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

March 5, 2026

[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 01/13/2026, 01/14/2026 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:** *03/25/2026*

Address: *31 NORTH PARK AVENUE, MEADVILLE, PA 16335*

County: *CRAWFORD* **Region:** *WESTERN*

Administrator

Name: [redacted] **Phone:** [redacted] **Email:** [redacted]

[redacted]

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 L & I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *63* **Waking Staff:** *47*

Inspection Information

Type: *Full* **Notice:** *Unannounced* **BHA Docket #:**

Reason: *Renewal, Complaint* **Exit Conference Date:** *01/14/2026*

Inspection Dates and Department Representative

01/13/2026 - On-Site: [redacted]

01/14/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *110* **Residents Served:** *59*

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:** *58*

Diagnosed with Mental Illness: *13* **Diagnosed with Intellectual Disability:** *1*

Have Mobility Need: *4* **Have Physical Disability:** *1*

Inspections / Reviews

01/13/2026 - Full

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *02/13/2026*

02/26/2026 - POC Submission

Submitted By: [redacted] **Date Submitted:** *03/02/2026*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *03/03/2026*

Inspections / Reviews *(continued)*

03/05/2026 - Document Submission

Submitted By: [redacted] **Date Submitted**: *03/02/2026*

Reviewer: [redacted] **Follow-Up Type**: *Not Required*

85a - Sanitary Conditions

1. Requirements

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

Description of Violation

On 1/13/26 at 11:55 a.m. and 12:30 p.m., there were dried, dark brown spots of what appeared to be feces on the inside of the toilet in resident #1's private bathroom.

Plan of Correction ***Accept (- 02/26/2026)***

On 1/13/26 the toilet in resident #1's private bathroom was cleaned. The housekeeping supervisor or designee will conduct weekly audits on 25% of all PC residents for 1 month and then 10% for the duration of the quarter to ensure that the resident toilets are free of brown spots. At the conclusion of the quarter, the administrator will review the documentation to determine if substantial compliance has been achieved and if the audits can be discontinued. Should compliance not be achieved, the audits will remain ongoing as described above until compliance is achieved for a full quarter.

Licensee's Proposed Overall Completion Date: *02/20/2026*

Implemented (- 03/05/2026)

85d - Trash Receptacles

2. 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 1/13/26 at 10:47a.m., there was no lid on a ½ full garbage can near the stove in the main kitchen.

Plan of Correction ***Accept (- 02/26/2026)***

On 1/14/26 the garbage can near the stove in the main kitchen was replaced with a garbage can with an attached lid. Education was provided to dietary staff by the dietary manager. The dietary manager or designee will conduct weekly audits for 1 quarter of all garbage cans in the kitchen to ensure they have lids applied. At the conclusion of the quarter, the administrator will review the documentation to determine if substantial compliance has been achieved and if the audits can be discontinued. Should compliance not be achieved, the audits will remain ongoing as described above until compliance is achieved for a full quarter.

Licensee's Proposed Overall Completion Date: *02/20/2026*

Implemented (- 03/05/2026)

101j7 - Lighting/Operable Lamp

3. Requirements

2600.
101.j. Each resident shall have the following in the bedroom:
7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On 1/13/26 at 11:51 a.m., resident #2 did not have access to a source of light that could be turned on/off at bedside.

101j7 - Lighting/Operable Lamp *(continued)*

Plan of Correction ***Accept (- 02/26/2026)***

On 1/14/26 resident # 2 was provided with a lamp that could be turned on/off at the bedside. An initial audit of all personal care residents was completed to ensure that they have a source of light that can be turned on/off at the bedside. The nurse manager or designee will conduct weekly audits for 1 month of 25% of personal care residents and then 10% weekly of personal care residents for the conclusion of the quarter. At the conclusion of the quarter, the administrator will review the documentation to determine if substantial compliance has been achieved and if the audits can be discontinued. Should compliance not be achieved, the audits will remain ongoing as described above until compliance is achieved for a full quarter.

