

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

March 13, 2024

[REDACTED], PRESIDENT/CEO
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 12/14/2023, 12/15/2023, 12/28/2023 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]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: WESBURY UNITED METHODIST COMMUNITY **License #:** 44682 **License Expiration:** 03/25/2024
Address: 31 NORTH PARK AVENUE, MEADVILLE, PA 16335
County: CRAWFORD **Region:** WESTERN

Administrator

Name: [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:** Dept. of Labor & Industry

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 69 **Waking Staff:** 52

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 12/28/2023

Inspection Dates and Department Representative

12/14/2023 - On-Site [REDACTED]
 12/15/2023 - On-Site [REDACTED]
 12/28/2023 - Off-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 110 **Residents Served:** 64

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: 5 **Have Physical Disability:** 0

Inspections / Reviews

12/14/2023 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 01/26/2024

Inspections / Reviews *(continued)*

02/09/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/08/2024

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 02/16/2024

02/23/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/08/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/08/2024

03/13/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/08/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

65e - 12 Hours Annual Training

1. Requirements

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

Description of Violation*Staff person A did not receive 12 hours of annual training in training year 2022.***Plan of Correction****Accept** [REDACTED] - 02/23/2024)*By 1/26/24, the Administrator and Human Resource personnel shall develop a training module to satisfy the State's 12 hours of training for direct care staff. this will include but is not limited to the 31 subjects listed in the attachment.**On [REDACTED] staff person A was terminated and no further training was possible.**By 2/23/24, the Administrator or designee will complete an initial audit of the 2024 training records for all Direct Care Staff to ensure that they receive at least 12 hours of annual training related to their job duties. Completion of training modules will be tracked on the "Direct Care Training Topics" form. The auditing tracking form ""2024 Monthly Audit, Direct Care Staff Training" form will be used by the Administrator or Designee to monitor the initial and monthly completion of training.***Licensee's Proposed Overall Completion Date:** 02/23/2024**Implemented** [REDACTED] - 03/13/2024)

65f - Training Topics

2. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.

Description of Violation*Staff person A did not receive training in the following topics during training year 2022:**Medication self-administration training**Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan**Care for residents with dementia and cognitive impairments**Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration**Personal care service needs of the resident**Safe management techniques*

65f - Training Topics (continued)

Plan of Correction

Accept () - 02/23/2024)

By 2/2/24, the Administrator and Nurse Manager will update the training module for the annual training on the 6, or 7 if necessary, subjects for the annual requirement.

By 1/26/24, the Administrator and Nurse Manager shall use a new tracking form to help ensure that all required subjects are covered annually for each direct care staff person.

By 2/23/24, the Administrator or designee will complete an initial audit of the 2024 training records for all Direct Care Staff to ensure that they receive annual training in all training topics indicated in 2600.65f. Completion of training modules will be tracked on the "Direct Care Training Topics" form. The auditing tracking form "'2024 Monthly Audit, Direct Care Staff Training" form will be used by the Administrator or Designee to monitor the initial and monthly completion of training.

Licensee's Proposed Overall Completion Date: 02/23/2024

Implemented () - 03/13/2024)

65g - Annual Training Content

3. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.

Description of Violation

Staff person A did not receive training in the following topics during training year 2022:

Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert

Emergency preparedness procedures and recognition and response to crises and emergency situations

Resident rights

The Older Adult Protective Services Act

Falls and accident prevention

Plan of Correction

Accept () - 02/23/2024)

By 2/2/24, the Administrator and Nurse Manager will have updated training modules for the yearly training requirements for all Direct Care, Ancillary, Substitute staff and regularly scheduled Volunteers. These subjects will include Fire Safety, Emergency Preparedness, Resident Rights, The Older Adults Protective Services Act and Falls and accident prevention.

By 1/26/24, the Administrator and Nurse Manager shall use a new tracking form to help ensure that all required subjects are covered annually for all Direct Care, Ancillary, Substitute staff and regularly scheduled Volunteers.

By 2/29/24, the Administrator or designee will complete an initial audit of the 2024 training records for all staff to

65g - Annual Training Content (continued)

ensure that they receive annual training in all training topics indicated in 2600.65g. Completion of training modules will be tracked by the Administrator or designee on the "All Staff Training" form. The Administrator or designee will audit all staff training every other month, with the initial audit happening by 2/29/24. The audit tracking form "All Staff Training Audit" will be used by the Administrator or Designee.

