

Department of Human Services
Bureau of Human Service Licensing

November 22, 2021

[REDACTED], PRESIDENT/CEO
[REDACTED]
[REDACTED]
[REDACTED]

RE: WESBURY UNITED METHODIST
COMMUNITY
31 NORTH PARK AVENUE
MEADVILLE, PA, 16335
LICENSE/COC#: 44682

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/25/2021, 08/26/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *WESBURY UNITED METHODIST COMMUNITY* License #: *44682* License Expiration Date: *03/25/2022*
Address: *31 NORTH PARK AVENUE, MEADVILLE, PA 16335*
County: *CRAWFORD* Region: *WESTERN*

Administrator

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

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *06/03/1997* 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: *08/26/2021*

Inspection Dates and Department Representative

08/25/2021 - On-Site: [REDACTED]
08/26/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *110* Residents Served: *63*

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: *63*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *7* Have Physical Disability: *0*

Inspections / Reviews

08/25/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/19/2021*

9/16/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/20/2021*

9/21/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *09/28/2021*

11/22/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

25a - Written Contract and Review

1. Requirements

2600.

- 25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

Resident #1, admitted [REDACTED], did not have a resident-home contract completed.

Plan of Correction

Accept

A new Personal Care contract was discussed and reviewed with Resident #1 on August 27, 2021. The Contract was signed at that time by the resident and Administrator. This contract was also discussed with the resident's family.

The office of the administrator will conduct an audit of the current resident's contracts to verify all residents have a contract on file.

Completion Date: 08/27/2021

Document Submission

Implemented

A new Personal Care contract was discussed and reviewed with Resident #1 on [REDACTED]. The Contract was signed at that time by the resident and Administrator. This contract was also discussed with the resident's family. The office of the administrator will conduct an audit of the current resident's contracts to verify all residents have a contract on file.

81b - Resident Personal Equipment

1. Requirements

2600.

- 81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident #2 has an enabler bar on his/her bed; however, it is not secured to the bed. The bar is positioned between the mattress and bed frame and can be moved significantly from the bed, posing an entrapment hazard.

Plan of Correction

Accept

On 8/25/21, a strap was immediately installed on the box springs and enabler bar on the bed of Resident #2 so that there was no movement on the enabler bar. The DHS inspector was made aware and checked for proper compliance.

On 9/14/21 housekeeping staff checked that enablers on all beds (3 currently) were properly installed so that none could slide out from the mattress.

All the housekeeping staff was trained on 9/14/21 and the rest of the nursing staff will be trained by 9/24/21 on the proper installation of such devices so that when making the bed or providing services to the resident, safe enabler compliance will be maintained.

Completion Date: 09/24/2021

81b - Resident Personal Equipment (continued)

Document Submission

Implemented

On 8/25/21, a strap was immediately installed on the box springs and enabler bar on the bed of Resident #2 so that there was no movement on the enabler bar. The DHS inspector was made aware and checked for proper compliance. On 9/14/21 housekeeping staff checked that enablers on all beds (3 currently) were properly installed so that none could slide out from the mattress. All the housekeeping staff was trained on 9/14/21 and the rest of the nursing staff will be trained by 9/24/21 on the proper installation of such devices so that when making the bed or providing services to the resident, safe enabler compliance will be maintained.

105g - Lint Removal and Duct Cleaning

1. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 8/25/21, there was an approximate 1/4 inch accumulation of lint in the lint trap of the commercial dryer #3. There were no clothes in the dryer at the time.

In addition, on 8/25/21, there was an approximate 1/2 inch accumulation of lint in the lint trap of the commercial dryer #5. There were no clothes in the dryer at the time.

Plan of Correction

Accept

Lint was removed from the lint trap after the dryer cycles were completed on 8/25/21. Laundry staff was trained and counseled on 8/26/21.

It will be the responsibility of the environmental Services Manager to provide formal training to all the Laundry staff on the removal of lint after each use by September 30, 2021. (Because of Covid, several staff cannot return to work until 9/24.)

Completion Date: 09/30/2021

Document Submission

Implemented

Lint was removed from the lint trap after the dryer cycles were completed on 8/25/21. Laundry staff was trained and counseled on 8/26/21.

