

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

March 12, 2025

[REDACTED], EXECUTIVE DIRECTOR
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 01/09/2025 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: 06/03/2025
 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: 25 Waking Staff: 19

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 01/09/2025

Inspection Dates and Department Representative

01/09/2025 - On-Site: [REDACTED]

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: 3 Are 60 Years of Age or Older: 24
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 1 Have Physical Disability: 1

Inspections / Reviews

01/09/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/24/2025

01/31/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 02/28/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/07/2025

Inspections / Reviews (*continued*)

02/18/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/28/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 02/28/2025

03/12/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/28/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

26b - Quality Management Plan Content

1. Requirements

2600.

26.b. The quality management plan shall address the periodic review and evaluation of the following:

- 1. The reportable incident and condition reporting procedures.
- 2. Complaint procedures.
- 3. Staff person training.
- 4. Licensing violations and plans of correction, if applicable.
- 5. Resident or family councils, or both, if applicable.

Description of Violation

The home's quality management review dated 10/22/24 did not address the following topics:

- 1. The reportable incident and condition reporting procedures.
- 2. Complaint procedures.
- 3. Staff person training.
- 4. Licensing violations and plans of correction, if applicable.
- 5. Resident or family councils, or both, if applicable.

Plan of Correction

Accept (█ - 02/18/2025)

Personal Care topics including the reportable incident and condition reporting procedures, complaint procedures, staff training, and other applicable topics will be reviewed during Q2 QAPI meeting. Education provided to Personal Care Administrator to include Personal Care topics to quarterly QAPI meetings on 1/21/25 by Executive Director. Quarterly QAPI will be reviewed by the Executive Director to ensure that Personal Care data is included. PCA educated by ED on the expectations of compliance with QAPI 1/21/25

Licensee's Proposed Overall Completion Date: 02/07/2025

Implemented (█ - 03/12/2025)

96a - First Aid Kit

3. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The home did not have a first aid kit available on either floor.

Plan of Correction

Accept (█ - 02/18/2025)

Personal Care Home Administrator verified each floor first aid kits are available and includes all required items. Personal Care home Administrator was educated to the locations of the First Aid Kits by Executive Director on 1/9/25. Audits will be completed weekly x 4 weeks to ensure that first aid kits are available, random ongoing audits will be completed by PC Admin or designee. The results of these audits will be forwarded to QAPI for review.

Licensee's Proposed Overall Completion Date: 02/07/2025

Implemented (█ - 03/12/2025)

107d - Procedure Emergency Management Agency Submission

4. Requirements

2600.

107d - Procedure Emergency Management Agency Submission (continued)

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

There is no record of the home's written emergency procedures being sent to the local Emergency Management Agency.

Plan of Correction

Accept (█) - 02/18/2025

See attached. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency. The PCA was educated on the location of the emergency management letter by DES. Letter dated February 7th,2024 with a certified letter mailer stating delivery on 02/12/2024. PCA with coordination with DES will continue to ensure compliance with our local Emergency Management Agency.

Licensee's Proposed Overall Completion Date: 02/07/2025

Implemented (█) - 03/12/2025

123b - Emergency Procedures Posted

5. Requirements

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

The home's emergency procedures are not posted in a conspicuous and public place in the home.

Plan of Correction

Accept (█) - 02/18/2025

See attached. Copies of the emergency procedures as specified in §??2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept. Personal Care Administrator was educated by the Director of Environmental Services the location of the Emergency Procedures Manual. It is located outside of the nursing station on the second floor accessible for anyone in the facility at the time of an emergency. Personal Care Administrator will continue to coordinate with DES to ensure the procedures are up to date and readily available. Audits will be performed quarterly on all emergency procedures and forwarded to QAPI.

