



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 28 2018

Mr. 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' annual licensing inspection on November 16, 2017 and November 17, 2017, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 56 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		
Legal Entity Address: 31 NORTH PARK AVENUE, MEADVILLE, PA 16335		
Certificate(s) of Occupancy C-2 LP 06/03/1997 Dept L & I		RECEIVED JAN 16 2018 WEST VIRGINIA DEPARTMENT OF HEALTH 1000 MARKET STREET, SUITE 100 CHARLESTON, WV 25301
Staffing Hours		
Resident Support: 0	Total Daily Staff: 58	Working Staff: 42
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 11/16/2017: Barry, Courtney; Georgoulls, Karen 11/17/2017: Barry, Courtney; Georgoulls, Karen		
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: 110 Number of Residents Served: 58 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: 1 Number of Hospice Residents in past year: 2	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 56 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 0	

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JAN 13 2018

Violation Report: 44682 - 11/16/2017 - Barry, Courtney
PCH Name: WESBURY UNITED METHODIST COMMUNITY

1. REGULATION 65 Pa.Code §2600
2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The Care Facility Carbon Monoxide Alarms Standards Act, enacted 8/23/16, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from, any fossil-fuel burning device or appliance. No carbon monoxide detectors were present in the home in accordance with The Care Facility Carbon Monoxide Alarms Standards Act. The home has a gas furnace and boiler in the basement, gas stove in the kitchen, and gas dryers in the laundry room.

The Influenza Awareness Act, enacted 11/21/16, requires influenza information to be posted in a public place in the facility year-round. There was no information posted in the home in accordance with The Influenza Awareness Act.

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 1/12/18, 10 year lithium powered Carbon Monoxide Detectors were Installed no less than 15 feet from gas furnaces and boilers in the basement, gas dryers in the laundry and the gas stove/oven in the kitchen.

Ongoing: It shall be the responsibility of the Maintenance department to monitor these devices by checking the devices to ensure that they are working properly. See the Carbon Monoxide report, Attachment #1. The report shall be available to the Administrator anytime and submitted to him once a year indicating that all devices were checked. If any devices are not working properly they shall be replaced immediately.

On 11/15/17, the Attachment #2 influenza document was posted on the public bulletin board in the lobby of the home in accordance with the Influenza Awareness Act.

Ongoing: It shall be the responsibility of the Administrative Assistant to monitor the information on the public bulletin board to be sure all necessary postings are accounted for.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *LAWRENCE D. MURSTEWER, ADMINISTRATOR* Date *1/13/18*

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

The above plan of correction is approved as of 1/18/18 (Date)

Plan of correction implementation status as of 1/18/18 (Date)

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

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

RECEIVED

JAN 16 2018

Violation Report: 44882 - 11/16/2017 - Barry, Courtney
PCH Name: WESBURY UNITED METHODIST COMMUNITY

1. REGULATION 55 Pa.Code §2800
2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION
Direct care staff person A, hired 11/27/1989, completed only 9 hours, 55 minutes of annual training during training year 2016.

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.

Staff Person A exceeded the required 12 hours of training for year 2017. Computer based training was supplemented with additional education opportunities to meet/exceed the required amount. See Attachment #3.

Ongoing: Annual auditing of the staff training records will be completed by the Assistant Director of Nursing in November to ensure that educational requirements are completed by the end of each calendar year.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *LAWRENCE D. MASTELLONE, ADMINISTRATOR* Date *1/13/18*

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

The above plan of correction is approved as of 1/18/18 (Date)

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

Plan of correction implementation status as of 1/18/18 (Date)

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

Violation Report: 44682 - 11/16/2017 - Barry, Courtney
PCH Name: WESBURY UNITED METHODIST COMMUNITY

1. REGULATION 55 Pa.Code §2600
2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
(1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
(2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
(3) Resident rights.
(4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
(5) Falls and accident prevention.
(6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION
Direct care staff person A, hired 11/27/1989, and ancillary staff person B, hired 9/15/2008, did not receive the following required training topics under 2600.65g during training year 2016:
*Resident Rights
*Falls and accident prevention
The Older Adult Protective Services Act - Training had incorrect reporting procedures and timeframes for reporting
*Fire safety training - Training was not completed by a fire safety expert or by a staff person trained by a fire safety expert.

