

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

January 20, 2023

[REDACTED]
WESBURY UNITED METHODIST COMMUNITY
31 NORTH PARK AVENUE
MEADVILLE, PA, 16335

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 12/13/2022, 12/14/2022, 12/15/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *WESBURY UNITED METHODIST COMMUNITY* License #: *44682* License Expiration: *03/25/2023*
 Address: *31 NORTH PARK AVENUE, MEADVILLE, PA 16335*
 County: *CRAWFORD* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *WESBURY UNITED METHODIST COMMUNITY*
 Address: *31 NORTH PARK AVENUE, MEADVILLE, PA, 16335*
 Phone: [REDACTED] Email: [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: *60* Waking Staff: *45*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *12/15/2022*

Inspection Dates and Department Representative

12/13/2022 - On-Site: [REDACTED]
 12/14/2022 - On-Site: [REDACTED]
 12/15/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *110* Residents Served: *56*

Secured Dementia Care Unit

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

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *56*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *4* Have Physical Disability: *0*

Inspections / Reviews

12/13/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/04/2023*

Inspections / Reviews *(continued)*

01/06/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/16/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 01/13/2023

01/12/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/16/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 02/05/2023

01/20/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/16/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

20b1 - Financial Records

1. Requirements

2600.

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

1. The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

Description of Violation

The home manages the finances for resident #1. However, on 12/15/22 resident #1's financial record did not include the resident's account balance.

The home manages the finances for resident #2. However, on 12/15/22 resident #2's financial record did not include the resident's account balance.

Plan of Correction

Accept (JW - 01/10/2023)

On 12/16/22, The Resident Fund policy and procedure was updated by the Administrator, to include the State's form "Record of Financial Transactions - 55 Pa.Code 2600(b)(1).

On 12/16/22 resident #1's resident fund account was recorded on the State's form by the Administrator with an accurate balance account starting with December 1, 2022. See Attachment #1.

On 12/16/22 resident #2's resident fund account was recorded on the State's form by the Administrator with an accurate balance account starting with December 1, 2022. See Attachment #2.

On 12/16/22 all resident's with a resident fund account, were updated by the Administrator to include an accurate balance account as of December 1, 2022.

Starting 12/16/22: It will be the responsibility of the Administrator and the Administrative Assistant to use the State's form, "Record of Financial Transactions", for all resident fund transactions. It will be updated with each transaction.

Licensee's Proposed Overall Completion Date: 01/10/2023

Implemented (JW - 01/20/2023)

25b - Contract Signatures

2. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

Resident #3's resident/home contract, dated [REDACTED], indicates payment will be made by a person other than the resident. However, on 12/14/22 the contract was not signed by this person.

Resident #2's resident/home contract, dated [REDACTED], indicates payment will be made by a person other than the resident. However, on 12/14/22 the contract was not signed by this person.

25b - Contract Signatures (continued)**Plan of Correction****Accept (JW - 01/10/2023)**

The Administrator and the Administrative Assistant contacted the Payer for resident #3 and explained the contract and the situation. On [REDACTED], the resident/home contract was reviewed, signed and dated by the Payer for resident #3. See Attachment #3.

The Administrator and the Administrative Assistant contacted the Payer for resident #2 and explained the contract and the situation. On [REDACTED], the resident/home contract was reviewed, signed and dated by the Payer for resident #2. See Attachment #4.

By 1/31/22, all resident/home contracts will be reviewed by the Administrative Assistant for appropriate payer signatures and corrected where needed.

Starting on 12/16/22: Marketing and Admissions staff were educated on the requirement for all future admissions where there is a Payer other than the resident to sign resident/home contract. It will be the Marketing and Admissions staff responsibility to see that all future contracts are signed by the Payer when different from the resident.

Licensee's Proposed Overall Completion Date: 01/10/2023

Implemented (JW - 01/20/2023)**65a - FS Orientation 1st Day****3. 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:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, whose first day of work was [REDACTED], but as of 12/14/22 had no record of receiving orientation on the following topics:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.

