



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAR 13 2019

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's Bureau of Human Services Licensing annual inspection on October 16, 2018 and October 17, 2018, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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](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  
Violation Report



Violation Report: 44682 - 10/16/2018 - Pfaff, Vicki  
 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**  
 Ancillary staff person A, hired 9/15/08, did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert; resident rights; and falls and accident prevention during the 1/1/17-12/31/17 staff training year.

**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 received Fire Safety training from a fire safety expert on 9/25/2018 (sign in sheet attached) when she attend the Fire Safety Training put on by certified fire personnel from the Meadville Fire Department. Included in this session was a fire safety video, a discussion with Fire Dept. personnel and then hands on training on the proper use of fire extinguishers. Staff person A received training in "Residents Rights" and "Falls and Accident Prevention", (in the module on Restraints, Reduction and Alternatives) through the computer based training module. Completion of these modules is indicated in the attached "Gradebook Report". It is noted by facility Administrator that Fall Prevention training is weak in this current module.

Ongoing: Starting in March of 2019, all staff, substitute, and volunteer staff shall receive similar yearly training as the Direct Care/Nursing Staff with a new "Falls and Accident Prevention" computer based training module . Training for Staff person A will be completed by 2/28/19. An annual review of this training will be monitored by the Human Resources Department and by the Education Coordinator.

|                       |                                   |            |
|-----------------------|-----------------------------------|------------|
| Repeat Violation: Yes | Date(s) of Previous Violation(s): | 11/16/2017 |
|-----------------------|-----------------------------------|------------|

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 2/15/19

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

|   |  |
|---|--|
| The above plan of correction is approved as of <u>2/18/19</u><br>(Date) | Plan of correction implementation status as of <u>2/18/19</u><br>(Date)  |
| The above plan of correction was approved by <u>EJ</u><br>(Initials)    | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>g</u><br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

Violation Report: 44882 - 10/16/2018 - Pfaff, Vicki  
 PCH Name: WESBURY UNITED METHODIST COMMUNITY

- 1. REGULATION 55 Pa.Code §2600**  
 2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:
- (1) Resident's name.
  - (2) Drug allergies.
  - (3) Name of medication.
  - (4) Strength.
  - (5) Dosage form.
  - (6) Dose.
  - (7) Route of administration.
  - (8) Frequency of administration.
  - (9) Administration times.
  - (10) Duration of therapy, if applicable.
  - (11) Special precautions, if applicable.
  - (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
  - (13) Date and time of medication administration.
  - (14) Name and initials of the staff person administering the medication.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #1 is prescribed Artificial Tears (polyvinyl alcohol) 1.4% eye drops – 1 drop Ophthalmic 2 times a day for dry eye syndrome. The pharmacy that provides the medication received permission from the prescriber to substitute Artificial Tears 0.5% beginning 8/20/18 due to a shortage of the 1.4% eye drops. On 10/16/18 at approximately 3:50 p.m., the prescription label on the bottle of eye drops in the medication cart indicates Artificial Tears 0.5/0.6% polyvinyl alcohol (0.5%) povidone (0.6%) - instill 1 drop into both eyes twice daily. However, the resident's October 2018 medication administration record (MAR) indicates "Artificial Tears (polyvinyl alcohol) 1.4% eye drops (Polyvinyl alcohol) – 1 drop ophthalmic 2 times a day for dry eye syndrome."

**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 10/16/2018 the eMAR was changed to reflect the changed dose that was sent due to the national shortage of the eye drop. An initial eMAR review was completed on all Residents to make sure that all of their medications and eMAR matched exactly. The Pharmacist was instructed to make sure abbreviations were spelled out by the Assistant Director of Nursing.

(Continued on next page) Page 3A of 4

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|----------------------|-----------------------------------|--|--|
| 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) <u>LAWRENCE D. MARSTELLER, ADMINISTRATOR</u> | Date <u>2/15/19</u> |
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(continued)

Violation of 2600.187(a)

Ongoing: Any new medication or refilled medication will be compared to the eMAR prior to being placed in the medication cart by the receiving nurse or Med Tech. A sticker that states "verified", will be initialed by the person performing the verification. Monthly, with each cart exchange, the medication will be reconciled with the eMAR to ensure all labels match the eMAR by the night shift nurse.

Quarterly, with the Med Tech reviews, the Med Tech Trainer will complete an audit to triple check that the labels are matching the eMAR on 6 Residents, or 10% of the Residents having medications provided by the nursing department.

See attachment for Resident #1 eMAR

Signature of Legal Entity Representative: Lawrence D. Marsteller

Printed Name and Title of Legal Entity Representative: LAWRENCE D. MARSTELLER, ADMINISTRATOR

Date: 2/15/19

2/18/19 EJ

Violation Report: 44682 - 10/16/2018 - Pfaff, Vicki  
 PCH Name: WESBURY UNITED METHODIST COMMUNITY

**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 completed 12/21/17 for resident #2, admitted 12/21/17, does not indicate the resident's level of supervision needed or the resident's mobility needs.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
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The nurse that completed the Pre Admission screen amended the Pre Admission screen to reflect the Supervision and Mobility needs at the time of the screening with a Late Entry on 2/12/19. An initial review of all the Pre Admissions Screens has been completed by the Nurse Manager and any appropriate corrective action was taken.

Ongoing: The Nurse Manager added a step to the Admission checklist as a double check to ensure all entries are completed on the Pre Admission Screen for any new admissions to Personal Care by the person completing the RASP.

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