



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Sent via e-mail: [REDACTED]
Mailing Date: **November 14, 2013**

Ms. Danielle Janeski, Vice-President
UMHPA CORP
209 Roberts Road
Pittston, Pennsylvania 18640

RE: Wesley Village
215 Roberts Road
Pittston, Pennsylvania 18640
License #241880

Dear Ms. Janeski:

As a result of the Department of Public Welfare's (Department) licensing inspection on October 15, 2013 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary 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 Human Services Licensing so that compliance can be verified.

Sincerely,

A handwritten signature in black ink that reads "Michele Moskalczyk".

Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

PCH Name: WESLEY VILLAGE		License Number: 24188
Address: 215 ROBERTS ROAD, PITTSTON, PA 18640		County: Luzerne
Administrator: Danielle Janeski		Region: NORTHEAST
Legal Entity Name: UMH PA CORP		
Legal Entity Address: 209 ROBERTS ROAD, PITTSTON, PA 18640		
Certificate(s) of Occupancy C-2 LP 08/01/1979 Dept. of Labor and Industry		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 82	Waking Staff: 62
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 10/15/2013: Rushin, Julienne; Hummel, Jesse		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 157 Number of Residents Served: 82 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, If Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0		Number of Residents who: Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 82 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0

Violation Report: 24188 - 10/15/2013 - Rushin, Julianne
 PCH Name: WESLEY VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 9/17/13, the home's directors were doing a routine review of recent electronic resident medication administration records and discovered that on 9/16/13 medications that were scheduled to be administered at 9pm, were not signed out until 11:30 pm. Upon investigation, it was determined that staff person "A" pre-poured the medications and staff person "B" administered them at the 9pm med pass but did not sign the electronic MARs. Staff person "A" later signed the MARs at 11:30 pm. The incident was not reported to the Department until 9/30/13.

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 #1

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *JANOU RITSICK RN / Administrator* Date *10/28/2013*

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

The above plan of correction is approved as of 11/14/13
 (Date)

The above plan of correction was approved by *m*
 (Initials)

Plan of correction implementation status as of 11/14/13
 (Date)

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



285

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1. Regulation 2600.16(c)

Plan of Correction: The Administrator of the Personal Care Home reported the incident to DPW after the investigation of the above incident was fully completed. The management team of the United Methodist Homes, Wesley Village Campus, conducted a thorough investigation obtained by interviews with staff, resident reports, and computer reviews from the date of the incident, to assure all the information founded was accurate and complete, prior to officially reporting it to DPW.

- The Administrator is responsible to complete all reportable incidents that occur in the home when she is present. In her absence from the facility, the appointed designee is responsible to complete and forward the reportable incident to DPW within the time allotted per regulation 2600.16(c). The designee will also have the support of the management team of the United Methodist Homes at the Wesley Village Campus, to assist with any and all investigations to assure accuracy, and a thorough completion of the incident, such as in the case of the above.

The Administrator is responsible to understand and adhere to the regulation 2600.16(c), regarding the reporting of incidents to DPW within the required time allotted to assure compliance with this regulation. The Administrator reviewed this regulation with all appointed designees of the home, in addition to reviewing the regulation with the management team of the Wesley Village Campus, which included the Administrator of the Wesley Village Campus, [redacted] Human Resource Director, [redacted] Assistant Administrator of the Wesley Village Campus, [redacted] and Compliance Officer of the United Methodist Homes, [redacted]

In the event that another incident should arise similar to the above, warranting an extensive investigation involving more than a 24-hour period to complete in its entirety, an initial report will be completed with the information acquired and sent to DPW within the 24-hour time requirement. Subsequent reports will follow as more information is obtained until a final report is completed and submitted.

- The Administrator maintains copies of all reportable incidents in her office. Incidents involving residents have a copy of the reportable in the resident record in addition to a copy kept in the Administrators office. Prior to filing a reportable incident which had not been completed by the Administrator herself, the reportable is reviewed to assure all information on the form has been completed, and also that the reportable is both initial and final reports and any further necessary follow up is completed. The Administrator also

#1

Suzanne Ritsick RN Administrator

10/28/13 *MW 11/14/13*

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

Hilltop Campus
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Tunkhannock Campus
Tunkhannock, PA
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Corporate Office
Binghamton, NY
(607) 775-6400

2 of 5

utilizes the incident reports when completing the annual Quality Management Review. Reportable incidents are filed in the Administrators office annually from date of last inspection to present.

M
11/14/13

1

Sarah Bituck RN / Administrator 10/28/13

Violation Report: 24188 - 10/15/2013 - Rushin, Julianne
 PCH Name: WESLEY VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:

- (1) Identify the correct resident.
- (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
- (3) Remove the medication from the original container.
- (4) Crush or split the medication as ordered by the prescriber.
- (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
- (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
- (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

2a. DESCRIPTION OF VIOLATION

On 9/16/13, staff person "B" administered medications at the 9pm med pass but did not sign the electronic MARs. The MARs was later signed at 11:30 pm by staff person "A" not staff person "B".