65a - FS Orientation 1st Day (continued)

7. Telephone use and notification of emergency services.

Plan of Correction

Accept (JW - 01/06/2023)

On [REDACTED], the nurse manager, reviewed the orientation topics required on or before the first day of work with Staff person A, and had [REDACTED] sign and date the paperwork to replace the original orientation paperwork that could not be found. See Attachment #5.

Ongoing: Nurse Manager to be responsible for all Direct Care Orientation paperwork to be completed and filed in their Human Resources file prior to or during their first day of work.

Licensee's Proposed Overall Completion Date: 12/30/2022

Implemented (JW - 01/20/2023)

65b - Rights/Abuse 40 Hours

4. 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:

- 1. Resident rights.
- 2. Emergency medical plan.
- 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
- 4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person A, hired on [REDACTED], but as of 12/14/22 had no record of receiving orientation on the following topics:

- 1. Resident rights.
- 2. Emergency medical plan.
- 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
- 4. Reporting of reportable incidents and conditions.

Plan of Correction

Accept (JW - 01/06/2023)

On [REDACTED], the nurse manager, reviewed the orientation topics required within the first scheduled 40 hours with Staff person A, and had [REDACTED] sign and date the paperwork to replace the original orientation paperwork that could not be found. See Attachment #6.

Ongoing: Nurse Manager to be responsible for all Direct Care Orientation paperwork to be completed and filed in their Human Resources file during their first scheduled 40 hours.

Licensee's Proposed Overall Completion Date: 12/30/2022

Implemented (JW - 01/20/2023)

81b - Resident Personal Equipment

5. Requirements

2600.

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

81b - Resident Personal Equipment (*continued*)**Description of Violation**

On 12/14/22, the bed enabler attached to resident #4's bed in room [REDACTED] was unsecured, moving approximately 1 ½ to 2 ½ inches back and forth, causing a potential fall hazard

Repeat Violation: 8/25/21

Plan of Correction

Accept (JW - 01/12/2023)

On 12/15/22, Maintenance staff adjusted the bed enabler for resident #4 so that there was very little or no movement.

On 12/16/22 the Environmental Services Manager re-educated the Housekeeping staff and he checked the other resident enabler for safety.

Starting on 1/1/23: The Administrator will be responsible for monitoring the checking of all enabler devices by requiring Housekeeping staff to complete the "Monthly Bed Enabler Verification". See Attachment #7. Housekeeping and Nursing staff will continue to monitor and check these devices as they provide services such as daily bed making, weekly bed linen changes and other care services.

Licensee's Proposed Overall Completion Date: 01/10/2023

Implemented (JW - 01/20/2023)

183b - Meds and Syringes Locked

6. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 12/13/22, there was observed a 1.8-ounce tube of Preparation H ointment on the shelf below the bathroom mirror in bedroom [REDACTED], unattended, unsecured and accessible.

Plan of Correction

Accept (JW - 01/12/2023)

On 12/14/22, the Preparation H ointment was removed from resident#5 bathroom and disposed of by the Nurse Manager.

***Please note that BHSL should change the above description by deleting identification of resident room# and instead use "resident #2" in its place (resident #2 was in [REDACTED] where the medication was).

On 12/14/22 the resident was was educated by the Nurse Manager on proper storage of medications, even over the counter meds.

Starting on 1/1/23: The Nurse Manager will be responsible for monitoring resident room audits for medication storage on a regular basis as nursing staff provide regular daily care services.

Licensee's Proposed Overall Completion Date: 01/10/2023

Implemented (JW - 01/20/2023)

183d - Prescription Current

7. Requirements

183d - Prescription Current (continued)

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 12/14/22, there was observed a blister pack containing Coricidin HBP congestion + cough soft gel 10-200mg for resident #3 in the home's medication cart. However, this medication was discontinued on 10/4/22.

Plan of Correction**Accept (JW - 01/12/2023)**

On 12/14/22, Coricidin HBP medication was removed from the medication cart and disposed of by the Nurse Manager.

On 12/14, 12/15 and 12/16/22 all PRN medications in both med carts were audited by the 3rd shift Med Techs to ensure current orders were in place.

