

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 14, 2011 until August 14, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 241880

Robert E. Robinson

ISSUING OFFICER

[Signature]

DIRECTOR

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 - 01/11



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

ADULT RESIDENTIAL LICENSING

AUG 24 2011

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 July 8, 2011 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 black ink, appearing to read "R. Melusky".

Ronald Melusky
Acting Director

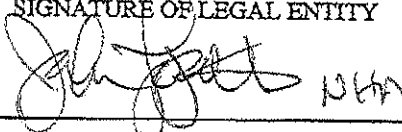
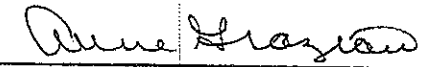
Enclosures
License
Violation Report


VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Wesley Village, 215 Roberts Road Pittston, PA 18640		CURRENT LICENSE NUMBER 241880	
INSPECTION DATES (Include all dates of the inspection) 07/08/2011		REGIONAL REPRESENTATIVE Leslie Patton, Betty Bloch, Meriam O'Malley	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE 8-2-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 8-5-11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
91 Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control center, municipal emergency management agency and personal care home complaint hotline shall be posted on or by each telephone with an outside line.	Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control center, municipal emergency management agency and personal care home complaint hotline were not posted on or by the telephones of the following residents: Resident #1 room 304, resident #2 room 181, and resident #3 room 101. RECEIVED AUG 03 2011 SCRANTON FIELD OFFICE Adult Residential Licensing	9-1-11	Residents #1, 2 and 3 were given new copies of the emergency numbers. Their original signed receipts for their copy as well as their new signed receipt are included. Admin Assistant will continue with this practice and conduct monthly audits to prove the information has not been thrown away by the resident. We will tape this information to the piece of furniture that holds their phone. the wall near where their phone normally is or tape inside their address/phone book. Large print notices of this same information will be posted on each floor in a public area.	<i>[Signature]</i> 8-5-11

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Wesley Village, 215 Roberts Road Pittston, PA 18640		CURRENT LICENSE NUMBER 241880	
INSPECTION DATES (Include all dates of the inspection) 07/08/2011		REGIONAL REPRESENTATIVE Leslie Patton, Betty Bloch, Meriann O'Malley	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>John Lopatka NHA</i>			
SIGNATURE OF LEGAL ENTITY 	DATE 8-2-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 8-5-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
121a Stairways, hallways, doorways, passageways and egress routes from rooms and from the building shall be unlocked and unobstructed.	An egress that had been designated as "not an exit" was not clearly marked as such. A six inch, red plastic sign which had the words, "Fire Exit" printed on it was affixed at eye level in the middle of the door. The "Fire Exit" sign was pasted over a similar sign that said, "Not an Exit." The exit door is located in Anderson's South fire tower and leads to the ground level of the front of the building. The terrain it leads to is unsafe for purposes of evacuation.	8-2-11	Door now reads "NOT AN EXIT. FIRE EXIT LOCATED DOWN STAIRS" The arrow pointing right is illuminated on the overhead EXIT sign. All staff and residents will be reminded that this is not the fire exit door. A picture is attached.	 8-5-11

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Wesley Village, 215 Roberts Road Pittston, PA 18640		CURRENT LICENSE NUMBER 241880	
INSPECTION DATES (Include all dates of the inspection) 07/08/2011		REGIONAL REPRESENTATIVE Leslie Patton, Betty Bloch, Meriann O'Malley	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>John Lopareo NHA</i>			
SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE 8-2-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 8-5-11

