



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to WESBURY UNITED METHODIST COMMUNITY
LEGAL ENTITY

To operate WESBURY UNITED METHODIST COMMUNITY
NAME OF FACILITY OR AGENCY

Located at 31 NORTH PARK AVENUE, MEADVILLE, PA 16335
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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 110
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 March 25, 2016 until March 25, 2017,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **446820**

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.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 25 2016

Lawrence Dean Marsteller, Administrator
Wesbury United Methodist Community
31 North Park Avenue
Meadville, Pennsylvania 16335

RE: Wesbury United Methodist Community
License #: 446820

Dear Mr. Marsteller:

As a result of the Department of Human Services' licensing inspection on February 4, 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

Sincerely,

Matthew J. Jones
Director

SM

Enclosures
License
License Inspection Summary

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

PCH Name: WESBURY UNITED METHODIST COMMUNITY		License Number: 44682
Address: 31 NORTH PARK AVENUE, MEADVILLE, PA 16335		County: Crawford
Administrator: Lawrence D. Marsteller		Region: WEST
Legal Entity Name: WESBURY UNITED METHODIST COMMUNITY		RECEIVED
Legal Entity Address: 31 NORTH PARK AVENUE, MEADVILLE, PA 16335		
Certificate(s) of Occupancy C-2 LP 06/03/1997 Dept Labor and Industry		MAR 18 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 54	Working Staff: 41
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Provisional		
On-Site Inspections Dates and Department Representatives On-Site 02/04/2016: Barry, Courtney; Hultquist, Cliff		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Trigger:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 110 Number of Residents Served: 54 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: 1		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 54 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 0

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MAR 18 2016 Page 2 of 6

Violation Report: 44882 - 02/04/2016 - Barry, Courtney
PCH Name: WESBURY UNITED METHODIST COMMUNITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2800

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired [redacted] 15, provided unsupervised ADL services in January 2016; however, did not completed the Department-approved direct care training course and successfully pass the competency test until 2/3/16.

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

On 2/4/2015, Administrator reviewed regulation 2600.65(d) with the Nurse Manager to be clear that any new hires cannot provide unsupervised ADL services before completing the Department approved training course and successfully passing the competency test.

Ongoing: It shall be the Nurse Manager's responsibility to see that all new staff has this training and passes the competency test before being unsupervised. Also, on 3/16/2015, a copy of the RCG was provided to Wesbury's Clinical Nurse Educator and discussed the requirements of regulation 2600.65(d).

Repeat Violation: No

Date(s) of Previous Violation(s):

Immediately - The administrator or designee will review all current records of direct care staff persons to ensure all required training is completed

Signature of Legal Entity Representative
(Required on EVERY Page)

Lawrence D. Marsteller

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

LAWRENCE D. MARSTELLER

Date 3/17/16

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

The above plan of correction is approved as of

3/18/16
(Date)

Plan of correction implementation status as of

3/18/16
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

3/18/16

RECEIVED

MAR 18 2016

Page 3 of 6

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44682 - 02/04/2016 - Barry, Courtney
PCH Name: WESBURY UNITED METHODIST COMMUNITY

1. REGULATION 55 Pa.Code §2800
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
The medical evaluation, dated 9/3/14, for resident #1 is blank in the areas of height, weight, pulse rate, blood pressure, temperature.

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.

On 2/8/16, a new medical evaluation was completed by the medical doctor for resident #1. As required, all fields 1 through 10 were completed properly. See Attachment #1.

Ongoing: It will be the responsibility of the Nurse Manager and the nursing staff to review all medical evaluations that are returned from the Medical Professional and check that all fields are completed properly. Further, it will be their responsibility to contact the Medical Professional to resolve those inconsistencies prior to making them part of the resident's record/chart.

By Staff 16 - The administrator or designee will review the medical evaluations of all current residents to ensure each is completed in its entirety. Any evaluations found missing information will be returned to the physician for completion or a new medical evaluation will be completed.

3/18/16

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

Signature of Legal Entity Representative (Required on EVERY Page) *Lawrence D. Marsteller*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LAWRENCE D. MARSTELLER Date 3/17/16

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

The above plan of correction is approved as of 3/18/16 (Date)

Plan of correction implementation status as of 3/18/16 (Date)

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

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

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MAR 18 2016

WEST REGION FIELD OFFICE Page 4 of 6
Human Services Licensing

Violation Report: 44682 - 02/04/2016 - Barry, Courtney
PCH Name: WESBURY UNITED METHODIST COMMUNITY

1. REGULATION 55 Pa.Code §2600
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
The most recent medical evaluation for resident #1 was completed on 9/3/14.