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.
Staff A & B completed residents' rights and fall + accident prevention training in 2017. J 1/18/18
Corrections were made and will be completed to the computer based training module by 1/31/18 so that staff persons A and B, and all staff will meet the required training for regulatory compliance by completing the module each year.
By 1/31/18, a fire safety expert or a person trained by a fire safety expert will be available for future Fire Safety Training to meet the regulatory requirement for the annual Continuing Education training.
Ongoing: An annual review of the staff education will be completed by Human Resources and the Education Coordinator to ensure compliance before the years' end. Those staff found to be short of the requirement will receive additional training.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Laura D. Marsteller Administrator* Date *1/13/18*

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

The above plan of correction is approved as of <u>1/18/18</u> (Date)	Plan of correction implementation status as of <u>1/18/18</u> (Date)
The above plan of correction was approved by <u>1/18/18</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

RECEIVED

JAN 16 2018

Violation Report: 44082 - 11/16/2017 - Barry, Courtney
PCH Name: WESBURY UNITED METHODIST COMMUNITY

1. REGULATION 55 Pa.Code §2800
2800.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
On 11/16/17, hot water temperatures in the following locations at the following approximate times measured:

- *10:15 a.m.: 133.5°F - Shared bathroom on the second floor
- *11:15 a.m.: 125.2°F - Second sink in the women's shared bathroom on the main floor
- *11:20 a.m.: 124.7°F - Sink in the men's shared bathroom on the main floor measured
- *12:10 p.m.: 124.7°F - Sink in the staff break room, which residents can access
- *12:10 p.m.: 124.7 °F. - Sink in the activity room in the basement
- *2:44 p.m.: 124.5 °F - Sink in the women's bathroom in the basement
- *2:44 p.m.: 124.3°F - Sink in the men's bathroom in the basement
- *3:00 p.m.: 124.5°F - Sink in the art room

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.

At approximately 6:30 pm on 11/17/17, the water mixing valve was disassembled cleaned and rebuilt with new parts. Water temperatures were then checked on 11/17/17 and all water temperatures did not exceed 120 degrees at resident accessible areas. On 1/12/18, water temperatures were checked in all areas cited in the VR and temperatures ranged from 111 degrees to 114.4 degrees.

Ongoing: It shall be the responsibility of the Maintenance to make ^{initials} weekly ~~monthly~~ checks of various areas and log water temperatures. Immediate adjustments are made at the mixing valve anytime a temperature exceeds 120 degrees. Adjustments to the system are expected and will be ongoing because the temperature of the water coming into the facility from the City varies with seasonal temperatures. Documentation will be kept.

Handwritten signature and date: 1/13/18

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Lawrence D. Marsteller</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
LAWRENCE D. MARSTELLER, ADMINISTRATOR	1/13/18

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

The above plan of correction is approved as of <u>1/13/18</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by <u><i>LM</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

RECEIVED

JAN 18 2018

Violation Report; 41682 - 11/16/2017 - Barry, Courtney
PCH Name: WESBURY UNITED METHODIST COMMUNITY

1. REGULATION 65 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

On 11/17/17, at approximately 2:50 p.m., emergency service numbers were not posted nearby the telephones with an outside line in bedroom 139/140.

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 11/17/17, the resident in room 139/140 was given a list with the appropriate emergency numbers. See Attachment #4.

Ongoing: It will be the responsibility of the Nursing and Housekeeping departments to check that all phones with an outside line have the emergency number lists. The emergency phone cards are available to all staff and residents at all times from the Administrative Assistant and from Nursing.

