



SENT VIA EMAIL: imarsteller@wesbury.com

MAILING DATE: March 24, 2020

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on November 5, 2019 and November 6, 2019, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Jason Williams". The signature is fluid and cursive, written over a white background.

Jason Williams
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *WESBURY UNITED METHODIST COMMUNITY*
Address: *31 NORTH PARK AVENUE,, MEADVILLE, PA 16335*
County: *CRAWFORD* Region: *WESTERN*

License Number: *44682*

Administrator

Name: *Lawrence Marsteller* Phone: *8143329000* Email: *lmarsteller@WESBURY.COM*

Legal Entity

Name: *WESBURY UNITED METHODIST COMMUNITY*
Address: *31 NORTH PARK AVENUE, MEADVILLE, PA, 16335*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *06/03/1997* Issued By: *Labor & Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *75* Waking Staff: *56*

Inspection

Type: *Full* Reason: *Renewal* BHA Docket #: Notice: *Unannounced*

Inspection Dates and Department Representative

11/05/2019 - On-Site: Lori Gillette, Ashley Roser
11/06/2019 - On-Site: Lori Gillette, Ashley Roser

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *110* Residents Served: *71*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *71*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *4* Have Physical Disability: *0*

20b6 - Interest Bearing Account

Regulations

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 6. If a home is holding more than \$200 for a resident for more than 2 consecutive months, the administrator shall notify the resident and offer assistance in establishing an interest-bearing account in the resident's name at a local Federally-insured financial institution. This does not include security deposits.

Description of Violation

The home held in excess of \$200.00 for residents #5 and #6 from August 2019 to November 2019. However, the home has not offered the residents assistance to set up an interest bearing account in the resident's name.

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 1/29/20, the Home explained in written and verbal detail the terms of a non-interest bearing Wesbury account and offered assistance to both residents #5 and #6 in setting up interest bearing accounts at local financial institutions. The residents elected to maintain non-interest bearing accounts at Wesbury and signed the attached Resident Account forms, see attachments #1 and #2, in which they acknowledged being informed of this information.

Ongoing: It shall be the Administrator's responsibility to review all current Wesbury Resident Account holders by 2/21/2020. Each will receive both written and verbal detail of their account and the terms therein. All account holders will then sign the form in acknowledgement of them being offered assistance in setting up an interest bearing account at a local Federally-insured financial institution. It shall also be the Administrator's responsibility to offer all new residents who wish to hold money with Wesbury, assistance in setting up an account at a local financial institution or in opening up a non-interest bearing account at Wesbury. A copy of the signed acknowledgment will be kept on file for any resident opening a Wesbury Resident Account.

Legal Entity Representative

Lawrence D. Marsteller
Signature

LAWRENCE D. MARSTELLER / ADMINISTRATOR 1/29/2020
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 3/12/20
(Date)

Plan of correction implementation status as of 3/12/20
(Date)

The above plan of correction was approved by JW
(Initials)

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

88a - Surfaces

Regulations

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The hinges of the closet door that was removed In the bedroom of resident #4 are still in place and protrude out approx. 1 inch from the door frame posing a laceration hazard for the resident.

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 11/07/2019 the hinges on the closet door frame were removed from the bedroom of resident #4 in room #133. See attachment #3. Since that time, all other rooms were inspected for similar hazards and removed.

Ongoing: It shall be the responsibility of the Maintenance staff to remove hinges when the doors are removed so that no potential danger exists. Maintenance staff was educated on this policy on 1/29/2020.

Legal Entity Representative

Lawrence D. Marsteller
Signature

LAWRENCE D. MARSTELLER / ADMINISTRATOR 1/29/2020
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101j7 - Lighting/Operable Lamp

Regulations

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Residents #7 & #8 do not have access to a source of light that can be turned on/off at bedside.

Plan of Correction (POC)

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On 11/6/2019, a touch light was placed at resident #7 bed side and a regular lamp was placed at the bedside of resident #8. See attachment #4. Since that time, resident #8 made changes to those lighting arrangements and added a touch light on the nightstand. See attachment #5.

at least weekly

3/12/20

Ongoing: It shall be the responsibility of the Nursing staff to monitor all the residents' rooms for bedside lighting compliance. By 1/29/2020, the Nursing staff was educated with this information.

