



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

JUN 26 2014

Ms. Danielle Janeski, Vice-President  
UMH PA 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 licensing inspection on May 1, 2014, 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.

Your regular license for the period August 15, 2014 to August 15, 2015 was issued on May 30, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones  
Director

Enclosure  
License Inspection Summary



Violation Report: 24188 - 05/01/2014 - Dumas, Gerald  
 PCH Name: WESLEY VILLAGE

1. REGULATION 55 Pa Code §2600  
 2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION:  
 The 2nd floor laundry room, located in the Anderson building, had 6+ dryer sheets laying on the floor and duct work behind the dryer.

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.

Please see Attached -

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Sharon Ritsck LRU / Admin</i>	Date <i>5/28/2014</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 6/13/14  
 (Date)

Plan of correction implementation status as of 6/13/14  
 (Date)

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

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

Plan of Correction:

I. Regulation 2600.125(a)

Plan of Correction: The Plant Operations Department is responsible to assign his staff to conduct monthly inspections on the dryer vents in all areas in the facility designated as laundry rooms which house the washer and dryers.

Enclosed is (Example #1), which is a copy of the form previously utilized by the staff of plant operations in completing the monthly inspection of the laundry room areas. This example form was from September 2013, as an example of documentation after inspection of the areas.

(Example #2): This is an example of the revised form that will be used by the staff in plant operations when conducting monthly inspections of the laundry room areas, in addition to a list of the areas to be included in the inspection monthly and as needed.

The forms will be completed by the staff person assigned by the Plant Operations Director and will then be the Director's responsibility to assure that follow up occurs with any problems or concerns that have been documented. The Plant Operations Director will co-sign all forms after his review.

The Administrator and the Plant Operations Director, [REDACTED] have discussed this violation, and have also determined that the Plant Operations Director will make random checks in all laundry areas to assure that the inspections have been completed as documented, and any repairs or concerns documented on the report have been completed as assigned. The Administrator completes resident and building rounds daily as part of her routine. The Administrator will also conduct random inspection of the laundry room areas to assure that areas of concerns and basic cleanliness and operation of the machines are maintained.

Housekeeping staff are also responsible to contact the Plant Operations staff for any malfunction of the machines, or need for immediate maintenance of the dryer vents, removal of debris, or any other needed assistance to assure safety in this area.

The inspection forms will be maintained in the Plant Operations Director's office.

However, the Director will forward copies of the inspection forms to the Administrator monthly, and the Administrator will also maintain a binder in her office for her own use and needed review.

*M*  
6/13/14

*Suzanne Bissack RN / Administrator*  
5/28/2014

Violation Report: 24188 - 05/01/2014 - Dumas, Gerald  
 PCH Name: WESLEY VILLAGE

1. REGULATION 55 Pa. Code §2600  
 2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION  
 The fire drill records indicate how many residents actually evacuated the building, not the total number of residents. The fire drill conducted on 4/23/2014 at 8:12am, evacuated 50 of the 78 residents. The rest of the residents were in the dining room on the ground floor. The dining room is not a fire safe area.

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.

*"Please see Attached"*

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 / Admin</i>		Date <i>5/28/2014</i>

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

The above plan of correction is approved as of <u>6/3/14</u> (Date)	Plan of correction implementation status as of <u>6/4/13</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

Plan of Correction

2. Regulation 2600.132 (c)

Plan of Correction:

The Plant Operations Director is responsible to schedule and conduct the monthly fire drills in the Personal Care facility. The Administrator had a meeting with the Plant Operations Director [REDACTED] to review the regulations on fire safety in Personal Care, and the conducting of fire drills and proper documentation of the drills. The Plant Operations Director had designated the dining room on the ground floor of the Anderson Personal Care building, as a fire safe area, and had instructed his staff assigned to conduct the fire drills, that residents in the dining room at the time of the alarm would not need to be evacuated. This was the discrepancy that occurred with this violation in regards to the fire drill conducted on 4-23-2014 at 8:12 am, when some of the residents were in the dining room being served their breakfast.

In a review of the information and letter provided to us by our Fire Safety Expert, the dining room is not designated as a fire safe area. The dining room is enclosed, however, has glass entrance doors and the walls are not rated as fire safe structures. The dining room does have two separate exit doors which lead directly outside of the facility.

The facilities fire plan did not have to be revised, however, the Director has reviewed the fire safe areas with his staff responsible to conduct the monthly fire drills and they were informed of the violation and reason why residents would need to be evacuated from the dining room should there be a drill or actual fire event. The residents in the dining room at the time of a drill and/or actual fire event, would be evacuated outside of the building utilizing the two exit doors located in the dining room. The residents would also be able to be evacuated from the dining room to the outside lobby activity area, which also has a large entrance/exit door, which leads directly to the outside of the building. All three exits, as stated above, are on ground level, and would not require the residents to need to utilize stairwells, but may exit directly to the outside on ground level. The exits used for evacuation of the residents in the dining room at the time of the drill, and/or actual fire event, would be determined by the location of the fire, and the safest route to utilize at that time.