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. MARSTELER, ADMINISTRATOR Date 1/13/18

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

The above plan of correction is approved as of 1/18/18
(Date)

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

Plan of correction implementation status as of 1/18/18
(Date)

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

JAN 16 2018

Violation Report: 44682 - 11/16/2017 - Barry, Courtney
PCH Name: WESBURY UNITED METHODIST COMMUNITY

1. REGULATION 55 Pa.Code §2600
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

On 11/16/17, the latch was inoperable on the bathroom stalls in the women's shared bathroom on the main floor.

On 11/16/17, there was an inoperable lock on the bathroom stall in the women's shared bathroom in the basement.

On 11/17/17, the cover over PTAC hearing/cooling unit in bedroom 139/140, was not secured to the wall.

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 11/16/17, the latch was repaired on the bathroom stall door in the main floor women's shared bathroom.

On 12/1/17, the lock on the stall door was repaired in the women's bathroom located in the basement area.

On 1/12/18, the cover to the PTAC unit in room 139/140 was properly installed to be secured to the unit on the wall.

Ongoing: I shall be the responsibility of all the staff to notify the Maintenance staff when any equipment and/or furniture needs repaired. The Administrator discussed this issue with the staff at Operations meetings on 11/21/17 and on 12/19/17.

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, ADMINISTRATOR Date 1/13/18

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

The above plan of correction is approved as of 1/18/18
(Date)

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

Plan of correction implementation status as of 1/18/18
(Date)

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

RECORDED

JAN 16 2018

Violation Report: 44682 - 11/16/2017 - Barry, Courtney
PCH Name: WESBURY UNITED METHODIST COMMUNITY

1. REGULATION 55 Pa.Code §2600
2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
On 11/16/17, at approximately 12:15 p.m., leaves covered all exterior stairs and a 20 inch section of the landing outside of the emergency exit door from the activity room, posing a fall hazard.

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 11/16/17, the leaves and debris on the steps and landing area was cleaned up and removed by the Grounds department.

Ongoing: It is the regular daily responsibility of the Grounds department to check all entrance/exit areas of the building and keep them in good repair and free of hazards. This entrance/exit will also be monitored by the Activities Staff since it is outside of their activity area. Activities Staff will either clear the area of hazards or notify Grounds staff to do so.

Monitoring will be completed daily.

1/18/18

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, ADMINISTRATOR* Date *1/13/18*

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

The above plan of correction is approved as of 1/18/18 (Date)

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

Plan of correction implementation status as of 1/18/18 (Date)

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

RECEIVED

JAN 16 2018

Violation Report: 44682 - 11/16/2017 - Barry, Courtney
PCH Name: WESBURY UNITED METHODIST COMMUNITY

1. REGULATION 58 Pa.Code §2800
2600.103(l) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

On 11/16/17, at approximately 10:30 a.m., an unlabeled/undated foil package containing a freezer burned food was in the freezer in the small kitchenette on the second floor.

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 11/16/17, all outdated/undated/unlabeled foods were removed from the freezer in the kitchenette on the second floor.

Ongoing: It will be the responsibility of the Dietary staff to monitor and clean that refrigerator/freezer on a weekly basis, to ensure all food is labeled and dated.

1/18/18

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, ADMINISTRATOR Date 1/13/18

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

The above plan of correction is approved as of 1/18/18 (Date)

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

Plan of correction implementation status as of 1/18/18 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

44882 (REV) 3/17/2010

JAN 15 2018

Violation Report: 44882 - 11/16/2017 - Barry, Courtney
PCH Name: WESBURY UNITED METHODIST COMMUNITY

1. REGULATION 55 Pa.Code §2000
2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION
On 11/16/17, at approximately 11:30 a.m., a table and more than 12 chairs lined both sides of the hallway through the door on the left side of the main dining room. There was only 29 inches of space available to walk.
On 1/16/17, at approximately 11:35 a.m., excessive force was required to open the exit door in the northern corner of 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.

