

Department of Human Services
Bureau of Human Service Licensing

October 13, 2021

[REDACTED], ADMINISTRATOR

RE: WESLEY VILLAGE
215 ROBERTS ROAD
PITTSTON, PA, 18640
LICENSE/COC#: 24188

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/18/2021, 08/19/2021, 08/20/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY**

Facility Information

Name: *WESLEY VILLAGE* License #: *24188* License Expiration Date: *08/15/2022*
Address: *215 ROBERTS ROAD, PITTSTON, PA 18640*
County: *LUZERNE* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *11/02/2020* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *70* Waking Staff: *53*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *08/20/2021*

Inspection Dates and Department Representative

08/18/2021 - On-Site: [REDACTED]
08/19/2021 - On-Site: [REDACTED]
08/20/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *157* Residents Served: *70*

Secured Dementia Care Unit

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

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *70*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

08/18/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *09/20/2021*

10/11/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *10/18/2021*

10/13/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

65a - FS Orientation 1st Day

1. Requirements

2600.

- 65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

Description of Violation

Staff person A, whose first day of work as a PCA was [REDACTED], did not receive orientation on the topics #1 through #3

Plan of Correction

Accept

In service conducted with staff person A on Relias as well as in person with Administrator and Staff Development Coordinator.

Staff Development Coordinator to ensure all initial orientation is completed prior to or during the first work day. Administrator/Designee to monitor/ensure ongoing compliance.

Completion Date: 09/13/2021

Document Submission

Implemented

training was completed submitted as an attachment on 9-13-21 and 10-12-21

65b - Rights/Abuse 40 Hours

1. Requirements

2600.

- 65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

Description of Violation

Staff person A completed their 40th scheduled work hour during week of 7/6/20 as a PCA . However, this staff person did not complete training in topics #1 through #7.

Plan of Correction

Accept

In service conducted with staff person A on Relias as well as in person with Administrator and Staff Development Coordinator.

Staff Development Coordinator to ensure all orientation training is completed within 40 scheduled working hours. Administrator/Designee to monitor/ensure ongoing compliance.

Completion Date: 09/13/2021

Document Submission

Implemented

training was completed submitted as an attachment on 9-13-21 and 10-12-21

65f - Training Topics

1. Requirements

2600.

- 65.f. Training topics for the annual training for direct care staff persons shall include the following:
 - 2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

65f - Training Topics (*continued*)**Description of Violation**

Direct care staff person A, B, C, D, and E did not receive training in instructions on meeting the needs (DME & RASP) during training year 2019.

Plan of Correction**Accept**

All staff have been in serviced on meeting the needs of the residents as described in the preadmission screening, medical evaluation and support plan.

Staff Development Coordinator to monitor Relias trainings monthly, to ensure ongoing compliance.

Administrator/Designee to monitor/ensure ongoing compliance.

Completion Date: 09/13/2021

Update - 10/11/2021

Please send/Attach proof of staff training. 10-11-2021 ██████████

Document Submission**Implemented**

Training was completed submitted as an attachment on 9-13-21 and 10-12-21

185a - Implement Storage Procedures

1. Requirements

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.

Description of Violation

Resident #1, #2, #3, and #4's glucometers were not calibrated to the correct date and time.

Plan of Correction**Accept**

This regulation is important to ensure the safe storage, access, security, distribution and use of medications and medical equipment by trained staff.

Residents glucometers had displayed the correct date but not the correct time during inspection.

Glucometers calibrated at time of inspection.

Moving forward, glucometers will be audited weekly by the LPN Supervisor for one

month to ensure compliance. If compliance is met, audits will be completed monthly to ensure compliance.

LPN Supervisor to monitor/ensure ongoing compliance.

Administrator/Designee to ensure ongoing compliance.

Completion Date: 09/13/2021

Document Submission**Implemented**

POC done 9-13-2021