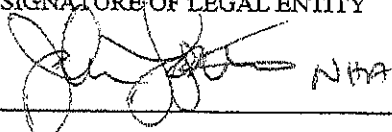
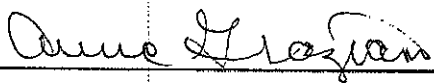
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY																																																																	
132h Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.	<p>The fire drill record indicated on 1/12/11 at 2am there were 46 residents present in the home at the time the fire alarm sounded and only 40 residents evacuated to the a fire-safe area within the home or to the designated meeting place away from the building.</p> <p>Repeated Violations: 06/16/2010</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Mont</th> <th style="text-align: left; border-bottom: 1px solid black;">Date</th> <th style="text-align: left; border-bottom: 1px solid black;">Time</th> <th style="text-align: left; border-bottom: 1px solid black;">Evac. Time</th> <th style="text-align: left; border-bottom: 1px solid black;">FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Feb</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Mar</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Apr</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>May</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Jun</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Jul</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Aug</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Sep</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Oct</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Nov</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Dec</td><td></td><td></td><td></td><td>No</td></tr> </tbody> </table>	Mont	Date	Time	Evac. Time	FSE	Jan				No	Feb				No	Mar				No	Apr				No	May				No	Jun				No	Jul				No	Aug				No	Sep				No	Oct				No	Nov				No	Dec				No	9-1-11	<p>The fire drill record does indicate compliance after this single incident. Policy was reinforced with staff and residents at that time as to the requirement to evacuate everyone to a fire safe area during every drill. The residents will be receiving a revised copy of our house rules indicating that non compliance with this procedure will result in a 30 day notice. Our social worker will be hand delivering these notices and obtaining a signed receipt for the same.</p>	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;">Date <u>8-5-11</u> Initials (DPW) <u>[Signature]</u></p>
Mont	Date	Time	Evac. Time	FSE																																																																	
Jan				No																																																																	
Feb				No																																																																	
Mar				No																																																																	
Apr				No																																																																	
May				No																																																																	
Jun				No																																																																	
Jul				No																																																																	
Aug				No																																																																	
Sep				No																																																																	
Oct				No																																																																	
Nov				No																																																																	
Dec				No																																																																	

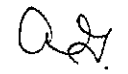
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Wesley Village, 215 Roberts Road Pittston, PA 18540		CURRENT LICENSE NUMBER 241880	
INSPECTION DATES (Include all dates of the inspection) 07/08/2011		REGIONAL REPRESENTATIVE Leslie Patton, Betty Bloch, Meriann O'Malley	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>John Lopatka NHA</i>			
SIGNATURE OF LEGAL ENTITY <i>John Lopatka NHA</i>	DATE 8-2-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane Groznow</i>	DATE 8-5-11

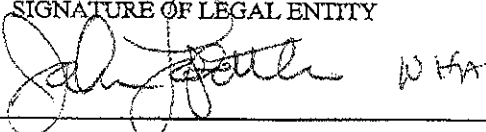
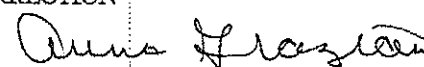
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
141a1 A resident shall have a medical evaluation by a physician, physician's 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 following medical evaluations were completed by a staff person at the home and not by a physician, physician's assistant, or certified registered nurse practitioner: Resident #4- medical evaluation dated 12/8/10 Resident #5- medical evaluation dated 2/18/11 Resident #6- medical evaluation dated 12/3/10 Resident #7- medical evaluation dated 6/27/10 Resident #8- medical evaluation dated 1/25/11 Resident #3- medical evaluation dated 5/11/11 Repeated Violations: 06/16/2010	9-1-11	The scheduler will create a log all residents with date of admission and initial medical evaluation. She will schedule a physical exam with the attending physician a month prior to the required annual updated med evaluation. She will also coordinate appointments for significant change in condition documentation. Licensed nursing staff will complete the areas allowable on the Medical evaluation form most recently supplied by DPW. The scheduler will review the document for completion and continue to return to physician for any areas that were incomplete. She will log the date of the new medical evaluation and continue forward for the upcoming year.	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="text-align: center; margin: 0;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center; margin: 0;">Date <u>8-5-11</u> Initials (DPW) <u>CG</u></p> </div>

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Wesley Village, 215 Roberts Road Pittston, PA 18640		CURRENT LICENSE NUMBER 241880	
INSPECTION DATES (Include all dates of the inspection) 07/08/2011		REGIONAL REPRESENTATIVE Leslie Patton, Betty Bloch, Meriann O'Malley	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>John Lopatka NHA</i>			
SIGNATURE OF LEGAL ENTITY  NHA	DATE 8-2-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 8-5-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
183b Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	A white pharmacy bag labeled "Fino's Pharmacy" of Pittston, PA was clipped to the door of room 304. The bag contained a prescription for Levothyroxine 50mcgs, and was prescribed for resident #1 to take once daily. The resident reported that the pharmacy always left prescriptions there if she was not in her room when deliveries were made.	8-2-11	All pharmacies that deliver were notified that medications can not be left unattended. Sign copies of the receipt and understanding are attached. All interdisciplinary staff has been made aware to look for any packages attached to resident doors, remove and take to the nurses' station on first floor APC. The nurse will contact the resident regarding picking up their medication if they are a self administrator or independent. Future violations will result in the pharmacy not being allowed to make deliveries.	 8-5-11