On 11/16/17, the emergency exit hallway to the left of the dining room entrance was cleared of the tables and chairs stored in that area.

On 11/17/17, Maintenance staff checked over the door and used a lubricant spray so that all the parts moved smoothly.

Ongoing: Housekeeping staff will monitor that area and keep that exit clear and unobstructed. Maintenance staff will continue to monitor doors for proper operation.

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, ADMINISTRATOR Date 1/13/18

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

The above plan of correction is approved as of 1/19/18 (Date)

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

Plan of correction implementation status as of 1/18/18 (Date)

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

JAN 16 2018

Violation Report: 44882 - 11/16/2017 - Barry, Courtney
PCH Name: WESBURY UNITED METHODIST COMMUNITY

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

On 11/16/17, the following combustible or flammable materials were located near heat sources in the basement:

- *2 large plastic bins on wheels, used for soiled linens, were touching the small furnace in the water pump room.
- *A plastic bag containing clean towels, was approximately 1 inch from the small furnace in the linen storage room.
- *A bag of towels was on a table within 6-8 inches from the furnace in the linen storage room.

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 11/16/17, the plastic bins and bags of towels were immediately removed from the area around the heat source.

On 12/1/17, caution tape was taped to the floor in a 1 foot distance around these units. See Attachment #5. Staff was educated at that time that no materials, combustible or not, should be inside that caution tape or anywhere near heat sources or hot water heaters.

Immediately - The administrator or a designated staff person will monitor the basement at least monthly to ensure combustible materials are not stored near heat sources:

1/13/18

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, ADMINISTRATOR* Date *1/13/18*

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

The above plan of correction is approved as of 1/13/18 (Date)

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

Plan of correction implementation status as of 1/13/18 (Date)

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

RECEIVED

JAN 18 2018

Violation Report: 44082 - 11/10/2017 - Barry, Courtney
PCH Name: WESBURY UNITED METHODIST COMMUNITY

1. REGULATION 66 Pa.Code §2600
2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION
The home's safe evacuation time is 2 minutes and 45 seconds as designated in writing by a fire safety expert on 12/9/16.

The evacuation time for the fire drill conducted on 9/29/17 at 9:00 a.m. was 2 minutes, 55 seconds.

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 9/29/17, another fire drill was conducted later in the day and it was successfully completed within the time designated by the fire safety expert.

Ongoing: A new drill will be run within the same month anytime there is a drill time that is noncompliant with the evacuation time set by the fire safety expert. The necessary education and training will be conducted by the Administrator to correct the problem. This Administrator disagrees with the inspector citing this facility for an unsuccessful drill when another drill was successful within the same month as required, and told her so during the inspection and exit meeting. This Administrator will now only record successful drills on the Official Fire Drill Record.

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) Date
LAWRENCE D. MARSTELLER, ADMINISTRATOR *1/13/18*

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

The above plan of correction is approved as of 1/17/18 (Date)

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

Plan of correction implementation status as of 1/18/18 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

RECEIVED

JAN 18 2018

Violation Report: 44882 - 11/16/2017 - Barry, Courtney
PCH Name: WESBURY UNITED METHODIST COMMUNITY

1. REGULATION 56 Pa.Code §2600
2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION
The last 4 sleeping hour fire drills were conducted at the same time of day as follows:
*7/24/17 - 5:33 a.m.
*1/27/17 - 5:15 a.m.
*7/26/16 - 5:47 a.m.
*1/23/16 - 5:45 a.m.

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 Administrator will hold a fire drill for January 2018 at a sleeping time that is not near the end of the nighttime sleeping time for residents as was noted during the years 2016 and 2017.

Ongoing: It is the responsibility of the Administrator to conduct Fire Drills at various times of the day and night. Times and results will be monitored on the Fire Drill Record by the Administrator from month to month to make sure there is variation and no pattern.

