

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

March 3, 2025

[REDACTED]
UMH PA CORP
[REDACTED]

RE: WESLEY VILLAGE
215 ROBERTS ROAD
PITTSTON, PA, 18640
LICENSE/COC#: 24188

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/11/2025 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: WESLEY VILLAGE **License #:** 24188 **License Expiration:** 08/15/2025
Address: 215 ROBERTS ROAD, PITTSTON, PA 18640
County: LUZERNE **Region:** NORTHEAST

Administrator

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

Legal Entity

Name: UMH PA CORP
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 11/02/2000 **Issued By:** L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 60 **Waking Staff:** 45

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 02/11/2025

Inspection Dates and Department Representative

02/11/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 157 **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:** 60
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 0 **Have Physical Disability:** 1

Inspections / Reviews

02/11/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/06/2025

02/28/2025 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 02/28/2025
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 03/07/2025

Inspections / Reviews *(continued)*

03/03/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/28/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident [redacted] utilizes a wander guard alarm due to a history of wandering the facility and increased confusion. On [redacted] [redacted] at approximately 5:30pm the wander guard alarm for resident [redacted] triggered the front door and elevator area of the home. The resident was found around 6pm without a coat in approximately 25-degree weather by a stranger in the back of the personal care building roughly 100 yards from the entrance door.

Plan of Correction

Accept [redacted] - 02/28/2025)

The Administrator and Direct Care staff have been re-educated on elopement prevention, resident supervision, and emergency response procedures, with a strong emphasis on timely responses to Wander Guard alerts. A comprehensive audit of all Wander Guard devices has been completed to ensure proper functionality, with any necessary repairs or replacements made.

Completion Date: 2/5/2025

To further strengthen safety measures, elopement prevention policies have been reviewed and updated if needed, reinforcing staff responsibilities in responding to alarms. Resident [redacted] Primary Care Physician has reviewed and approved the facility's wandering precautions per safe conditions for Resident [redacted]. If additional concerns or incidents arise, a care plan meeting will be scheduled with the resident's family and Primary Care Physician to discuss the potential need for transfer to a secured facility. In the meantime, Resident [redacted] has been placed on hourly safety checks to confirm their location.

To ensure continued compliance, the Administrator and/or designee will conduct a random elopement drill next month. Daily device checks will be performed by the Maintenance team, and unannounced supervisory rounds will be conducted by the Administrator and/or designee.

These corrective actions will be continuously evaluated, with any necessary adjustments made to enhance resident safety. Findings will be reviewed in the upcoming QAPI Review.

Licensee's Proposed Overall Completion Date: 02/28/2025

Implemented [redacted] - 03/03/2025)

227d - Support Plan Medical/Dental

2. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

227d Support Plan Medical/Dental (continued)

Description of Violation

Resident [REDACTED] uses a bedside mobility device. The resident's Resident Assessment Support Plan dated [REDACTED] does not reflect the specific need for the device, the intended use, any risks associated with the device, the resident's ability to use the device safely for the intended purpose, identification of the specific device to be used and if a cover is required to meet FDA guidelines.

Plan of Correction

Accept [REDACTED] - 02/28/2025)

The Administrator and licensed staff responsible for documenting in the Resident Assessment and Support Plan have been re educated on regulatory requirements to ensure the accurate and complete documentation of residents' needs.

Completion Date: 12/12/2025

In response to safety concerns regarding the bedside mobility device used for Resident [REDACTED] the Primary Care Physician has discontinued the order for this equipment.

To ensure ongoing compliance and resident safety, the Administrator and/or designee will conduct monthly audits of new and existing resident records related to bedside mobility devices. These audits will verify that the Resident Assessment and Support Plan accurately reflects the appropriate use of such equipment. Findings will be reviewed during the upcoming QAPI meeting.

Licensee's Proposed Overall Completion Date: 02/28/2025

Implemented [REDACTED] - 03/03/2025)