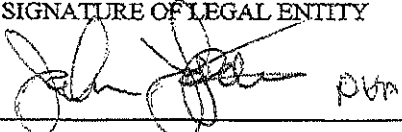
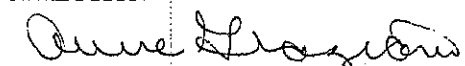
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600


NAME AND ADDRESS OF PERSONAL CARE HOME Wesley Village, 215 Roberts Road Pittston, PA 18640		CURRENT LICENSE NUMBER 241880	
INSPECTION DATES (Include all dates of the inspection) 07/08/2011		REGIONAL REPRESENTATIVE Leslie Patton, Betty Bloch, Meriam O'Malley	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>JOHN LOPACKA NHA</i>			
SIGNATURE OF LEGAL ENTITY 	DATE 8-2-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 8-5-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	Hydrocodine 500mg prescribed to resident #9 expired 7/5/11. The first aid kits located in the following home's vehicles, used to transport residents, had the following expired medications in them: • 2005 Mercury Sable GS "Dynarex" Alcohol Prep Pads – 10 packets with an expiration date of 10/2008 on them "PDI" Sting Relief Medicated Pad – 1 packet with an expiration date of 8/2007 on it • 2005 Ford E-350 Super Duty "Dynarex" Alcohol Prep Pads – 10 pads with an expiration date of 10/2008 on them "PDI" Sting Relief Medicated Pad – 1 packet with an expiration date of 8/2007 on it	8-2-11	<div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> The driver has been made aware that he can not refill any of the items contained in the car first aide kits. He will bring the kits to the Administrative assistant to be replenished when needed and to be audited once a month for contents and expired items. She will add these kits to her existing monthly audit of the first aide kits located in house. Med cart audits will be conducted once a month to check for items about to expire. These items will be listed and this list kept at the first floor nurses' station. The nurse will review list daily and remove and destroy any items due to expire per policy. </div>	<i>Def</i> 8-5-11

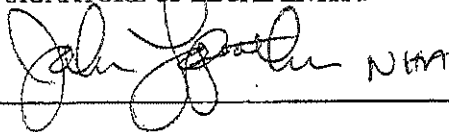
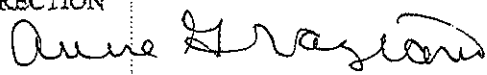
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600


Page 7 of 14

NAME AND ADDRESS OF PERSONAL CARE HOME Wesley Village, 215 Roberts Road Pittston, PA 18640		CURRENT LICENSE NUMBER 241880	
INSPECTION DATES (Include all dates of the inspection) 07/08/2011		REGIONAL REPRESENTATIVE Leslie Patton, Betty Bloch, Meriann O'Malley	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>John Lopata NHA</i>			
SIGNATURE OF LEGAL ENTITY 	DATE 8-2-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 8-5-11

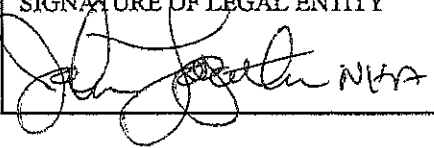
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
184a The original container for prescription medications shall be 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.	Xopenex Inhalation Solution prescribed to resident #3 did not contain a pharmacy label.	8-2-11	<div style="border: 1px solid black; padding: 5px;"> <p>All pharmacies have been contacted and advised that multi-packaged medications must each come with a separate label. Attached are copies of their signed acknowledgement of this procedure. The nurse receiving the medications will be required to audit that each individual box is labeled appropriately or return to the pharmacy to correct. Resident #3 has since received a new supply and labels were attached as required.</p> </div>	 8-5-11

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Wesley Village, 215 Roberts Road Pittston, PA 18640		CURRENT LICENSE NUMBER 241880	
INSPECTION DATES (Include all dates of the inspection) 07/08/2011		REGIONAL REPRESENTATIVE Leslie Patton, Betty Bloch, Meriam O'Malley	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>John Lopatka NHA</i>			
SIGNATURE OF LEGAL ENTITY 	DATE 8-2-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 8-5-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
184b If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.	Aspirin 81mg prescribed to resident #10 was not labeled with the resident's name. Preser Vision and Occuvite multi-vitamin prescribed to resident #9 were not labeled with the resident's name. Bayer Low Dose 81mg prescribed to resident #11 was not labeled with the resident's name.	8-2-11	<div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> All OTC meds will be brought to the nurses' station on APC1 for a licensed nurse to label with the appropriate name and information. If the pharmacy is including a label on OTC meds the nurse receiving the meds is responsible to check that the label is attached before placing in med cart. Aides will check for the label while conducting their med passes. They will bring any unlabeled medication to the nurse for correction. During the monthly med cart audit the nurse will examine all OTC containers for compliance. She will correct any omissions immediately as well as document her findings. </div>	 8-5-11

