

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

June 25, 2025

[REDACTED]
ERIE OPS LLC

[REDACTED]
SUITE #610
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/09/2025 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: WESTLAKE WOODS AL License #: 45407 License Expiration: 10/31/2025
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: 56 Waking Staff: 42

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Monitoring Exit Conference Date: 04/09/2025

Inspection Dates and Department Representative

04/09/2025 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 79 Residents Served: 44

Special Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 8

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 44
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 12 Have Physical Disability: 1

Inspections / Reviews

04/09/2025 Partial

Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 05/04/2025

05/13/2025 - POC Submission

Submitted By: [Redacted] Date Submitted: 05/28/2025
Reviewer: [Redacted] Follow-Up Type: Document Submission Follow-Up Date: 06/01/2025

Inspections / Reviews *(continued)*

06/25/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/28/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

42c Dignity/Respect

1. Requirements

2800.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [redacted], resident [redacted] was left sitting alone at a table in the dining room from approximately 9:00a.m. until approximately 3:00p.m. Staff indicate at some point the resident was visibly crying and told staff [redacted] needed to go back to [redacted] room because [redacted] had to go to the bathroom. Staff reported this to direct care staff; however, no one assisted the resident to the bathroom. At approximately 3:00p.m. staff person A arrived and took resident [redacted] to the bathroom; however, [redacted] was already soiled.

On [redacted] resident [redacted] was left sitting alone at a table in the dining room from approximately 9:10a.m. until 10:45a.m. The resident was not eating or participating in any activity and was observed wiping tears from [redacted] eyes and had some bleeding from [redacted] chapped lips. Staff did not attend to this resident until 10:45a.m.

Plan of Correction

Accept [redacted] - 05/13/2025)

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. 15.a. The residence shall immediately report suspected abuse of a resident served in the home.

Beginning May 5, 2025 Executive Direct and/or designee will conduct weekly audits for 6 weeks to verify all Resident's care needs are met. This weekly audit will continue for 6 weeks and continue until 4 weeks of consistent compliance is maintained. Education on caregiver responsibilities and meeting the needs of the resident's timely will be provided for caregivers by May 15, 2025.

The Executive Director, or designee will review the plan of correction at the Quality Management Plan Meetings Quarterly to verify ongoing compliance. The Quarterly Quality Management Meetings started March 2025.

Licensee's Proposed Overall Completion Date: 05/23/2025

Implemented [redacted] - 06/25/2025)

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 [redacted] - 05/13/2025)

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. 15.a. The residence shall immediately report suspected abuse of a resident served in the home.

A discussion was held with Team member regarding educational requirements for a caregiver. Team member was assigned to ancillary tasks until educational requirements are achieved or waiver is granted to allow Team Member to work as a Caregiver.

The Executive Director conducted and completed an audit of personnel on April 10, 2025 for all staff members to verify that all staff either had a high school diploma, a GED in the next six months, or are active on the PA nurse aide registry.

Executive Director contacted the office of long term living on April 10, 2025 to request a waiver so the team member could perform direct care. A letter was written, the waiver form completed, and the Executive Director received a note from the school confirming that [redacted] would graduate May 31, 2025. The community has not yet received a waiver determination.

Beginning May 5, 2025 the Executive Director or designee will conduct audits weekly of all new staff members to verify that documentation is on file evidencing team members are high school graduates or will be enrolled in a GED program within the 6 month time period of their hire date. This audit will continue for 4 weeks or until 4 weeks of consistent compliance has been met.

The Executive Director, or designee will review the plan of correction at the Quality Assurance and Improvement Plan Quarterly to verify ongoing compliance. The Quarterly Quality Assurance and Improvement Plan Meetings started March 2025

Licensee's Proposed Overall Completion Date: 05/23/2025

Implemented [redacted] - 06/25/2025)

85a Sanitary conditions

3. Requirements

2800.
85.a. Sanitary conditions shall be maintained.

Description of Violation

At 10:30 a.m., there was a white washcloth covered in a dark brown, foul smelling substance on the shower floor of the bathroom in bedroom [redacted]

Plan of Correction

Accept [redacted] - 05/13/2025)

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

85a Sanitary conditions (continued)

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 § The washcloth with the dark brown, foul-smelling substance on the shower floor of apartment #106 was promptly removed.

