHS) Bureau of Human Services Licensing (BHSL) Regulatory Compliance Guide (RCG) 55 PA. Code Chapter 2800 March 1, 2015, Edition, Revised 1, 2021). The Care Team Manager or designee will create a follow up activity in Outlook for each new hire if documentation is not presented on day one of employment.

The Executive Director or designee will audit the team member file for compliance of this regulation within the first 30 days of employment for all new hires starting 05/08/2023.

The Care Team Manager will audit six team member files a week until all files have been reviewed, which will be completed in approximately 8 weeks. The Care Team Manager will begin auditing files the week of 05/15/2023.

Licensee's Proposed Overall Completion Date: 06/30/2023

Implemented () - 11/15/2023)

88a Floors, walls, ceilings, windows, doors

3. Requirements

2800.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 3/30/23, there were multiple stains on the living room carpet in apartment #219.

Plan of Correction

Accept () - 05/12/2023)

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.

88a Floors, walls, ceilings, windows, doors (continued)

55 Pa. Code § 2800.25.a. 2800.88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Page 80 of the PA Department of Human Services (DHS) Bureau of Human Services Licensing (BHSL) Regulatory Compliance Guide 55 PA. Code Chapter 2800 March 1, 2015, Edition, Revised 1, 2021 sets forth the following standard:

Discussion: Cosmetics versus Hazards - This regulation usually does not include minor cosmetic repairs such as faded wallpaper or paint, worn carpeting, or minor damage to baseboards from wheelchairs. However, if the surfaces in a residence are in advanced disrepair, a violation may be cited. Hazardous conditions that result from surface damage – such as peeling paint in a dining area, splintered edges on a doorframe, or frayed carpet that creates a tripping hazard – will be considered a violation.

What is a Hazard? - There is no single list of what constitutes a "hazard." While some hazards may be obvious (such as collapsing ceilings and protruding nails), others will be dictated by the needs of the residents served in the residence. For example, a sloped floor in an older residence may not pose a risk to mobile residents but could constitute a fall risk for a resident with mobility needs. Potentially hazardous conditions will be determined on a case-by-case basis. In some cases, the Department will cite a violation of this regulation if a door leading to a basement, shed, attic, or other part of the residence where there are possible hazardous conditions and materials is unlocked.

Particular care should be taken when using area rugs that are slippery when stepped on or have curled edges which can be hazardous. The residence should assess residents' ambulatory skill to determine if this type of rug is appropriate. A rubber mat or rubber backing under a rug is recommended in all cases, especially in bathrooms where a wet floor could cause serious injury.

Inspection Procedures: Inspectors will examine all areas of the residence to determine if surfaces are clean, in good repair and free of hazards. Inspectors will observe residents in conjunction with record review and interviews.

Situations that constitute a hazard will often be decided on a case-by-case basis depending on the residents served.

Primary Benefit: Safe surfaces help to maintain sanitary conditions in the residence, minimize the risk that residents will suffer an injury while ambulating, and provide dignified living conditions.

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

The Residence agrees that there are stains on the carpet in apartment home #219. The carpet cited as a violation only contains stains and does not constitute a violation as the area is free of debris and presents no hazard. This resident prefers to eat independently and have all meals in the apartment home. This resident is practicing the most fundamental concept of Assisted Living which is for the resident to make choices in how they live their life. This resident desires to eat independently versus someone providing hands on assistance and feeding them. To avoid the spillage the resident's independence would need to be taken away. There is no dignity with this solution. The resident does not wish to change the foods that are consumed to an option that will cause less stains on the carpet.

Additional housekeeping is provided to be sure the floor is clean, and spills are treated to limit the amount of staining.

The community has offered in the past for the resident to elect to have new flooring and [REDACTED] declined. The Executive Director or designee will coordinate no later 05/31/2023 with a flooring company options available for this apartment home. The options will be presented to the resident by the Executive Director or designee no later than June 30, 2023.

