

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to UNITED METHODIST HOMES FOR THE AGING, INC.

LEGAL ENTITY

To operate WESLEY VILLAGE

NAME OF FACILITY OR AGENCY

Located at 215 ROBERTS ROAD, PITTSTON, PA 18640

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE \_\_\_\_\_

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE \_\_\_\_\_

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE \_\_\_\_\_

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 157  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967, P. L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from August 13, 2010 until August 13, 2011,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 241880

*Robert E. Robinson*

ISSUING OFFICER

*Kevin J. Casey*

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable  
and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

AUG 13 2010

PHONE: (717) 783-3670  
FAX: (717) 783-5662

Mr. John Lopatka, Vice-President  
United Methodist Homes for the Aging, Inc.  
209 Roberts Road  
Pittston, Pennsylvania 18640

RE: Wesley Village  
215 Roberts Road  
Pittston, Pennsylvania 18640

Dear Mr. Lopatka:

As a result of the Department of Public Welfare's licensing inspection on June 16, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey  
Deputy Secretary

Enclosures  
License  
Violation Report

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Wesley Village, 215 Roberts Road, Pittston, Pennsylvania, 18640		<b>CURRENT LICENSE NUMBER</b> 241880	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> June 16, 2010		<b>REGIONAL REPRESENTATIVE</b> Leslie Patton, Michele Moskalczyk, and Florence Babiarz	
<b>PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)</b> JOHN LOPATKA, NHA VP / ADMINISTRATOR			
<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> NHA	<b>DATE</b> 7-1-2010	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> Doreen C. Valence	<b>DATE</b> 8-2-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
95 Furniture and equipment shall be in good repair, clean and free of hazards.	The external dryer vent hose was not attached to dryer #4.	7/1/2010	Hose was connected day of survey.  A policy and procedure was implemented for dryer vent hoses. A checklist was developed to inspect all dryer vent hoses on a monthly basis for proper installation. Staff will be in serviced on the policy and checklist. Plant operations will report any discrepancies to the environmental safety committee. Policy, checklist and in service record attached.	Dec 8-2-10

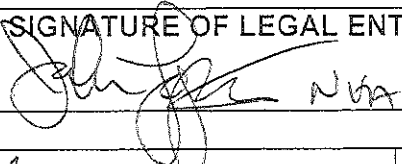
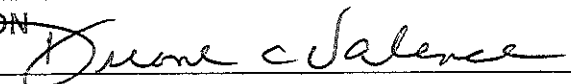
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SCRANTON FIELD OFFICE  
 Adult Residential Licensing

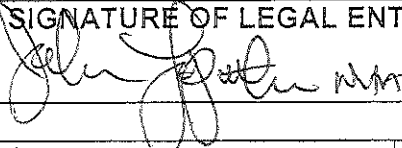

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103i Outdated or spoiled food or dented cans may not be used.	Jack and Jill chocolate ice cream cups (11 total) had a date of 2/2009.  A five gallon chocolate Blue Ribbon Farm Dairy container did not have a label or expiration date.  Five cucumbers and 2 heads of lettuce were found spoiled in the refrigerator.	6/23/2010	All ice cream boxes must be dated and rotated according to first in first out method to insure freshness. Staff was in serviced on 6-23-10.  Staff assigned to receive food deliveries will date all bulk containers upon receipt. All staff in serviced on 6-23-10.  A staffing position has been assigned to rotate all fresh produce and remove any items which appear spoiled on a daily basis. The manager or designee will spot check for compliance.  In services, staff position and vegetable rotation procedures are attached.	DCV 8-2-10

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105g-2 Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.	A large amount of dryer lint, a fabric softener dryer sheet and a wash cloth were found behind the dryers.	7/1/2010	Cleaned day of Survey.  <ol style="list-style-type: none"> <li>Weekly cleaning behind dryers will be done.</li> <li>Dryers will be pushed out and cleaned.</li> <li>Floor behind dryers will be swept and mopped.</li> <li>Staff will have sign out log sheet.</li> <li>Current protocol will remain to clean lint from machines after each use and remove any visible debris in area when noticed.</li> </ol> Policy and log sheet attached.	DCV 8-2-10

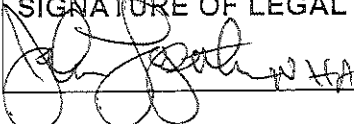
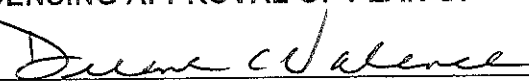
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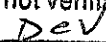
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132d Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.	The fire-safety letter dated 11/4/09 states, "With the amount of staff and local fire companies that respond to this site in conjunction with the additional fire safety precautions that this facility has installed, I feel safe in issuing this letter stating that an appropriate evacuation of residents behind a fire safe barrier should be within 15 minutes."  The time of evacuation is to be determined based upon the physical construction of the building and fire safety features and not staffing or proximity to the local fire department. Repeated violation- 3/11/09	7-13-2010	Fire safety inspector has been notified and will remove the staff and proximity of fire company from letter and re-issue letter.  I Will forward letter as soon as received.	DCV 8-2-10

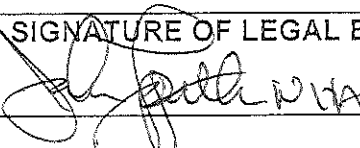
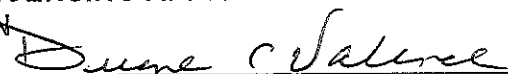
*Per Tele call to Adm [redacted] 8-2-10 Administrator will review annually the Fire Safety letter written by the Fire Safety expert to ensure that the Fire Safety letter included all the required building construction information: fire safe areas and evacuation procedure and maximum fire evacuation time distance*