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, ADMINISTRATOR* Date *1/13/18*

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

The above plan of correction is approved as of 1/13/18 (Date)

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Plan of correction implementation status as of 1/13/18 (Date)

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

Violation Report: 44882 - 11/16/2017 - Barry, Courtney
 PCH Name: WESBURY UNITED METHODIST COMMUNITY

1. REGULATION 56 Pa.Code §2600
 2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION
 Resident #1 was admitted on [redacted] 17. However, the resident's medical evaluation was completed on [redacted] 17.

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.

Ongoing: The Marketing Staff shall work with the incoming new resident and the Nursing staff to arrange for a medical evaluation to be completed 60 days prior to being admitted or within 30 days after admission. A monthly audit of Personal Care residents will be completed by the Cribbs Nurse Manager or the Assistant Director of Nursing to ensure that new resident medical evaluations are completed within the required time frame.

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, ADMINISTRATOR Date 1/13/18

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

The above plan of correction is approved as of 1/18/18
 (Date)

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

Plan of correction implementation status as of 1/15/18
 (Date)

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

RECEIVED

JAN 18 2018

Violation Report: 44882 - 11/16/2017 - Barry, Courtney
PCH Name: WESBURY UNITED METHODIST COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.98 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION

On 11/16/17, the first aid kit in the Transportation Caravan did not include a breathing shield or antiseptic.

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 11/16/17, the First Aid Kit in the Dodge Caravan was outfitted with all the required items including the breathing shield and antiseptic.

Ongoing: By 1/31/18, all First Aid Kits located in resident transportation vehicles will have a checklist attached to the kit. See Attachment #6. It shall be the drivers' responsibility to maintain those kits with the required items and sign off on it each month. Any items depleted, expired or missing will be replaced immediately.

Immediately - all staff who drive residents will be educated on the checklist and procedures for checking it prior to transporting residents.

Repeat Violation: Yes Date(s) of Previous Violation(s): 12/08/2016

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *LAURENCE D. MARSTELLER, ADMINISTRATOR* Date *1/13/18*

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

The above plan of correction is approved as of 1/18/18
(Date)

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

Plan of correction implementation status as of 1/23/18
(Date)

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

RECEIVED

JAN 16 2018

Violation Report: 44682 - 11/16/2017 - Barry, Courtney
PCH Name: WESBURY UNITED METHODIST COMMUNITY

1. REGULATION 55 Pa.Code §2600
2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
The blood glucose readings for the following residents were recorded incorrectly on the November 2017 medication administration record (MAR) as follows:

	<u>Date/time</u>	<u>Glucometer Reading</u>	<u>MAR</u>
Resident #1	11/8/17 at 8:05 a.m.	147	145
	11/9/17 at 7:13 p.m.	323	327
	11/11/17 at 8:22 a.m.	163	165
	11/15/17 at 7:50 a.m.	159	165
	11/16/17 at 7:33 a.m.	118	116
Resident #2	11/13/17 8:08 a.m.	255	253
Resident #3	11/17/17 8:50 a.m.	117	119
Resident #4	11/10/17 12:38 p.m.	102	103

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.

It was discovered that at least two of the glucometers needed recalibrated to day and time. That was completed on 11/21/2017 for residents #1 and #2. See Attachment # 7 and # 8. Also at that time a check of all glucometer entries were reviewed and staff education was provided by the Assistant Director of Nursing.

Ongoing: A Glucometer Audit chart was created and an audit of the glucometer entries will be performed no less than weekly and an audit chart completed monthly. See Attachment # 9.

Immediately - all staff who provide blood glucose testing for residents will be reeducated on accuracy of documentation and ensuring glucometers are calibrated to present date and time. J. Marshall

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LAUREN D. MARSTELLER, ADMINISTRATOR Date 1/13/18

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

The above plan of correction is approved as of <u>1/18/18</u> (Date)	Plan of correction implementation status as of <u>1/18/18</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