

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

October 30, 2023

[REDACTED], EXECUTIVE DIRECTOR
UMH PA CORP
[REDACTED]

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 10/03/2023, 10/04/2023 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: WESLEY VILLAGE

License #: 24188

License Expiration: 08/15/2024

Address: 215 ROBERTS ROAD, PITTSTON, PA 18640

County: LUZERNE

Region: NORTHEAST

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Legal Entity

Name: UMH PA CORP

Address: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP

Date: 11/02/2000

Issued By: PA L&I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 71

Waking Staff: 53

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal, Incident

Exit Conference Date: 10/04/2023

Inspection Dates and Department Representative

10/03/2023 - On-Site: [REDACTED]

10/04/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 157

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: 0

Have Mobility Need: 0

Have Physical Disability: 0

Inspections / Reviews

10/03/2023 Full

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 10/20/2023

10/20/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/27/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/26/2023

Inspections / Reviews *(continued)*

10/27/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/27/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/31/2023

10/30/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/27/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

85a Sanitary Conditions

1. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 7/13/23, when staff were testing blood glucose levels, Resident #2's glucometer was used on Resident #3 and Resident #3's glucometer was used on Resident #2.

Plan of Correction

Accept (redacted) - 10/20/2023)

Upon identification that Resident #2's glucometer was used on Resident #3 and Resident #3's glucometer was used on Resident #2, the residents, resident's representatives, the residents' medical providers, and the Commonwealth were immediately notified. All recommendations from the Commonwealth were followed to ensure the safety and well-being of Resident #2 and Resident #3. Staff labeled each glucometer with the appropriate resident's name. Completion Date: 07/14/2023

All staff who participate in the provision of assistance with blood glucose testing were immediately re-educated regarding the prohibition of sharing blood glucose monitoring equipment between residents and the importance of ensuring each blood glucose monitor is used for the correct resident by verifying the resident's name on the device before use.

Completion Date: 07/15/2023

Administrator or designee will conduct monthly observational audits to ensure each blood glucose monitor is used for the correct resident for 6 months and as needed thereafter. Results will be discussed during QAPI review.

Licensee's Proposed Overall Completion Date: 10/19/2023

Implemented (redacted) - 10/27/2023)

89b Hot Water Temperature

2. Requirements

2600.
89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

A hot water temperature of 141 degrees, was measured in the bathroom of room 110.

Plan of Correction

Accept (redacted) - 10/20/2023)

The Plant Operations team currently keeps daily audits and log water temperatures to keep the Water Temperatures with-in the regulation of not to exceed 120 degrees. In the Morning the temperature was logged at 117 degrees and in-between the morning audit check and the survey there was an equipment failure that was resolved the same day. Completion Date: 10/03/2023.

The plant operations team will continue with the daily audits of the building water temperatures to ensure compliance with this regulatory requirement. Immediate corrective actions will be taken for temperatures outside of the regulatory parameters. Results will be discussed during QAPI review.

Licensee's Proposed Overall Completion Date: 10/19/2023

Implemented (redacted) - 10/27/2023)

141a 1-10 Medical Evaluation Information

3. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

The Documentation of Medical Evaluation, with an evaluation date of [REDACTED] for resident #4, does not contain documentation of the resident’s weight, pulse rate, blood pressure and temperature.

Plan of Correction

Accept ([REDACTED] - 10/20/2023)

The staff contacted the provider and obtained the missing information. With permission, this was placed on the resident’s DME.

Completion Date 10/3/2023

The Administrator and/or designee were re-educated on Regulation 141a – A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Completion Date: 10/5/2023

The Administrator or Designee will conduct monthly audits to monitor compliance with this Regulatory requirement for 6 months and as needed thereafter. Results will be discussed in QAPI.

Licensee's Proposed Overall Completion Date: 10/19/2023

Implemented ([REDACTED] - 10/30/2023)

184a - Resident's Meds Labeled

4. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

4. The prescribed dosage and instructions for administration.

Description of Violation

The MAR for resident #1 indicates they are prescribed [REDACTED] 2x daily. The label on the bubble pack indicates the tablets are 90 mgs.

Plan of Correction

Accept ([REDACTED] - 10/20/2023)

Licensed nursing staff contacted the pharmacy, who then corrected the medication label. Completion date: 10/4/2023

184a - Resident's Meds Labeled (continued)

The Nursing Supervisor or designee were re-educated to check the amounts prescribed by the doctor and compare what is sent from the pharmacy for accuracy and safety of the residents.

Completion Date: 10/04/2023

The Administrator or Designee will audit the medication dosage and compare that to what the pharmacy sends to maintain accuracy for administering the correct amount. This audit will monitor compliance with this regulatory requirement for 3 months and as needed thereafter.

Licensee's Proposed Overall Completion Date: 10/19/2023

Implemented (█) - 10/30/2023

187a - Medication Record

5. Requirements

2600.

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

Description of Violation

Review of Resident #1's glucometer indicates a blood glucose level of █ on █ at █; a level of █ was entered on the MAR.

Plan of Correction

Accept (█) - 10/20/2023

Resident #1's record was corrected to reflect the accurate blood glucose reading.

Completion Date: 10/04/2023

Staff members who participate in assisting residents with blood glucose monitoring were re-educated regarding the importance of accurate monitor reading transcription into the resident's medication administration record.

Completion Date: 10/05/2023

The administrator or designee will conduct audits to ensure accurate blood glucose level transcription into the residents' records monthly for 3 months and as needed thereafter. Results will be discussed during QAPI review

Licensee's Proposed Overall Completion Date: 10/19/2023

Implemented (█) - 10/30/2023

225a - Assessment 15 Days

6. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #5 was admitted to the home on █. The Resident Assessment and Support Plan's assessment was finalized on █, greater than 15 days from the resident's date of admission.

Plan of Correction

Accept (█) - 10/20/2023

No corrective action was indicated for the resident's record, as the RASP is completed.

The administrator and licensed staff members who participate in completion of the initial admission assessment were re-educated regarding the regulatory requirement to ensure the written initial assessment is documented on

225a - Assessment 15 Days (continued)

the Department's assessment form within 15 days of admission.

Completed: 10/5/2023

The administrator or designee will conduct audits to ensure written initial assessments are documented on the Department's assessment form within 15 days of admission monthly for 3 months and as needed thereafter. Results will be discussed during QAPI review.

Licensee's Proposed Overall Completion Date: 10/19/2023

Implemented [REDACTED] - 10/27/2023)