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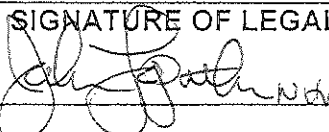
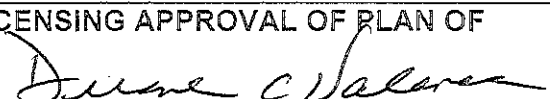
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132h Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.	The fire-safety letter dated 11/4/09 states, "...each building having 2 hour fire safe towers located on each end of the structure. Each building is also equipped with fire rated doors that close off the side of the structure, rendering it separate for all intents and purposes."  Based upon multiple staff and resident interviews, it was determined that the residents who reside on the 2 <sup>nd</sup> and 3 <sup>rd</sup> floor of the "Anderson" building are routinely evacuating to the end of each hallway and not into fire towers during monthly fire drills.	7-13-2010	Staff and residents of the Anderson Building will be re educated on the proper evacuation procedures of entering the stairwell fire towers during each drill that affects their building. Compliance will be monitored by the fire safety monitor, administrator or designee during each drill. This will be noted on the fire drill log.	Steps have been taken to correct violation; full compliance is not verifiable 8-2-10  Date Initials (DPW)

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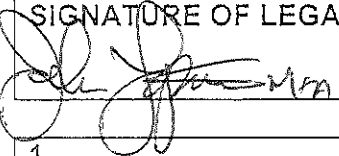

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141a-1 A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.	The MA55 dated 1-16-10 for resident #1, under the medical history, diagnosis and medication sections stated "see attached". The attachment was not signed by the resident's physician and was dated 2-16-10. The copy of the above-mentioned MA55; the blank areas were later filled in with blue ink by staff person A at the home.  Resident #2's MA55 dated 1-28-10, the medical history, diagnosis and medication sections stated "see attached". The attachment was not signed by the resident's physician; the attachment was faxed from Geisinger Health Services.	7-13-2010	Memo to accompany form to Physician attached. The nurse who receives back the copy of the MA55 will inspect to make sure that all areas have been completed. If the physician states "see attachment" the nurse will check that the attachment contains all necessary information and that the physician has signed and dated same. Nurse will return to physician any form that is incomplete or not signed and indicate on the form what needs to be filled in. The process will be repeated until form is completed with attachments signed and dated as required.	Dev 8-2-10

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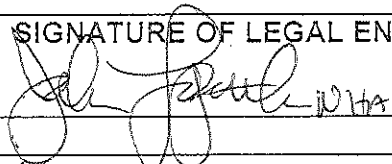
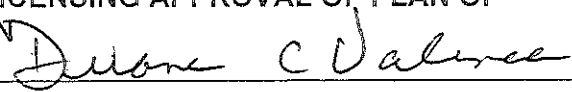
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185a The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.	The home's policy for narcotic is for the medication technicians to count PRN narcotic from shift to shift. The medication count sheet was found completed the morning of this inspection, however, staff person B was found counting the narcotic medications in the nursing office at 9:50AM. Staff person B stated that the medication count was completed during 9:50AM because it is too busy in the morning to do the count in between the third and first shifts.  During the count by staff person B, the narcotic count was off by one pill, staff person C did not sign the medication out for resident #3. The	7.13.2010	Narcotic counts will be done and initialed by two staff persons prior to new shift medication pass. All staff with the ability to administer medications will be in serviced on this new procedure. Nurse supervisor will conduct random audits to insure compliance on narcotic sign off sheets. Individual who did not initial narcotic sheet has signed off on copy of policy and understands same. Nurse who administer insulin will use bright color sticker to indicate date and initial when vial is opened. Sticker will be placed on vial. Insulin policy has been updated to reflect this procedure. This process will be added to the monthly med cart audit to insure compliance.	DCU 8-2-10

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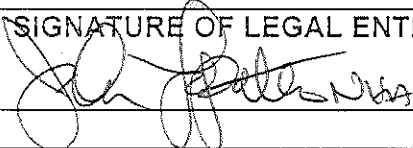

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	<p>nursing supervisor D recounted the narcotics and corrected the discrepancy on the narcotic sheet.</p> <p>The home's medication policy for insulin is to document when the insulin is first opened. The Lantus insulin for resident # 4 had 5-30-10 and 6-7-10 as the dates the vial was opened.</p>			

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187a A medication record shall be kept to include the following for each resident for whom medications are administered:  (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.	In conversation with the home's administrator E, it was stated that staff who administer medications to residents will initial their first letter of their first name after dispensing medications in a cup and will initial the first letter of their last name after the resident takes the medication.  Through review of the first floor Medication Administration Record's (MAR's), there were several blocks with only the first initial of the staff persons name and no first initial of the staff persons last name.  On June 13 <sup>th</sup> , the MAR for resident #4's 9AM medications, there is only	7-13-2010	Medication administration policy will read that the first initial of the aide/nurse will be placed in box of MAR when pouring and the last initial after administration. Nursing supervisors will conduct monthly audits on this process when filing previous months MAR on resident record.  <i>In service for all med administrators will be conducted on policy &amp; procedure attached.</i>	DCV 8-2-10

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Continue from previous page.	<p>one initial in the block on the MAR. The process of initialing the MAR after the resident has consumed their medication as indicated in the facility medication policy is not being followed by all staff persons who administer medication to residents at the facility.</p> <p>Repeated violation- 3/11/109</p>			

**RECEIVED**

JUL 02 2010