The Personal Care staff was informed of the change in evacuation route of residents in the dining room at the time of a fire drill and/or actual fire event. A copy of the signature form of the staff acknowledgement of the information is included, as Enclosure #3.

- The Administrator will be notified by Plant Operations Director of the date and times of all scheduled fire drills in the Personal Care facility. When available for the time of the drill scheduled, the Administrator will be observing the evacuation of residents, and assuring that the revision of the evacuation of residents from the dining room is completed correctly should the alarm sound during meal time, and/or when residents are in the dining room for other events.

M  
6/13/14

Sharon Pitsuck RN / Administration  
5/28/2014

The Residents will be informed of any and all changes in the evacuation process during a fire drill during our monthly Resident House Meetings. Fire Safety is a frequent topic discussed in the house meetings, as a reminder to the residents of the importance of their cooperation with the staff, and to follow the direction of the staff to assure their safety in the event of an actual fire event and the need to participate in the drills so that they will be prepared in the event of an actual fire.

Enclosure #1, is verification of meeting conducted with the Administrator, Plant Operations Director, and the staff member in Plant Operations, [REDACTED] who is assigned to conduct the monthly fire drills in the Personal Care building.

The Administrator is provided with copies of the monthly fire drill log. Both the plant Operations Director and the Administrator maintain copies of the fire drills in their offices.

- The Administrator will be responsible to assure that Plant Operations department is conducting monthly fire drills, evacuation time remains within the time designated by the fire safety expert, staff are following the facility fire plan, and the all residents are cooperating and participating in the monthly fire drills. The plant operations staff is responsible to inform the Administrator of any concerns or problems during a fire drill so that it may be addressed and corrected as needed.

  
6/13/14

Susan Busick RN Administrator  
5/28/2014

Violation Report: 24188 - 05/01/2014 - Dumas, Gerald  
 PCH Name: WESLEY VILLAGE

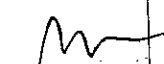
1. REGULATION 55 Pa. Code §2609-2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral, topical, eye, nose and ear drop prescription medications, insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION  
 All of the medication trained staff have only the month and year of their completed training on the Student Certification form. There is no exact date listed on the Student Examination Data Summary Sheet for any of the medication administration staff.

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.

"Please see attached"

Repeat Violation No:	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Sharon Bitsick RN/Admin		5/28/2014
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>		
The above plan of correction is approved as of	6/13/14 (Date)	Plan of correction implementation status as of 6/13/14 (Date)
The above plan of correction was approved by	 (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

Plan of Correction

3. Regulation 2600.182(b)

Plan of Correction:

All staff initial certificates, issued upon completion of testing for Medication Administration, have completed dates, including the month, day of the month and year the staff completed all requirements.

The violation received is in regards to the staff annual practicums, which consist of quarterly MAR Reviews, and then two medication administration observations required annually. The data summary sheet which includes an area for documentation of the MAR reviews and the observations, in addition to the recertification date, is documented with the month and year of completion, the day of the month not included. The student certification form completed annually by the train-the-trainer, also has the date of completion for each designated year, with the month and year, again, excluding the day of the month the annual practicum was completed.

The Administrator of the Personal Care facility, is the designated Train the Trainer, for the facility, and does not have any other staff designated as Practicum Observers to assist with the training of the staff. All completion and documentation of the staff initial training, and annual practicums including the MAR reviews and medication administration observations, is the responsibility of the Administrator. The Administrator will now include the day of the month, in addition to the month and year that the MAR reviews and medications observations were completed for each trained staff. The training completion date on both the data summary sheet, and the annual staff certification form, will also include the month, day, and year of completion of each annual practicum.


The Administrator will also have the ability to place a day of the month on the current staff data summary sheets and student certification forms since the MAR reviews require the use of review sheets, that are designated into quarterly reviews for each staff. The Administrator can utilize the date of the last MAR review documented, which has the date of the review in addition to the month and year of the MAR on the specific resident MAR used for the review. The date of the 4<sup>th</sup> review will be used as the training completion date, on both the data summary sheet, and the student certification form.

The Administrator will be responsible to assure that she completes all dates as required, including the month, day and year of the reviews, and the completion date of the annual practicum for each staff. The Administrator completes quarterly MAR reviews in addition to the medication observations, and needs to complete the dates quarterly in each staff record. This will allow the Administrator, or train-the-trainer, to review each staff record quarterly, to assure that all required dates have been documented correctly and completely.

Enclosures: #15) Student Certification Form

#16) Data Summary Sheet ; #17) MAR Review Sheet #1 & #2

#18) MAR Review Sheet #3rd & 4<sup>th</sup> #19) Observation Sheet

  
6/13/14

Suevon Rutsack RN Administrator  
5/28/2014

Violation Report: 24188 - 05/01/2014 - Dumas, Gerald  
 PCH Name: WESLEY VILLAGE

1. REGULATION 55 Pa. Code §2600  
 2600.224(a) - 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.

2a. DESCRIPTION OF VIOLATION  
 The preadmission screening for resident # 1 did not include the date the screening was completed. It could not be determined if the resident was evaluated prior to admission to the home.