Licensee's Proposed Overall Completion Date: 02/07/2025

Implemented (█) - 03/12/2025

132d - Evacuation

6. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home exceeded their maximum evacuation time of 4 minutes 51 seconds, which was designated in writing within the past year by a fire safety expert, during the following drills:

2/29/24 at 11:29pm with an evacuation time of 4 minutes 54 seconds

3/14/24 at 3:20pm with an evacuation time of 5 minutes 21 seconds

132d - Evacuation (continued)

Plan of Correction

Accept () - 02/18/2025)

Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home. PCA educated DES on the time code regulations for 2600.132.d on 1/30/25. Current residents participated in a fire drill performed on 1/31/2025 with a time of 3 minutes and 45 seconds. PCA will audit DES fire logs monthly to ensure compliance with regulation and these audits will be forwarded to QAPI for review

Licensee's Proposed Overall Completion Date: 02/07/2025

Implemented () - 03/12/2025)

141a 1-10 Medical Evaluation Information

7. 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's medical evaluation, dated (), did not include body positioning and movement stimulation for residents, if appropriate.

Resident #2's medical evaluation, dated () by a doctor signature, did not include the following: evaluation type, date resident evaluated, date form completed, medical information pertinent to diagnosis and treatment in case of an emergency, special health or dietary needs of the resident, medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications, body positioning and movement stimulation for residents, if appropriate, and health status.

Resident #3's medical evaluation, dated () by a doctor signature, did not include the following: evaluation type, date resident evaluated, date form completed, medical information pertinent to diagnosis and treatment in case of an emergency, special health or dietary needs of the resident, medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications, body positioning and movement stimulation for residents, if appropriate, and health status.

Plan of Correction

Accept () - 02/18/2025)

Resident #1 DME was updated on 1/9/2024 in compliance with regulation 2600.140 A

141a 1-10 Medical Evaluation Information (continued)

Resident #2 DME was updated on 1/9/2024 and appropriate information included to be in compliance with regulation 2600.140 A

Resident #3 The attached is the DME that was previously fixed by this administration and completed on 12/11/2024 when [REDACTED] was seen by our PA but staff failed to upload it into our system. PCA will audit DME list monthly to ensure compliance with 2600.140 A. PCA educated full time licensed staff members on the importance of reviewing all Medical Evaluations prior to being placed into medical records on 1/10/2025 These audits will be forwarded to QAPI for review.

Licensee's Proposed Overall Completion Date: 02/07/2025

Implemented ([REDACTED] - 03/12/2025)

141b1 - Annual Medical Evaluation

8. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #3's most recent medical evaluation was completed on [REDACTED]. The resident's previous medical evaluation was completed on [REDACTED].

Plan of Correction

Accept ([REDACTED] - 02/18/2025)

The dates of [REDACTED] indicated were already a part of a POC from Previous Administration for 2024, This nurse had MD fix DME 12/11/2024 with the information needed per regulations. This document was unable to be located at the time of the inspection. PCA educated licensed staff members on the regulations set forth by the Department of state in regards to the time frame of the DME 1/10/2024. PCA will audit DME records monthly to ensure compliance of 2600.141.b.1. These audits will be reviewed at QAPI.

Licensee's Proposed Overall Completion Date: 02/07/2025

Implemented ([REDACTED] - 03/12/2025)

181d -Storing Medication

9. Requirements

2600.

181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

Description of Violation

Resident #1 self-administers medications and stores medications in [REDACTED] room. On 1/9/25 at 11:00am, there were systane eye drops and saline nasal spray on the resident's night stand, unlocked and unattended in [REDACTED] bedroom.

Plan of Correction

Accept ([REDACTED] - 02/18/2025)

If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

Resident #1 DME updated on 01/09/2025 to reflect the ability to self-administer medications. Resident was provided with a lock box and key to store [REDACTED] medications in. PCA will educate licensed staff on the procedures and policies for residents to self administer medications in compliance with regulation 2600.181.d. 1/10/2024. PCA will do room

181d -Storing Medication (continued)

audits monthly to ensure that there are no medications in residents rooms without the proper equipment and documentation, These audits will be forwarded to QAPI for review.

Licensee's Proposed Overall Completion Date: 02/07/2025

Implemented (█ - 03/12/2025)