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Wesley Village, 215 Roberts Road Pittston, PA 18640		CURRENT LICENSE NUMBER 241880	
INSPECTION DATES (Include all dates of the inspection) 07/08/2011		REGIONAL REPRESENTATIVE Leslie Patton, Betty Bloch, Meriann O'Malley	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>JOHN LOPEZ NHA</i>			
SIGNATURE OF LEGAL ENTITY 	DATE 8-2-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Graziano</i>	DATE 8-5-11

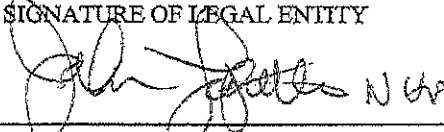

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
185a The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.	<ul style="list-style-type: none"> At 3:10pm on the day of this inspection, the July 2011 Narcotic Count Sheet located in the "Myers Manor I Medication Room" was only signed by one staff person that the 3pm narcotic count was completed. The off-going staff person, staff person A, who administered medications to residents on this day, signed this form that a count was completed for the 3pm shift change. This staff person worked until 2:30pm. This sheet was not signed by staff person B, who was the next staff person responsible for administering medications to residents. This staff person stated s/he did not complete a narcotic count with staff person A on the day of this inspection. Staff person C, who is an LPN and the home's medication frainer, stated the home's policy is for the staff person leaving the shift who administered medications to residents and the next staff person responsible for administering medications to residents count the narcotics together and then sign the Narcotic Count Sheet immediately after the counts are completed. The home did not follow its policy and procedure for counting narcotics in this medication room on the day of this inspection. In this same medication room, the foil on the 	9-1-11	<p>The controlled substance policy will be revised to tighten control. Nursing supervisors must verify PCA shift to shift counts. New forms will be completed for documentation purposes.</p> <p>As for medications that are accidentally pushed through the bubble pack, the aide will contact the nursing supervisor who will take possession of the "popped" pill and destroy per policy. The nursing supervisor will record the loss on the back side of the MAR sheet. If the medication is a narcotic the nursing supervisor will document on the controlled substance sheet with the PCA and date and sign their names and titles in order to reconcile the count. She will follow the controlled substance policy for destruction. The nursing supervisor will be responsible to reorder that dose from the pharmacy</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>8-5-11 Date Initials (DPW)</p>

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Wesley Village, 215 Roberts Road Pittston, PA 18640		CURRENT LICENSE NUMBER 241880	
INSPECTION DATES (Include all dates of the inspection) 07/08/2011		REGIONAL REPRESENTATIVE Leslie Patton, Betty Bloch, Meriann O'Malley	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>John Lopatka NHA</i>			
SIGNATURE OF LEGAL ENTITY <i>John Lopatka NHA</i>	DATE 8-2-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Herson</i>	DATE 8-5-11

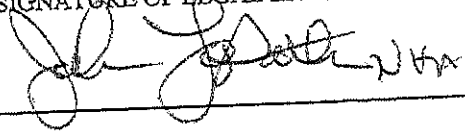
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
	<p>back of the bubble pack for resident #12's Acetaminophen with Codeine 300/10 was punctured for #s 4 and 5 and then taped closed. Staff person C stated the home's policy and procedure for accidentally puncturing the foil on the medication bubble packs is for the staff person who punctured the medication to take the medication and bubble pack to the supervisor working that shift, have the supervisor check that the correct medication is re-packaged and taped, and then have the staff person initial and date the bubble pack next to the medication that was in question.</p> <p>In addition, if the medication is a narcotic the supervisor who reviewed the medication with the staff person is required to document, sign, and date the Narcotic Count Sheet that the medication in question was reviewed by the supervisor and was correctly re-packaged and signed by the staff person who punctured the packaging.</p> <p>On the day of this inspection, this staff person and inspector noted that the bubble pack was not initialed and dated by the staff person who punctured this bubble pack and that the Narcotic Count Sheet was not documented by the supervisor on the shift(s) in question indicating</p>			<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>8-5-11 Date Initials (DPW)</p>

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Wesley Village, 215 Roberts Road Pittston, PA 18640		CURRENT LICENSE NUMBER 241880	
INSPECTION DATES (Include all dates of the inspection) 07/08/2011		REGIONAL REPRESENTATIVE Leslie Patton, Betty Bloch, Meriam O'Malley	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>John Lopatek NHA</i>			
SIGNATURE OF LEGAL ENTITY 	DATE 8-2-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 8-5-11