It will be the responsibility of the environmental Services Manager to provide formal training to all the Laundry staff on the removal of lint after each use by September 30, 2021. (Because of Covid, several staff cannot return to work until 9/24.)

131f - Fire Extinguisher Inspection

1. Requirements

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The fire extinguisher in the 2018 Ford Bus, used to transport residents, has not been inspected by a fire safety expert since March 2020.

131f - Fire Extinguisher Inspection *(continued)***Plan of Correction****Accept**

The fire extinguisher on the 2018 Ford Bus was inspected by [REDACTED] on 8/31/21 and the tag was updated.

It shall be the responsibility of the Transportation Supervisor to have all the extinguishers checked on a yearly basis.

Completion Date: 08/31/2021

Document Submission**Implemented**

The fire extinguisher on the 2018 Ford Bus was inspected by [REDACTED] on 8/31/21 and the tag was updated.

It shall be the responsibility of the Transportation Supervisor to have all the extinguishers checked on a yearly basis.

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 #3's glucometer was not calibrated to the correct date. On 8/26/21, the glucometer indicated the date as 8/25/21.

Plan of Correction**Accept**

Resident #3 glucometer was recalibrated to the correct date on 8/26/21, the date it was identified as incorrect. All glucometers were then audited by the RN Nurse Manager for correct calibration on that date for the correct dates and times. Rn Nurse Supervisor provided staff training.

It will be the responsibility of the 3rd shift nursing staff to audit all glucometers for proper dates and times, no less than weekly. (See attachment 1.)

Completion Date: 09/17/2021

Document Submission**Implemented**

Resident #3 glucometer was recalibrated to the correct date on 8/26/21, the date it was identified as incorrect. All glucometers were then audited by the RN Nurse Manager for correct calibration on that date for the correct dates and times. Rn Nurse Supervisor provided staff training.

It will be the responsibility of the 3rd shift nursing staff to audit all glucometers for proper dates and times, no less than weekly. (See attachment 1.)

187d - Follow Prescriber's Orders

1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

187d - Follow Prescriber's Orders (continued)

Description of Violation

Resident #3 is prescribed fasting (morning) blood glucose checks on Monday, Wednesday, Friday and 4:00 p.m. checks on Tuesday, Thursday, and Saturday. However, the resident did not receive the blood glucose check on 8/24/21 at 4:00 p.m.

Plan of Correction**Accept**

Resident #3 was missing a blood sugar entry on both [REDACTED] MAR and glucometer. All resident glucometer entries were verified against the MAR at that time. The staff was educated by the RN Nurse Manager.

It will be the responsibility of the 3rd shift nursing staff to audit all glucometers for blood sugars obtained on each glucometer to be verified against the MAR entry to identify missing or inaccurately entered values, no less than weekly. (See attachment 2.)

Completion Date: 09/03/2021

Document Submission**Implemented**

Resident #3 was missing a blood sugar entry on both her MAR and glucometer. All resident glucometer entries were verified against the MAR at that time. The staff was educated by the RN Nurse Manager.

It will be the responsibility of the 3rd shift nursing staff to audit all glucometers for blood sugars obtained on each glucometer to be verified against the MAR entry to identify missing or inaccurately entered values, no less than weekly. (See attachment 2.)

190c - Record of Training

1. Requirements

2600.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

The home's medication administration training record for staff person A's annual practicum does not include the date that the staff was recertified.

Plan of Correction**Accept**

An audit of all medication technician records was initiated to ensure all documentation was completed once missing date identified. RN Nurse manager to maintain and review all med tech records and recertifications.

A record audit chart was created to track all med tech staff recertification dates for compliance to be checked and completed by the RN nurse supervisor on a monthly basis. RN nurse supervisor will complete one practice activity for each type of documentation with staff person A to bring her into compliance. (See attachment 3)

Completion Date: 09/30/2021

Document Submission**Implemented**

An audit of all medication technician records was initiated to ensure all documentation was completed once missing date identified. RN Nurse manager to maintain and review all med tech records and recertifications.

A record audit chart was created to track all med tech staff recertification dates for compliance to be checked and completed by the RN nurse supervisor on a monthly basis. RN nurse supervisor will complete one practice activity for each type of documentation with staff person A to bring her into compliance. (See attachment 3)