

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 15, 2012 until August 15, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 241880

Robert E. Robinson

ISSUING OFFICER

R. C. King

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



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

AUG 16 2012

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 21, 2012 and June 22, 2012 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
Director

Enclosures
License
Violation Report

Violation Report: 24188 - - Rushin, Julienne
 PCH Name: WESLEY VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION
 A bottle of Fast & Easy Hard Surface and Glass cleaner with a manufacture's label indicating "get medical attention if swallowed" and a bottle of TB-Cide Quat Clean Deodorizer/Disinfectant with Instructions to "Call poison control center or doctor immediately if swallowed", were unlocked and accessible to residents in the home's South Wing (ground level) house keeping storage room. Residents of the home have not been assessed capable of recognizing and using poisons safely.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Residents are assessed upon admission into the facility to determine if they are able to safely use or avoid poisonous materials. Although this is documented on some resident support plans at present, it is not done routinely on all of them. The facility is now utilizing the RASP forms which will indicate a residents ability to recognize these poisonous materials. However, the facility will continue, as their policy, maintain specific areas where chemicals, cleaning supplies, ect., will be stored in locked areas which would not be accessible to the residents.

The housekeeping staff was interviewed and re-educated on the importance of keeping these designated storage areas, housing chemical & cleaning supplies, locked at all times to assure resident do not have access to any poisonous materials. (Staff signature sheet is enclosed).

The Administrator and housekeeping supervisor will be responsible to do random checks to assure all areas housing poisonous chemicals are locked when not in use. (cont')

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Sharon Ritsick RN*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) SHARON Ritsick RN/Director / Co-Administrator Date June 29 2012

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>8/7/12</u> (Date)	Plan of correction Implementation status as of <u>8/7/12</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented



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1. Regulation 2600.82(c)

Cont': The nurse responsible to complete initial assessment & RASP on a resident, will inform the Administrator of any resident deemed unsafe to use or avoid poisonous materials. Again, this will be documented on the residents RASP form and be available for direct care workers to view.

MW
8/7/12

Violation Report: 24188 - - Rushin, Julianne
 FCH Name: WESLEY VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION

The home did not have a record that a fire safety inspection and fire drill was conducted by a fire safety expert for 2011.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The home was able to produce the letter of verification by the fire safety expert indicating the annual drill was completed, however, the form was not given when requested in a timely manner. The Administrator did not have direct access to the letter and needed to wait for the plant operation supervisor to provide a copy of the letter. As per policy of the facility, the plant operation supervisor is responsible to schedule the drill with the fire safety expert and retain a copy of the verification which is filed in his office. The Administrator will now have copies of all information, filed in her office, from all department supervisors responsible for different areas such as fire safety, education and environmental services. The Administrator is aware of the requirements of the Regulatory Compliance Division. The Administrator will be responsible to work closely with each Department Supervisor to assure all requirements are completed & copies of documentation of these requirements are maintained in the Admin. office for quick access.

Repeat Violation: No	Date(s) of Previous Violation(s):	reference
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Sharon Bitsick RN*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *SHARON BITSICK RN / Director / Co-Administrator* Date *June 29, 2012*

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The above plan of correction is approved as of 8/7/12
 (Date)

Plan of correction implementation status as of 8/7/12
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *[Signature]*
 (Initials)



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(2) Regulation 2600.132(b)

The Administrator will be responsible to alert the plant operation supervisor of the need to schedule annual fire drill with the fire safety expert as required. The Administrator will be responsible to assure proper documentation is received in regards to the drill and a copy maintained in her office records to assure accessibility at all times.

8/7/12


Violation Report: 24188... Rushin, Jullenne
 PCH Name: WESLEY VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION
 The home's south side rear exit had 12 cigarette butts on dry grass located by the dumpster.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The cigarette butts found on the facility grounds were immediately cleaned by the maintenance dept. on June 21, 2012.
 The Wesley Village Campus is a non-smoking campus and only allows employees to smoke within their cars.
 The Administrator instructed the nurse supervisors and department supervisors in the personal care to re-educate the staff in regards to the campus smoking policy and the need to closely monitor the employees known to smoke & continue to reinforce the policy and the consequences should the policy be ignored.
 The Administrator will be responsible to assure compliance by the personal care employees.
 A meeting was held with the Administrator and the Plant Operations Supervisor in regards to the violation & its potential hazard to the residents. It was determined that the maint. person assigned to the personal care facility will monitor the grounds closely, doing daily random checks of all parameters of the building. Any evidence found of smoking, such as cigarette butts, will be immediately reported to the Administrator.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Sharon Bittsick*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) SHARON BITTSICK RN Date June 29, 2012

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 The above plan of correction was approved by [Signature] (Initials)

Plan of correction implementation status as of 8/7/12 (Date)

Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
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Regulation 2600. 147(c).