Starting on 1/1/23: Nurse Manager will be responsible for 2nd and 3rd shift MedTech/LPN nursing staff to verify discontinued orders. Medications will be removed immediately when verified as discontinued.

Licensee's Proposed Overall Completion Date: 01/10/2023

Implemented (JW - 01/20/2023)**185a - Implement Storage Procedures****8. 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

On 12/14/22, there were multiple incorrect blood glucose readings entered into resident #3's December 2022 medication administration record (MAR):

*On 12/14/22 at 5:25 a.m. the resident's glucometer reads 152, however, the resident's MAR indicates 169.

*On 12/12/22 at 2:02 p.m. the resident's glucometer reads 209, however, the resident's MAR indicates 206.

*On 12/10/22 at 10:10 a.m. the resident's glucometer reads 287, however, the resident's MAR indicates 289.

Plan of Correction**Accept (JW - 01/12/2023)**

By 1/4/23, the Nurse manager corrected the records of all 4 of the incorrect glucometer readings for resident #3.

By 1/4/23, all LPN and Med-Tech staff were re-educated by the Nurse Manager on the proper process for inputting accurate glucometer readings. Also, all the resident glucometers were spot check for accuracy by the Nurse Manager.

Starting on 1/4/23: Nurse Manager is responsible for directing LPN and Med Tech staff to do weekly audits using "Glucometer Audit" form (See Attachment #8) to ensure proper values are entered on each resident Glucometer.

Licensee's Proposed Overall Completion Date: 01/10/2023

Implemented (JW - 01/20/2023)**187a - Medication Record****9. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

6. Dose.

187a - Medication Record (continued)

13. Date and time of medication administration.

Description of Violation

On 12/14/22, resident #2's December 2022 Medication Administration Record (MAR) did not indicate the time of administration for multiple medications to include: Fenofibrate 48mg, Losartan, 50mg, Aspirin 81mg and Levothyroxine 137 mcg.

Resident #3 is prescribed Novolog Flexpen 100 units/ml – inject 6 units subcutaneous three times a day. Give only 4 units if blood sugar is less than 110, hold if blood sugar is less than 80. However, on 12/14/22, the resident's December 2022 MAR did not include the time of administration, or the dose administered.

On 12/14/22, resident #3's December 2022 Medication Administration Record (MAR) does not indicate the time of administration for multiple medications to include: Irbesartan 75mg, aspirin 81mg, Flomax 0.4mg and Omeprazole 20mg

On 12/14/22, resident #4's December 2022 Medication Administration Record (MAR) does not indicate the time of administration for multiple medications to include: Celexa 10mg, Melatonin 3mg and Levothyroxine 25 mcg.

On 12/14/22, resident #4's December 2022 Medication Administration Record (MAR) does not indicate the time of administration for multiple medications to include: Celexa 10mg, Melatonin 3mg and Levothyroxine 25 mcg.

On 12/14/22, resident #5's December 2022 Medication Administration Record (MAR) does not indicate the time of administration for multiple medications to include: Humulin 70/30 insulin 100 units/ml, Colace 100mg, Aspirin 81mg and Levothyroxine 50 mcg.

Plan of Correction**Accept (JW - 01/12/2023)**

On 1/4/23, the Nurse Manager printed the medication records for residents #2, #3, #4 and #5 from the electronic MAR for 12/14/22, See Attachments #9, #10, #11, and #12. Included with this record is the dose, date and time of administration. Please note that while the inspector was here, it was misunderstood what the violation was and has since been discovered by the Administrator and the Nurse Manager. The e-Mar can be accessed by appropriate staff, including the Nurse Manager, LPN and Med Tech for any resident at anytime with the dose, date and time is included. Also, starting on 1/5/23, the Nurse Manager set up the e-Mar for proper detailed recording of resident #3's unit dosage based on [REDACTED] blood sugars levels. See Attachment #13.

Licensee's Proposed Overall Completion Date: 01/10/2023

Implemented (JW - 01/20/2023)