

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

July 19, 2024

[REDACTED]  
WESBURY UNITED METHODIST COMMUNITY  
[REDACTED]  
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/23/2024 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: *03/25/2025*  
 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: [REDACTED]  
 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: *65* Waking Staff: *49*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Incident* Exit Conference Date: *04/23/2024*

**Inspection Dates and Department Representative**

04/23/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *110* Residents Served: *60*  
**Secured Dementia Care Unit**  
 In Home: *No* Area: Capacity: Residents Served:  
**Hospice**  
 Current Residents: *0*  
 Number of Residents Who:  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *59*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *5* Have Physical Disability: *0*

**Inspections / Reviews**

04/23/2024 - Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/20/2024*

06/03/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *07/18/2024*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/10/2024*

Inspections / Reviews (*continued*)

06/24/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/18/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 07/08/2024

07/19/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/18/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 186b - Medication Used by Resident

## 1. Requirements

2600.

186.b. Prescription medications shall be used only by the resident for whom the prescription was prescribed.

## Description of Violation

On [REDACTED] at approximately [REDACTED] resident [REDACTED] was administered [REDACTED], and [REDACTED] [REDACTED], prescribed for and belonging to resident [REDACTED].

## Plan of Correction

Accept [REDACTED] - 06/03/2024)

On 4/15/24, the RN Nurse Manager root caused the error with the Med Tech who caused the medication error on 4/13. The Nurse Manager then re-educated the Med Tech on the "the five rights of safe medication administration", and why not following proper medication management resulted in an error. Ongoing: The RN Nurse Manager, or other RN staff designees, will be responsible for completing unannounced med audits on the Med Tech during med pass times to ensure that the Med Tech is following the proper steps for medication administration. Starting on the week of 5/20/24, a weekly audit will be conducted for 4 weeks, ending in the week of June 10th. Then once month audits will be conducted in July, August, October and December.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented [REDACTED] - 07/19/2024)

## 187d - Follow Prescriber's Orders

## 2. Requirements

2600.

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

## Description of Violation

Resident [REDACTED] is prescribed [REDACTED] tablet, take 1 tablet by mouth 2 times daily, and [REDACTED] tablet, take 1 tablet by mouth once daily. However, on [REDACTED], resident [REDACTED] did not receive these medications, as they were administered to resident [REDACTED].

## Plan of Correction

Accept [REDACTED] - 06/24/2024)

On 5/8/24, the Med Tech staff, including the Med Tech who omitted passing the meds to resident [REDACTED] on 4/13/24, were re-educated by the RN Nurse Manager on the proper procedure of how to utilize the pharmacy medication packets and how to obtain medication from the pharmacy to prevent omission medication errors. Ongoing: the RN Nurse manager, or other RN staff designees, will be responsible for reviewing the proper procedure for replacing medication when it is missing or accidentally given to someone else, when they conduct the unannounced audits, weekly, monthly, and then every other month. This will end in December of 2024. Starting on the week of 5/20/24, a weekly audit will be conducted for 4 weeks, ending in the week of June 10th. Then once month audits will be conducted in July, August, October and December

Licensee's Proposed Overall Completion Date: 06/24/2024

Implemented [REDACTED] - 07/19/2024)