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.

On 2/8/16, a new medical evaluation, DME, was completed by resident #1's primary care physician. See Attachment #1.

Ongoing: It shall be the responsibility of the Nurse Manager and the nursing staff to make sure that all residents are seen by their primary care physician yearly and that a medical evaluation be properly completed at that time.

Immediately - The administrator will develop and implement a tracking system to ensure all residents have an examination by a physician at least annually and documented on the required form.

By Staff - The administrator or designee will review all medical evaluation forms for current residents to ensure each resident has a timely medical evaluation, documented.

J. 3/18/16

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Lawrence D. Marsteller</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	
LAWRENCE D. MARSTELLER		3/17/16	

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

The above plan of correction is approved as of <u>3/18/16</u> (Date)	Plan of correction implementation status as of <u>3/18/16</u> (Date)
The above plan of correction was approved by <u>[Signature]</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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MAR 18 2016

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44682 - 02/04/2016 - Barry, Courtney
PCH Name: WESBURY UNITED METHODIST COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

The most recent assessment for resident #1 was completed on 12/17/14.

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.

On 2/4/2016, a new Resident Assessment-Support Plan (RASP) was completed by nursing staff for resident #1. See Attachment #2. The Administrator counseled the Nurse Manager and the nursing staff on the regulatory requirement.

Ongoing: It shall be the responsibility of the Nurse Manager and the nursing staff to complete a RASP on all residents annually and according to other situations as specified in regulation 2600.225(c).

Immediately - The administrator will develop and implement a tracking system to ensure residents assessments are completed timely.

By 5/31/16 - The administrator or designee will review all assessments of current residents to ensure they are timely, complete and accurate.

LM
3/18/16

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Lawrence D. Marsteller*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LAWRENCE D. MARSTELLER Date 3/17/16

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

The above plan of correction is approved as of 3/18/16 (Date)

Plan of correction implementation status as of 3/18/16 (Date)

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

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

Violation Report: 44682 - 02/04/2016 - Barry, Courtney
PCH Name: WESBURY UNITED METHODIST COMMUNITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services. If the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

The support plan, dated 8/13/15, for resident #2 indicates the resident is "not able to evacuate to fire safe area without verbal instruction and guidance"; however, the assessment, dated 8/13/15 indicates the resident is mobile and requires only limited physical or oral assistance to evacuate in an emergency. Also, staff person B indicates the resident is mobile and can evacuate independently in an emergency.

The support plan, dated 8/8/15, for resident #3 indicates the resident is "not able to evacuate to fire safe area without verbal instructions during an emergency"; however, the assessment, dated 8/8/15, indicates the resident is mobile and requires only limited physical or oral assistance to evacuate in an emergency. Also, staff person B indicates the resident is mobile and can evacuate independently in an emergency.

The support plan, dated 6/22/15, for resident #4 indicates the resident is "not able to evacuate to fire safe areas without verbal instructions, during a fire drill or emergency"; however, the assessment, dated 6/22/15, indicates the resident is mobile and requires only limited physical or oral assistance to evacuate in an emergency. Staff person B indicated that the resident is mobile and independently able to evacuate without assistance.

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.

On 2/4/16, the RASP for resident #2 was updated on page 5 to specify that resident is mobile and safe to evacuate on own once given 1 verbal instructional cue to go to a fire safe area. See Attachment #3.
On 2/4/16, the RASP for resident #3 was updated on page 5 to specify that resident is mobile and safe to evacuate on own once given 1 verbal instructional cue to go to a fire safe area. See Attachment #4.
On 2/4/16, the RASP for resident #4 was updated on page 5 to specify that resident is mobile and safe to evacuate on own once given 1 verbal instructional cue to go to a fire safe area. See Attachment #5.

Ongoing: On 2/4/16, Nurse Manager, and DHS Inspector educated the nursing staff on proper identification of mobile and immobile residents. It shall be the responsibility of the Nurse Manager and the nursing staff to properly identify and complete the RASP accurately according to mobility.

Repeat Violation: No

Date(s) of Previous Violation(s):

By statute - the administrator or designee will review support plans of all current residents to ensure all information is accurate, including support needed for evacuation.

Signature of Legal Entity Representative
(Required on EVERY Page)

Laurence D. Marsteller

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

LAWRENCE D. MARSTELLER

Date 3/17/16

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The above plan of correction is approved as of

3/18/16
(Date)

Plan of correction implementation status as of

3/18/16
(Date)

The above plan of correction was approved by

jk
(Initials)

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

3/18/16