Licensee's Proposed Overall Completion Date: 02/29/2024

Implemented [redacted] - 03/13/2024)

82a - Poisonous Materials

4. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

On [redacted] at [redacted], a [redacted] clear spray bottle labeled "All Purpose Cleaner" was 1/10th filled with a clear liquid and stored on the a shelf in the kitchen. However, the original label with manufacturer instructions for poisons was not on the bottle.

On [redacted] clear spray bottle labeled "Degreaser" was 9/10th filled with a purple liquid and stored on the shelf in the kitchen above the sink. However, the original label with the manufacturer instructions for poisons was not on the bottle.

Plan of Correction

Accept [redacted] - 02/23/2024)

On 12/14/23 at approximately 10:50, the administrator instructed the dietary staff to remove any of the unlabeled spray bottles. Dietary staff removed the bottles immediately and emptied the contents.

On 12/18/23 the Dietary Manager ordered appropriate stick on labels from the supplier that could be affixed to any future bottles.

On 12/14/23 and 12/20/23, the Administrator educated the Dietary Manager and staff as to the requirement for properly labeled cleaning spray bottles.

By 1/26/24, all current staff will be educated by the head cook. The head cook will be responsible for the training of future dietary staff, including the policy for having poisonous substances in properly labeled spray bottles.

Beginning 2/15/24, the administrator or designee shall inspect the home's kitchen/dietary areas to ensure that all poisonous substances are stored in their original labeled containers. The attached form for "Poisonous Substance Container Inspection" will be used to document the daily inspection of the containers until 4/30/24 and thereafter three times a week until 12/31/24.

Licensee's Proposed Overall Completion Date: 02/15/2024

Implemented [redacted] - 03/13/2024)

85d - Trash Receptacles

5. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 12/14/23 at t 10:00 a.m., there was an uncovered 30-gallon trash can 3/4 full of food and trash in the main kitchen.

On 12/14/23 at 10:00 a.m., there was an uncovered 55-gallon trash can 3/4 full of food and trash in the main kitchen's dishwash room.

Plan of Correction

Accept [redacted] - 02/23/2024)

On 12/14/23 at approximately 10:05 a.m. the trash can lids were placed on the open trash can receptacles by the Administrator and Dietary staff.

On 1/19/24, maintenance staff attached the appropriate lids to the trash receptacles with a white strap so that the lid does not get misplaced and is always, easily accessible for coverage when not in use.

On 1/23/24, the administrator re-educated the dietary staff on the proper covering of trash receptacles when not in use.

By 1/26/24, all current dietary staff will be trained by the head cook and/or administrator. The head cook will be in charge of training future dietary staff employees, including the policy on trash can lids.

Beginning 2/15/24, all trash cans in the kitchen and bathrooms shall be inspected by the Administrator or designee to ensure they are covered appropriately. The Administrator or designee shall use the tracking form "Trash Can Lid Inspection" to document daily inspections until 4/30/24, and then 3 times weekly inspections until 12/31/24.

Licensee's Proposed Overall Completion Date: 02/15/2024

Implemented [redacted] - 03/13/2024)

89b - Hot Water Temperature

6. Requirements

2600.

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

Description of Violation

On 12/14/23 at 11:01 a.m., the hot water temperature at the sink in the men's bathroom in the lobby was 123.6 degrees Fahrenheit.

On 12/14/23 at 11:03 a.m., the hot water temperature at the sink in the woman's bathroom in the lobby was 124.8 degrees Fahrenheit.

On 12/14/23 at 11:07 a.m., the hot water temperature at the sink in the men's bathroom across from bedroom #130 was 135.5 degrees Fahrenheit.

89b - Hot Water Temperature (continued)

Plan of Correction

Accept (redacted) - 02/09/2024)

On 12/14/23 at approximately 11:10 am, the Administrator notified maintenance staff that the water temperature was too high and it needed turned down immediately. The maintenance staff did this as well as running the water out of the lines at several sink locations. The temperature was monitored and returned to acceptable levels within a couple of hours.

On 12/14/23, the Administrator directed the maintenance staff to monitor the water temperature daily and make immediate adjustments so that temperatures at faucets and showers do not exceed 120 degrees. The problem was identified and the parts were ordered along with scheduling an outside contractor to make the repairs.

On 1/11/24, the maintenance supervisor and an outside contractor made the necessary repairs to permanently fix the problem. Two new pressure valves were replaced and a circulating pump was installed. Water temps were monitored by the Administrator and Maintenance staff in multiple locations throughout the building since the repair and appropriate adjustments were made so that the water temperature was maintained at appropriate levels.