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 # 2

Copy of Staff Signature Sheet for Meeting included

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Sharon Bitsick RN</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Sharon Bitsick RN / Administrator</i>		Date <i>10/28/13</i>

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The above plan of correction is approved as of <u>11/14/13</u> (Date)	Plan of correction implementation status as of <u>11/14/13</u> (Date)
The above plan of correction was approved by <u><i>m</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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2. Regulation 2600.182(c)

Plan of Correction: Both staff persons involved in this incident, staff person (B), a PCA certified in medication administration, and staff person (A), an L.P.N., were both terminated from their positions at the Wesley Village Personal Care Facility. Both employees were terminated due to non-compliance of the policy and procedures of the United Methodist Homes for proper medication administration, in addition, to non-compliance and violating the policies and procedures set forth by the Regulatory Compliance Guide issued by DPW to be maintained for the proper and safe standards of medication administration to the residents in all Personal Care Homes. The staff person (A), licensed as a nurse in Pennsylvania, and employed as a nurse supervisor, violated the practices set forth by the Pennsylvania State Licensing Board of Nursing, and the common, safe practices to be expected by a professional nurse.

A mandatory meeting was conducted on October 1, 2013 and October 3, 2013 for all PCA and nurse staff of the Personal Care Facility at Wesley Village. The meeting was conducted by the R.N. Administrator, who is also the train the trainer in the facility which certifies the non-professional staff to administer medications, and also is responsible to perform annual practicums for the PCA staff in order for them to maintain their certification. Proper policy and procedures were reviewed and the importance of adhering to these policies, with the understanding that anyone violating the policies and procedures set forth by the United Methodist Homes and/or DPW, will not be tolerated, and staff will be disciplined accordingly for non-compliance.

The Administrator will be responsible to continue to maintain the PCA staff medication certification per the guidelines of the train the trainer program. Any staff found not to be performing to the standards of this program, and/or be unsuccessful in completing the reviews correctly, will be subject to remediation of the certification, and/or loss of their certification and requiring them to be recertified to perform medication administration. The Administrator will also be responsible to assure the nurses are competent in their medication administration and their continued maintenance of the policies and procedures of both the United Methodist Home and the guidelines of DPW.

The Administrator will continue to review the medication profile of residents and complete random checks on all three shifts utilizing the electronic resident record and MAR. The Administrator has access to this information and will complete them upon her discretion.

The Administrator will also continue to schedule staff meetings with both the nurses and

M
11/4/13

#2 Sharon Rutsick RN Administrator

Elizabeth Church Campus
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(607) 722-3463

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Tunkhannock, PA
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10/28/13
Corporate Office
Binghamton, NY
(607) 775-6400

385

the PCA staff to review and enforce proper policy and procedures of medication administration. Staff meetings are held on a regular basis, with an average of one meeting every two months. Communication with staff is also maintained through posted memos and provided information which includes a staff signature of acknowledgment of this information.

M
11/14/13

#2

Sharon Ritsick RN Administrator

10/28/13

Violation Report: 24188 - 10/15/2013 - Rushin, Julienne
 PCH Name: WESLEY VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.183(a)(1) - Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration.

2a. DESCRIPTION OF VIOLATION
 On 9/16/13, staff person "A" pre-poured medications that were then passed at 9pm by staff person "B".

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" #3

** The administrator shall be responsible for monitoring and ongoing compliance -*

*Mr
 11/14/13*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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) <i>Sharon Ritsick RN / Administrator</i>	Date <i>10/28/13</i>
--	-------------------------

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 (Date)

Plan of correction implementation status as of 11/14/13
 (Date)

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

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



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3. Regulation 2600.183 (a)(1)

Plan of Correction: The Plan of correction for this specific regulation is, and will be, the same as the above and prior violation. The two staff members involved; are the same employees involved in the prior violation. The Administrator will be responsible to implement the same plan of correction as stated on the previous violation report since it also applies to non-compliance of medication administration.

#3

Sharon Butsick RN / Administrator

10/28/13

Violation Report: 24188 - 10/15/2013 - Rushin, Julienco
 PCH Name: WESLEY VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION
 On 9/16/13, staff person "B" administered medications to residents at the 9pm med pass but did not sign the electronic MARS. The MARS was later signed at 11:30 pm by staff person "A".

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" #4

** The administrator shall be responsible for monitoring & ongoing compliance -
 11/14/13*

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

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

Printed Name and Title of Legal Entity Representative Date
 (Required on EVERY Page) *Sharon Butsick RN Administrator 10/28/13*

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The above plan of correction is approved as of 11/14/13
 (Date)

The above plan of correction was approved by *M*
 (Initials)

Plan of correction implementation status as of 11/14/13
 (Date)

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



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4. Regulation 2600.187(b)

Plan of Correction: The Plan of correction for this violation will also remain the same as the two previous plans since they again involve the same two employees, and also the continuation of the violation of medication administration.

- The Administrator will be responsible to implement the plan of corrections for all presented violations and continue to maintain staff compliance for both the nurses and the trained PCA's through the requirements of the train the trainer program.

M
11/14/13

4 Sarah Rutsock RN/ Administrator

10/28/13