On going prior and since the inspection on March 30, 2023, the Environmental Services Manager, Housekeeping or a designee continue additional housekeeping to maintain sanitary conditions in the apartment home. This is completed at a minimum of weekly and as needed which can be up to 7 days a week.

We ask that this violation be revoked.

88a Floors, walls, ceilings, windows, doors (continued)

Licensee's Proposed Overall Completion Date: 06/30/2023

Implemented () - 11/15/2023)

125a Combustible storage

4. Requirements

2800.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

On 3/30/23, combustible paperwork was located on top of the furnace in the furnace room.

Plan of Correction

Accept () - 05/12/2023)

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 § 2800.25.a. 2800.125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

The Environmental Services Manager was educated by the Executive Director on March 30, 2023 that owner manuals are to be stored in an office or 3' feet away from heat source.

The Environmental Services Manager removed the owner's manual for the furnace on March 30, 2023, at the time of inspection. The manual had been there since installation of the unit.

On March 30, 2023, the Environmental Services Manager walked the community and inspected all furnace rooms.

There were no combustible and/or flammable materials in those areas.

Licensee's Proposed Overall Completion Date: 05/08/2023

Implemented () - 11/15/2023)

132a Monthly fire drill

5. Requirements

2800.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

An unannounced fire drill was not held during the month of March 2023.

Plan of Correction

Accept () - 05/12/2023)

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

132a Monthly fire drill (continued)

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 § 2800.25.a. 2800.132. a. An unannounced fire drill shall be held at least once a month.

The residence did not hold a fire drill in March as there were residents sheltering and unable to participate due to gastrointestinal illness. The residence followed all guidance from the BHSL except for notifying the regional director. As of April 1, 2023, the Executive Director or designee will notify the PA Area Director of Operations for New Perspective Senior Living and the Regional Director of the BHSL if a drill is not able to be completed. Documentation of the conversation with the Regional Director will be maintained with the fire drill log.

Ongoing but no later than May 11, 2023, the Environmental Services Manager or designee will continue to conduct a monthly fire drill on varying days and shift drills during the month based on sheltering needs of the residents based on guidelines from CDC.

Licensee's Proposed Overall Completion Date: 05/11/2023

Implemented () - 11/15/2023

141a Medical evaluation

6. Requirements

2800.

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:

- 11. An indication that a tuberculin skin test has been administered with negative results within 2 years; or if the tuberculin skin test is positive, the result of a chest X-ray. In the event a tuberculin skin test has not been administered, the test shall be administered within 15 days after admission.

Description of Violation

The medical evaluation for resident # 3, dated [redacted], indicates the resident requires a new [redacted] by [redacted]; however, resident #3's last [redacted] was done on [redacted].

Plan of Correction

Accept () - 05/12/2023

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.

2800.141 Resident Medical evaluation and health care (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: (11).

An indication that a [redacted] has been administered with negative results within 2 years; or if the [redacted], the result of a [redacted] In the event a [redacted] has not been administered, the test shall be administered within 15 days after admission.

The Health and Wellness Director completed the [redacted] on [redacted], and documentation of negative results is on file for resident #3.

141a Medical evaluation (continued)

The Health and Wellness Director or designee effective May 1, 2023, will audit resident records for documentation that a [REDACTED] is completed, on file, and in compliance with regulation 2800.141.a.11. If documentation is not on file, the Health and Wellness Director or designee will obtain a physician order to complete [REDACTED] and document the results of the test. The audit will include five residents per week until completion of the project. On or around July 24, 2023, approximately, 11 weeks.

Effective on or around July 24, 2023, or as soon as the audit is completed, the Health and Wellness Director or designee will monitor on going compliance by using a log to track due dates. This log will be reviewed on or around the 1st of the month to maintenance compliance.

Licensee's Proposed Overall Completion Date: 07/24/2023

Implemented ([REDACTED] - 11/02/2023)