



pennsylvania

DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]

MAILING DATE: April 4, 2016

Ms. Sharon Ritsick, Administrator
UMH PA Corp
209 Roberts Road
Pittston, Pennsylvania 18640

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

Dear Ms. Ritsick:

As a result of the Department of Human Services' licensing inspection on January 21, 2016 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.

Sincerely,

Anne Graziano
Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 24188 - 01/21/2016 - Valence, Duane
 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:

The home failed to provide all of the specific information required on the Reportable Incident reporting form dated 12/14/2015 regarding the circumstances leading up to resident #1 falling out of bed during transfer on 12/14/2015 at 5:30AM. The Department's investigation on 1/21/2016 found that resident #1 had fallen in the resident's bedroom attempting to get out of bed without staff assistance during an early morning fire drill. Resident #1 was found on the floor by staff who participated in the fire drill exercise. As a result of resident #1 fall, the fire drill was cancelled.

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: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Danielle Janosci RMA

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Danielle Janosci

Date *3/14/16*

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

The above plan of correction is approved as of

4-2-16
 (Date)

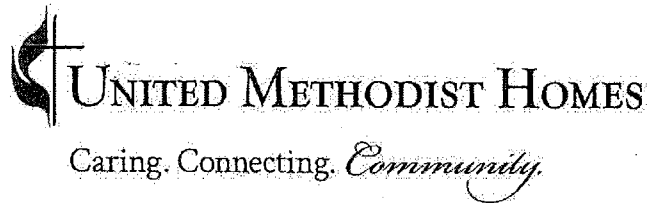
Plan of correction implementation status as of

4-2-16
 (Date)

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

The above plan of correction was approved by

[Signature]
 (Initials)



P2A22

Wesley Village Campus | 209 Roberts Rd. | Pittston, PA 18640 | 570.655.2891 | unitedmethodisthomes.org

The resident is and was capable of transferring out of bed to [redacted] wheelchair independently. [redacted] does not require the assist of staff to complete this. The incident of the resident fall did occur during a fire drill on the morning of December 14, 2015 at 5:30am. However, the resident was transferring into [redacted] wheelchair, and the fall occurred during transfer regardless of the fire drill, the resident fell during transfer. The Staff does not routinely assist the resident out of bed in the morning or any other time of day. [redacted] utilizes the wheelchair for ambulation since admission and had also been capable to independently transfer into and out of the wheelchair.

The facility nurse supervisor completed the reportable incident and was approved by the Administrator. The reportable did not include the fall occurred during a fire drill. The reason primarily was that the resident fell during a transfer, which [redacted] completed independently and may, or could have occurred if there was not an alarm and resident was routinely getting out of bed to use the bathroom and/or get ready for [redacted] day.

However, due to the circumstances, the Administrator will assure all reportable incidents are specific and contain all information regarding the circumstances of the particular incident.

The Administrator did instruct nursing staff who complete reportable incident, specifics of completion and example of this current situation to assure all vital information is included.

Administrator will review all reportables prior to being sent to the Department to assure it is complete and all specific information is included.

Danielle Januski 3/14/16

Anne Graziano RMA 4/2/16