The Administrator of the Wesley Village Campus also addressed these findings and concerns with the entire campus employee population. The smoking policy will be strongly enforced & monitored throughout the entire Wesley Village Campus.

* The Administrator will also address the smoking policy at the monthly house meetings conducted for both the personal care and independent residents. Although discussed at admission, the smoking policy will be reinforced during the admission process to both the resident and his/her designated party.

8/7/12

Violation Report: 24188 - - Rushin, Julienne
 PCH Name: WESLEY VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.187(a) - 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 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.

2a. DESCRIPTION OF VIOLATION

The Medication Administration Record for resident # 1 did not indicate a diagnosis or purpose for Aspirin 325mg.
 The Medication Administration Record for resident # 2 did not indicate a diagnosis or purpose for Bumex 2mg.
 Staff did not sign or initial the Medication Administration Record of resident # 3 on 6.21.2012 at 9pm to indicate that 20mg Omeprazole and 2mg Ropinirole HCL had been administered.
 Staff did not sign or initial the Medication Administration Record of resident # 4 on 6.21.2012 at 5pm to indicate that 40mg Simvastatin had been administered.
 Staff did not sign or initial the Medication Administration Record of resident # 5 on 6.10.2012 at 9pm to indicate that 15mg Remeron and Blofreeze had been administered.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

(See Attached)

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/08/2011
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Sharon Ritsick RN*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *SHARON RITSICK RN/Director/Co-Administrator* Date *June 29, 2012*

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 (Date)

Plan of correction implementation status as of 8/7/12
 (Date)

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 (Initials)

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- Not Implemented



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Regulation 2600.187(a)

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- Medication diagnosis are maintained in the home as follows:
- (1) The home contracts with a pharmacy which supplies printed resident MAR's monthly. The pharmacy is aware that a diagnosis is required for each medication on the MAR.
 - (2) The nurse supervisor is responsible to perform monthly MAR re-caps (assuring all printed medications on the MAR) ^{Care current & correct}.
One of the responsibilities of the re-caps is to assure a diagnosis exist for each listed medication.
 - (3) The nurse supervisor conducts bi-monthly medication cart audits. Each nurse supervisor is assigned a specific medication cart. One of the requirements of the cart audit is to review the MAR for the assigned cart and audit the MAR for missing diagnosis for each medication.
 - (4) The PCA's who administer medications in the home are to inform the nurse supervisor of missing diagnosis noted in assigned MAR.
 - (5) The Administrator is responsible to do periodic medication cart audits and MAR reviews to monitor for missing information.

MW 8/7/12



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187a Cont

All MAR's were reviewed by the Administrator and nurse supervisors on 6/20/2012. No further missing diagnoses were noted on current MAR's. The above procedures will maintain in place to prevent future occurrences.

8/2/12
M

Elizabeth Church Campus
Binghamton, NY
(607) 722-3463

Hilltop Campus
Johnson City, NY
(607) 798-7818

Tunkhannock Campus
Tunkhannock, PA
(570) 836-2983

Corporate Office
Binghamton, NY
(607) 775-6400



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Regulation 2600.187(a).

The PCA staff shift assignment includes checking assigned MAR's prior to the end of the staff's scheduled shift to assure all medication was administered as ordered and appropriately initialed as per medication administration policy and procedure.

This required assignment will be reinforced by the nurse supervisor. The nurse supervisor will do random checks of the MAR's to assure compliance. The Administrator will be responsible to do random MAR audits to assure compliance with medication administration policy and procedure.

8/2/12



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Regulation 2600.187(a)

Medication Administration policy and procedure was reviewed with all PCA Staff who administer medications in the home. Compliance of proper procedure of administration and documentation of administration was reinforced. (Sign in sheet for Inservice attendance enclosed)

8/7/12
m