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.

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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 Adm</i>		Date <i>5/28/2014</i>

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

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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

Plan of Correction

4. Regulation 2600.224(a)

Plan of Correction:

The Administrator is responsible to complete all pre-screening forms on all residents assessed by her prior to their admission into the Personal Care Facility. To assure that all resident records are complete and correctly filed, the Administrator completes a review of the resident record on all newly admitted residents into the home (6) weeks after the admission date. At this time, all required information, such as the DME, and RASP forms should be completed to maintain compliance. Nursing staff in the Personal Care facility is assigned by the Administrator to be responsible for the completion of designated forms, and to assure they are completed correctly and accurately. To provide a second check for accuracy and correct completion of the resident forms, the Administrator completes the (6) week check of newly admitted resident records, and will alert the responsible staff assigned to a designated form to correct any errors or complete any information that may have been overlooked or the need to be corrected.

Complete resident chart audits are completed annually by the Administrator, with the assist of the Assistant Administrator, and the nurse supervisor staff. The audits are a complete review of all the contents of a resident chart, assuring information is placed correctly and can be easily found when needed, all state forms are current and correct, and signatures, dates, etc. have not been missed, and corrections can be made as necessary.

The Administrator corrected the missed date on the pre-screening form for resident [redacted] on the day of the inspection. The resident was assessed on 03/18/2014, prior to his admission on 03/26/2014. The Administrator maintains an informal tracking system in her office, which includes resident names, the date of the prescreening, and other information received on the day of the assessment, which can be referred to as needed when completing the prescreening form. The Administrator also keeps the admission date of the resident on the tracking form to use as a guide when needed.

The Administrator is responsible to assure that all resident records are complete and accurate, and kept in compliance at all times with the information required.

W  
6/13/14

Juaron Busick RN / Administrator

5/28/2014

Violation Report: 24188 - 05/01/2014 - Dumas, Gerald  
 PCH Name: WESLEY VILLAGE

1. REGULATION 55 Pa.Cf. tit. 52600  
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION  
 The support plan for Resident #2, dated 3/25/2014, was not signed by the resident or staff to indicate that both parties participated in the development of the resident's support plan.

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.

*"Please see Attached"*

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

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 / Admin*      Date *5/28/2014*

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

The above plan of correction is approved as of 6/13/14  
 (Date)

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

Plan of correction implementation status as of 6/13/14  
 (Date)

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

Plan of Correction

5. Regulation 2600.227(g)

Plan of Correction:

The Administrator is responsible to assure that all forms on the resident record are complete and accurate. The Administrator assigns designated nursing staff to be responsible to complete the required forms, such as the resident DMF and RASP form. The resident RASP form is completed presently on the electronic resident record. The staff member responsible to complete this form must then print it out of the computer, and obtain the required signatures of the resident, and the staff themselves, which completed the form. The signature form is then re-scanned back into the computer to maintain a complete and accurate RASP form on the resident. The Administrator also requires a copy of each resident RASP to be placed in a binder stored in a locked cabinet on each of the residents designated floor. The copies of the RASP are to be utilized by the direct care staff to review and refer to prior to providing care for a resident. The staff is required to review the RASP form on each new resident admitted into the facility, and then review it periodically when a significant change in the residents condition occurs, and also annually when a new RASP form is completed and replaced for the previous. The nurse responsible to complete the RASP form is also responsible to make the copy and place it in the binder on the resident floor. The duties as stated above, provide the staff member responsible for completing the RASP, two opportunities to check the form for completion of all areas, including the required signatures, especially of the staff themselves, when completing the assigned documentation.

The Administrator also completes the (6) week review of records of newly admitted residents to assure all the required forms are completed and accurate. This also provides an opportunity to assure signatures are completed where required.

Annual resident record audits again provide an opportunity for the facility to review the resident record for accuracy and completion.


All of the above checks will continue and will be the responsibility of the Administrator to enforce to the staff and assure procedure compliance. Staff was again informed of the importance of completing resident records accurately by double, and triple checking whenever necessary to assure dates, signatures, ect. are not being missed from areas on the resident record.

The staff responsible to complete the RASP form on resident, [REDACTED] for which the violation was received, corrected it immediately on the day of inspection. The staff signed the RASP as required. Upon return of the resident to the facility on the day of inspection, the nurse staff member also spoke with the resident about the form, explaining its requirement and contents, and reviewed it prior to having the resident complete the required signature. The signed RASP form was scanned into the computer to the resident electronic record, copied and placed in the appropriate binder on the residents designated floor.

5/28/2014

Jarvan Busick, RN / Administrator

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- The Administrator will be responsible to assure that all the above procedures are continued to be implemented by the staff, and completed as stated, to assure and maintain compliance with all resident records in the Personal Care Facility.

  
6/13/14

Sharon Pulsick RN / Administrator  
5/28/2014