On 1/23/24, a water temperature log sheet was created by the Administrator and given to the maintenance staff.

By 1/26/24, the maintenance staff will be responsible for taking the water temperature in 2 resident areas twice a day for two times a week. If the temperature exceeds 120 degrees, the maintenance staff will immediately adjust the temperature setting at the mixing valve and then notify the administrator. The water will then be retested until 2 more acceptable water temperature readings are documented that day.

Licensee's Proposed Overall Completion Date: 01/26/2024

Implemented (redacted) - 03/13/2024)

103d - Storing Food Off Floor

7. Requirements

- 2600.
- 103.d. Food shall be stored off the floor.

Description of Violation

On 12/14/23 at 11:45 a.m., there were multiple boxes of food, including whipped cream and sausage patties, stored on the floor of the main kitchen walk-in freezer.

Plan of Correction

Accept (redacted) - 02/23/2024)

On 12/14/23 at approximately 11:50 am, the dietary manager and Administrator removed boxes from the floor in the walk-in freezer.

On 12/14/23, the Administrator reeducated the manager/head cook and other staff about the requirement for food items to be stored off the floor in the freezer/cooler and other areas.

By 1/26/24, the head cook will be responsible for providing education and training to the existing staff and all those future dietary staff employees.

103d - Storing Food Off Floor (continued)

Beginning 2/15/2024, the Administrator or designee will be responsible for conducting and documenting daily audits of the food storage areas until 4/30/2024. Then audits will be conducted and documented three times a week until 12/31/24. The attached tracking form for "Food Storage Inspections" will be initialed by the Administrator or designee.

Licensee's Proposed Overall Completion Date: 02/15/2024

Implemented [redacted] - 03/13/2024)

105g - Lint Removal and Duct Cleaning

8. 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 12/14/23 at 12:45 p.m. there was an approximate 1/2 inch - 1 inch accumulation of lint in the lint traps of industrial dryer #1, industrial dryer #2, industrial dryer #4, and industrial dryer #5.

Plan of Correction

Accept [redacted] - 02/09/2024)

On 12/14/23, at 1:00 pm, Laundry staff cleaned the lint from dryers #1, #2, #4 and #5.

On 12/14/23, the laundry supervisor educated the staff on the importance of cleaning the lint from the dryers according to the manufacturer's instructions.

By 1/26/24, the laundry supervisor will be responsible for conducting random checks of the lint traps. These checks will occur at a rate of 3 times a week for 4 weeks, then once a week for 6 months.

By 1/31/24, the laundry supervisor will post a sign on each dryer as a reminder to all laundry staff to clean the lint trap after each use.

Licensee's Proposed Overall Completion Date: 01/31/2024

Implemented [redacted] - 03/13/2024)

109b - Rabies Vaccination

9. Requirements

2600.

109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation

On 12/14/23, resident #1's cat, Bing, was present in the home. The home does not have a current certificate of rabies vaccination for Bing.

109b Rabies Vaccination (continued)

Plan of Correction

Accept [redacted] - 02/09/2024)

On 12/14/23, it was discovered that the rabies vaccination record for "Bing" the cat, was misread as 9/29/25 instead of 9/29/23.

On 12/15/23, the administrative assistant notified "Bing's" family of the need for an updated vaccination. The POA immediately called the clinic and scheduled "Bing" for a vaccination.

On 12/16/23 a rabies vaccination booster shot was administered to "Bing". The expiration on this is 12/16/2026.

By 1/26/24, the administrative assistant will be responsible for checking all resident pet vaccination records once a month and updating the master list as necessary. The administrative assistant will be responsible for notifying pet owners of vaccination expirations at least one month in advance.

Licensee's Proposed Overall Completion Date: 01/26/2024

Implemented [redacted] - 03/13/2024)

132e - Fire Drill Sleeping Hours

10. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The last fire drill conducted during sleeping hours was on 7/29/23 at 4:58 a.m. The previous sleeping hours fire drill was conducted on 12/22/23 at 9:00 p.m.

Plan of Correction

Accept [redacted] - 02/09/2024)

On 12/14/23, DHS Inspector Lori Gillette suggested that the sleeping hours for Wesbury should be between 10:00 pm and 6:00 am instead of 9:00 pm 6:00 am as identified by this Administrator.

