



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 25 2018

Ms. Wendy Dzanis
Administrator
UMH PA Corp
209 Roberts Road
Pittston, Pennsylvania 18640

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

Dear Ms. Dzanis:

As a result of the Department's Bureau of Human Services Licensing annual inspection on May 12, 2018 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,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License 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: WENDY DZANIS		Region: NORTHEAST
Legal Entity Name: UMH PA CORP.		
Legal Entity Address: 209 ROBERTS ROAD, PITTSTON, PA 18640		
Certificate(s) of Occupancy C-2 LP 11/02/2000 LABOR & INDUSTRY		
Staffing Hours Resident Support: 0 Total Daily Staff: 81 Waking Staff: 61		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 05/12/2018: Dumas, Gerald; Harvey, Jason		
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: 167 Number of Residents Served: 81 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: 0		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 80 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 3

Wendy Dzanis RV, Administrator

Violation Report 24188 - 05/12/2018 - Dumas, Gerald
 PCH Name: WESLEY VILLAGE

1. REGULATION 65 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 home did not properly maintain the medication administration record sheet for resident # 1 due to staff incorrectly transcribing the blood glucose test result from the glucometer.

On 5/8/18 at 16:00 hrs., the glucometer indicated a reading of 313 and was incorrectly transcribed as 335.

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.

Regulation 2600.185(a) is important for the safety and welfare of our residents. The facility can not retroactively correct the issue noted above as it occurred in the past. Nurse was aware of occurrence on the date of the survey. Nursing staff will be in serviced by 6/8/18. An audit form was initiated and is completed by the nurse to ensure the documentation is entered correctly in the eHR. The Administrator will review to ensure continued compliance. (SEE ATTACHED) **YES**

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


Signature of Legal Entity Representative
 (Required on EVERY Page) *Wendy Dzonis, RN Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Wendy Dzonis RN Administrator</i>	Date <i>6/5/18</i>
--	--------------------

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

The above plan of correction is approved as of 6-6-18
 (Date)

Plan of correction implementation status as of 6-6-18
 (Date)

The above plan of correction was approved by 
 (Initials)

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

Violation Report: 24188 - 05/12/2018 - Dumas, Gerald
 PCH Name: WESLEY VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

On 5/9/18 at 7am, the blood glucose reading of resident #2 was 164. Per the prescribed sliding scale insulin parameters, the resident should have received 1 unit of insulin but instead received 2 units of insulin.

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.

Regulation 2600.187(d) is important for the safety and welfare of our residents. A report was submitted 5/10/18 and the physician was immediately notified (see attached). The administrator will ensure that the medications are administered per physician orders. The administrator will ensure that the physician is notified regarding any reports to DHS.
 Staff will be educated concerning this violation by 6/8/18.
 Audits will be conducted monthly by the nurses. The Administrator will review to ensure continued compliance.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/12/2017
-----------------------	-----------------------------------	------------

Signature of Legal Entity Representative (Required on EVERY Page) *Wendy Dzanis, RN Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Wendy Dzanis RN Administrator* Date *5/23/18*

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

The above plan of correction is approved as of <u>6-5-18</u> (Date) The above plan of correction was approved by <u><i>CP</i></u> (Initials)	Plan of correction implementation status as of <u>6-5-18</u> (Date) <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
---	---