Beginning May 5, 2025, the Executive Director and/or designee will conduct weekly audits of 10% of occupied resident apartments to verify that sanitary conditions are maintained. This weekly audit will continue for 6 weeks and continue until 4 weeks of consistent compliance have been achieved . The Executive Director and/or designee identify will promptly correct any unsanitary conditions. The Executive Director will provide coaching, counseling, or disciplinary actions for team members who are identified as not maintaining sanitary conditions within residents apartments in a timely manner.

Documented Education will be conducted with caregivers on maintaining Sanitary Conditions by May 15th. The Executive Director, or designee will review the plan of correction at the Quality Assurance and Improvement Program (QAIP) Committee Meetings Quarterly to verify ongoing compliance. The Quarterly Quality Management Meetings started March 2025.

Licensee's Proposed Overall Completion Date: 05/23/2025

Implemented [redacted] - 06/25/2025)

183d Current medications

4. Requirements

2800.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the residence.

Description of Violation

On [redacted] [redacted] prescribed for resident [redacted] was in the residence's medication cart; however, the medication was discontinued on [redacted].

On [redacted] [redacted], [redacted] and [redacted] prescribed for resident [redacted], was in the residence's medication cart, however these medications were discontinued on [redacted]

Plan of Correction

Accept [redacted] 05/13/2025)

Resident [redacted] discontinued medication [redacted] and Resident [redacted] discontinued medications [redacted] [redacted] and [redacted]. These medications were on the cart and removed by the Health and Wellness Director on the date of survey, 4/9/25.

The Health and Wellness Director and/or Designee will conduct Medication Cart Audits to verify that all discontinued medications are no longer on the medication carts with completion by May 7,2025.

The Health and Wellness Director or Designee will provide documented re-education to Med Passers on Medication

183d Current medications (continued)

Policy and Procedures of discontinued medications with completion by May 7, 2025

The Health and Wellness Director and/or Designee will initiate weekly cart audits for 10 % of Residents for 4 weeks to verify discontinued medications are removed from the Medication Cart starting 4/24/25. The audits will continue until 4 weeks of consecutive compliance has been maintained.

Licensee's Proposed Overall Completion Date: 05/23/2025

Implemented () - 06/25/2025)

184a Resident meds labeled

5. Requirements

2800.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 1. The resident's name.
- 2. The name of the medication.
- 3. The date the prescription was issued.
- 4. The prescribed dosage and instructions for administration.
- 5. The name and title of the prescriber.

Description of Violation

Resident () is prescribed (), take 1 tablet by mouth at bedtime; however, there is no pharmacy label on the medication that matches this order.

Plan of Correction

Accept () - 05/13/2025)

Resident () is prescribed (), take 1 tablet by mouth at bedtime; however, there is no pharmacy label on the medication that matches this order.

The Health and Wellness Director resolved the pharmacy label issue with a change in direction sticker to refer to the direction in the Medication Administration Record (MAR) on the survey date, 4/9/25.

The Health and Wellness Director or Designee will re-educate Med Passers on the Medication Policy and Procedures of comparing pharmacy labels to the MAR with completion by May 7, 2025.

The Health and Wellness Director and/or Designee will conduct weekly cart audits for 10% of Residents for 4 weeks to verify Pharmacy labels match the Medication Administration Records (MAR). The audits will continue until 4 weeks of consecutive compliance is maintained.

Licensee's Proposed Overall Completion Date: 05/23/2025

Implemented () - 06/25/2025)

187d Follow prescriber's orders

6. Requirements

2800.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident () is prescribed (), take 1 tablet twice daily for stomach, 30-60 minutes before a meal.

187d Follow prescriber's orders (continued)

However, this medication was not administered to the resident on [REDACTED] and [REDACTED] because the medication was not available in the residence.

Plan of Correction**Accept** [REDACTED] - 05/13/2025

The Health and Wellness Director contacted the Resident [REDACTED] preferred Pharmacy to send the medication before experiencing a diminished supply. The medication did not arrive from the Resident [REDACTED]s preferred pharmacy, so the Health and Wellness Director contacted the house pharmacy to send it from the back-up pharmacy. Medication was available and on the cart for administration next day 3/26/25.

The Health and Wellness Director will re-educate the Med Passers on Medication Policies and Procedures for following the Prescribers orders by May 7,2025. Med Passers will notify the Nurse of the low supply of medication so that the medication is available to administer.

The Health and Wellness Director or Designee will conduct weekly audits for 10 % of the Residents to verify medications that prescribed are available. The audits were initiated on 4/24/25 will continue until 4 weeks of consecutive compliance have been maintained.

Licensee's Proposed Overall Completion Date: 05/23/2025**Implemented** [REDACTED] - 06/25/2025