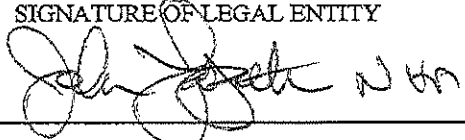
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
	<p>what had happened, that the medication was inspected, and that the correct medication was re-packaged into the bubble pack and by whom. Staff person C, who is an LPN, reviewed this medication at the time of inspection and verified the correct medications were in this bubble pack.</p> <p>Repeated Violations: 06/16/2010</p>			<p>Steps have been taken to correct violation: full compliance is not verifiable</p> <p>Date <u>8-5-11</u> Initials (DPW) <u>DPW</u></p>


VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Wesley Village, 215 Roberts Road Pittston, PA 18640		CURRENT LICENSE NUMBER 241880
INSPECTION DATES (Include all dates of the inspection) 07/08/2011	REGIONAL REPRESENTATIVE Leslie Patton, Betty Bloch, Meriann O'Malley	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>John Loparica NHA</i>		
SIGNATURE OF LEGAL ENTITY 	DATE 8-2-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Aune Grazion</i>
		DATE 8-5-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	There is a discrepancy on the prescription label and the prescriber's order for resident #13's "Tussin" 100mg/5ml Syrup. The prescription label on this resident's "Tussin" 100mg/5ml Syrup stated, "take (2) teaspoonfuls every four hours"; the July 2011 medication administration record stated, "give 1 tsp by mouth every 4 hours as needed for cough". The resident was not administered this medication to date in July 2011. Repeated Violations: 06/16/2010	8.4.11	Nursing supervisor confirmed through pharmacy that physician had changed order directly with pharmacy but failed to notify facility. Medication has been removed from cart until confirmed order by physician. A sticker stating "dosage has changed refer to chart" will be attached to the label if so indicated by physician. Licensed nurse will be responsible to check new order labels for accuracy when receiving medications. During med cart audits the POS and labels will be reconciled for accuracy. Aides are required to bring any discrepancy to the nurse supervisor's attention immediately upon discovery. The nurse will be responsible to rectify the situation and clarify orders with the pharmacy and doctor. Stickers alerting the aides to a change in dosage will appear on the medication as well as noted in MAR.	<i>Adg</i> 8-5-11

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Wesley Village, 215 Roberts Road Pittston, PA 18640		CURRENT LICENSE NUMBER 241880	
INSPECTION DATES (Include all dates of the inspection) 07/08/2011		REGIONAL REPRESENTATIVE Leslie Patton, Betty Bloch, Meriann O'Malley	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>JOHN LOPATKA NHA</i>			
SIGNATURE OF LEGAL ENTITY 	DATE 8-2-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Graziano</i>	DATE 8-5-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.				 8-5-11

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Wesley Village, 215 Roberts Road Pittston, PA 18640		CURRENT LICENSE NUMBER 241880	
INSPECTION DATES (Include all dates of the inspection) 07/08/2011		REGIONAL REPRESENTATIVE Leslie Patton, Betty Bloch, Meriam O'Malley	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>John Lopateca NHA</i>		DATE 8-2-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Ann Higgins</i>
			DATE 8-5-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	The preadmission screening for resident #14 (dated 4/21/11) resident #4 (dated 11/2/10), resident #6 (dated 12/2/10), and resident #15 (dated 4/20/11) did not indicate the resident's behavioral needs and special care needs, if any. The preadmission screening for resident #15 (dated 1/31/11) did not indicate the resident's diagnoses, special care needs, and behavioral needs, if any. The preadmission screening for resident #16 (dated 4/14/11) did not specify the resident's medical diagnoses.	9-1-11	The preadmission screenings for residents 14, 4, 6, 15 and 16 have been completed and documented as corrected per survey. Copies are attached. The nurse assessor has been re-educated as to the requirement that all areas of the form need to be completed. The admissions department will be pulling each resident record to audit for completion and filling in any omissions they find. Compliance on future admissions will be audited on the monthly audit check list to insure ongoing compliance by the Director of Admission. The home will fax the pre-adm screen for the next 3 admissions to the NE Regional Office.	8-5-11 Office Administrator

RECEIVED

AUG 03 2011

SCRANTON FIELD OFFICE
Adult Residential Licensing

Steps have been taken to correct violation; full compliance is not verifiable
 Date: 8-5-11
 Initials: (DPW)