JW

Legal Entity Representative

Lawrence D. Mastaglio
Signature

LAWRENCE D. MASTAGLIO / ADMINISTRATOR 1/29/2020
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103f - Refrigerator/Freezer Temps

Regulations

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 11/5/19 at 10:40 am, there was no thermometer in the refrigerator or freezer in the activities room kitchen.

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 11/5/19, thermometers were placed in both the refrigerator and freezer compartments of the unit in the Activities Room kitchen. See attachment #6.

JW 3/12/20

at least weekly.

Ongoing: It shall be the responsibility of the Activities staff to monitor the refrigerator temperature and its contents. A monitoring sheet, see attachment #7, shall be kept for education to users and proper monitoring.

Legal Entity Representative

Lawrence D. Marsteller
Signature

LAWRENCE D. MARSTELLER / ADMINISTRATOR 1/29/2020
Printed Name and Title Date

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103i - Outdated Food

Regulations

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On 11/5/19, there was a 66.5 ounce can of chunk light tuna and a 7 pound can of chocolate fudge pudding that were dented.

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 11/05/19, the dented cans of tuna and pudding were removed from the dry storage stockroom shelves.

Ongoing: It shall be the responsibility of the Dietary Manager or designee to monitor all cans and food items and remove any that are outdated, spoiled or in dented cans. Purchasing staff was also educated to not accept any dented cans when receiving deliveries.

at least weekly ^v JW 3/12/20

Legal Entity Representative

Signature: Lawrence D. Marsteller

Printed Name and Title: LAWRENCE D. MARSTELLER / ADMINISTRATOR Date: 1/29/2002

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143a - Emergency Medical Plan

Regulations

2600.

143.a. The home shall have a written emergency medical plan that includes the following:

1. The hospital or source of health care that will be used in an emergency. This shall be the resident's choice, if possible.
2. Emergency transportation to be used.
3. An emergency-staffing plan.

Description of Violation

The home does not have a written emergency medical plan.

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 11/6/19, the Home developed a written Emergency Medical Plan that included the Healthcare facility to be used in case of an emergency or another at the residents' request, the emergency transportation that would be used, and an emergency staffing plan. See attachment #9.

Ongoing: The Emergency Medical plan is now included in the Facilities Policies Manual and can be referred to by staff for appropriate direction. It is the responsibility of the Nurse Manager to maintain compliance and update this.

Legal Entity Representative

Lawrence D. Marsteller
Signature

LAWRENCE D. MARSTELLER / ADMINISTRATOR /29/2020
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183f - Discontinued Medications

Regulations

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

Throat relief spray being stored in the bathroom of resident #10 had an expiration date of 2016.

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.)

11/6/19, the expired throat spray was immediately removed from the room of resident #10. The room was also thoroughly checked for any other inappropriate medications.

Ongoing: The Nursing staff will complete a regular monthly check of the resident rooms on the last Monday of the month. This will be known as "Expired Med Mondays" and the attachment #10 will be our sheet used to monitor that this activity is taking place.

Legal Entity Representative

Lawrence D. Marsteller
Signature

LAWRENCE D. MARSTELLER / ADMINISTRATOR
Printed Name and Title

1/29/2020
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185b - Medication Procedures

Regulations

2600.

185.b. At a minimum, the procedures must include:

- 2. A process to investigate and account for missing medications and medication errors.

Description of Violation

The home's procedures for the safe use of medications and medical equipment do not include a process to investigate and account for missing medications and medication errors.

Plan of Correction (POC)

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On 1/29/20, the Medication Error Investigation Policy for Wesbury facility was updated to include Personal Care. See attachment #11. Nursing Staff was educated.

Ongoing: The Nurse Manager shall be responsible for investigating medication error in compliance with regulations and our policies. She is also responsible with educating staff and monitoring for the proper ordering, storing and administration of meds. This policy was recently reviewed with the LPN's and the Med techs. See attachment #12, sign in sheet.

Legal Entity Representative

Lawrence D. Marsteller
Signature

LAWRENCE D. MARSTELLER / ADMINISTRATOR
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