On 12/29/23, the Administrator was responsible for conducting a successful fire drill during the hours of 10:00 pm and 6:00 am.

By 1/26/24, the Administrator will identify the sleeping hours to be between 10:00 pm and 6:00 am. After 1/26/24 the Administrator will be responsible for conducting a sleeping hours fire drill once every six months between the hours of 10:00 pm and 6:00 am.

Licensee's Proposed Overall Completion Date: 01/26/2024

Implemented [redacted] - 03/13/2024)

141b1 - Annual Medical Evaluation

11. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

141b1 Annual Medical Evaluation (continued)

Description of Violation

Resident #1's most recent medical evaluation was completed on [REDACTED]. The resident's previous medical evaluation was completed on [REDACTED]

Plan of Correction

Accept [REDACTED] - 02/09/2024)

It shall be the Nurse Manager's responsibility to oversee the maintenance of the records of previous medical evaluation dates to ensure that annual visits are scheduled within the required annual time frame.

By 1/26/24, the Nurse Manager will be responsible for conducting an audit of all the existing resident records to be sure that all annual medical evaluations are scheduled and completed in time.

By 1/26/24, the Nurse Manager shall be responsible for using a monthly tracking form to assist in identifying and scheduling annual resident medical assessments within 12 months of the previous evaluation.

Licensee's Proposed Overall Completion Date: 01/26/2024

Implemented [REDACTED] - 03/13/2024)

184b - Labeling OTC/CAM

12. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On 1 [REDACTED] a bottle of [REDACTED] tablets and a bottle of [REDACTED], both belonging to resident #2, were in the medication cart and were not labeled with the resident's name.

Plan of Correction

Accept [REDACTED] - 02/23/2024)

On 12/15/23, the Nurse Manager immediately removed the unmarked bottles of [REDACTED] belonging to resident #2 from the medication cart and appropriately marked them with the resident's #2 name.

By 1/26/24, the RN, Nurse Manager will be responsible for directing the 3rd shift Med Tech to audit the med carts to be sure all medications are appropriately marked/labeled to identify the residents' name.

By 1/31/24, the 3rd shift Med Tech will be responsible for having audited all the medications in the med carts to verify that each can be identified with the residents' name.

Beginning 2/19/24, the Administrator or designee will conduct a weekly audit of all OTC medications and CAM to ensure they include the resident's name. The form "OTC Medication Audit will be used to document these weekly audits.

184b Labeling OTC/CAM (continued)

Licensee's Proposed Overall Completion Date: 02/19/2024

Implemented () - 03/13/2024)

225a - Assessment 15 Days

13. 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 #3's initial assessment, dated () does not include the diagnosis of Right Hip Fracture & Muscle Weakness as indicated on the resident's DME, dated ().

Plan of Correction

Accept () - 02/09/2024)

On () the Nurse Manager, updated resident's #3 RASP to include the diagnosis right hip fracture & muscle weakness as indicated on the resident's DME.

By 1/31/24, the nurse manager will audit all the residents' charts to ensure the RASPs include any new diagnoses on the respective DMEs.

By 1/26/24, the nurse manager will conduct quarterly audits of the resident RASPs and DMEs to ensure that they include all appropriate diagnoses.

Licensee's Proposed Overall Completion Date: 01/31/2024

Implemented () - 03/13/2024)

225c - Additional Assessment

14. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.
- 2. If the condition of the resident significantly changes prior to the annual assessment.
- 3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident #1's annual assessment, dated () does not include the diagnosis of Repeated Falls and Abnormalities of Gait/mobility as indicated on the resident's most recent DME, dated ().

Resident #4's annual assessment, dated (), was not updated to include the diagnosis of () as indicated on the resident's most recent DME, dated ().

Plan of Correction

Accept () - 02/09/2024)

On () the Nurse Manager, updated resident's #1 RASP to include the diagnosis of repeated falls and

225c - Additional Assessment (continued)

abnormalities of gait as indicated on the resident's DME.

On [REDACTED], the Nurse Manager, updated resident's #4 RASP to include the diagnosis of UTI as indicated on the resident's DME.

By 1/31/24, the nurse manager will audit all the residents' charts to ensure the RASPs include any new diagnoses on the respective DMEs.

By 1/26/24, the nurse manager will conduct quarterly audits of the resident RASPs and DMEs to ensure that they include all appropriate diagnoses.

Licensee's Proposed Overall Completion Date: 01/31/2024

Implemented ([REDACTED] - 03/13/2024)