Licensee's Proposed Overall Completion Date: *02/20/2026*

Implemented (- 03/05/2026)

103i - Outdated Food

4. Requirements

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On 1/13/26 at 10:44 a.m., a large bag of opened and undated peas was on the shelf in the main kitchen's walk-in freezer.

Plan of Correction ***Accept (- 02/26/2026)***

. On 1/13/26 the bag of open undated peas was disposed of. Education was provided to dietary staff by the dietary manager. The dietary manager or designee will conduct weekly audits for 1 quarter to monitor for opened undated food items. At the conclusion of the quarter, the administrator will review the documentation to determine if substantial compliance has been achieved and if the audits can be discontinued. Should compliance not be achieved, the audits will remain ongoing as described above until compliance is achieved for a full quarter.

Licensee's Proposed Overall Completion Date: *02/20/2026*

Implemented (- 03/05/2026)

107c - Food/Water 3 Day Supply

5. Requirements

2600.
107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

On 1/13/26 at 10:45 a.m., the home served 59 residents and there was no emergency food present in the home.

Plan of Correction ***Accept (- 02/26/2026)***

The dietary manager ordered and will maintain a 3-day supply of nonperishable food at all times.

Licensee's Proposed Overall Completion Date: *02/20/2026*

Implemented (- 03/05/2026)

171b5 - First Aid Kit

6. Requirements

171b5 - First Aid Kit *(continued)*

2600.
171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:
5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

On 1/13/26 at 12:22 p.m., the first aid kit in the passenger van used to transport residents did not include a pair of scissors.

Plan of Correction ***Accept (- 02/26/2026)***

On 1/14/26 a new pair of scissors was placed in the first aid kit in the passenger van used to transport residents. The transportation supervisor or designee will conduct monthly audits for one quarter to ensure that first aid kits are fully stocked. At the conclusion of the quarter, the administrator will review the documentation to determine if substantial compliance has been achieved and if the audits can be discontinued. Should compliance not be achieved, the audits will remain ongoing as described above until compliance is achieved for a full quarter.

Licensee's Proposed Overall Completion Date: *02/20/2026*

Implemented (- 03/05/2026)

181d -Storing Medication

7. Requirements

2600.
181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

Description of Violation

Resident #3 self-administers [redacted] medications and stores [redacted] medications in [redacted] room. On 1/13/26 at 11:53 a.m., a bottle of resident #3's Gabapentin 300mg tablets were unlocked, unattended and accessible on the bedside table in the resident's unlocked bedroom.

Plan of Correction ***Accept (- 02/26/2026)***

Resident #3 was reassessed for [redacted] ability to manage [redacted] own medications and [redacted] was successful in this process. The resident was provided with a locked box for [redacted] medications and was provided with education about ensuring medication remain in a locked container to which [redacted] verbalized understanding. An audit of all residents on PC that manage their own medications was conducted and were determined to be appropriate and that they have their medications secured.

Licensee's Proposed Overall Completion Date: *02/20/2026*

Implemented (- 03/05/2026)

183d - Prescription Current

8. Requirements

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 1/13/26, there were fifty seven 0.5mg tablets of Lorazepam belonging to resident #4 in the medication cart. However, this medication was discontinued on 12/28/25.

183d - Prescription Current (continued)

Plan of Correction ***Accept ([redacted] - 02/26/2026)***

. On 1/13/26 the fifty-seven 0.5mg tablets of lorazepam belonging to resident #4 were destroyed due to them not being used and discontinued from the resident's medication regimen. Education was provided to the nursing staff by the nurse manager on destruction of medications on discontinuation. An initial audit was completed to ensure that all discontinued medication have been destroyed. The nurse manager or designee will conduct monthly medication cart audits to ensure that no medications are present that are not currently ordered for one quarter. At the conclusion of the quarter, the administrator will review the documentation to determine if substantial compliance has been achieved and if the audits can be discontinued. Should compliance not be achieved, the audits will remain ongoing as described above until compliance is achieved for a full quarter.

Licensee's Proposed Overall Completion Date: *02/20/2026*

Implemented ([redacted] - 03/05/2026)

185a - Implement Storage Procedures

9. 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

Resident #4 was prescribed Hyoscyamine Sulfate 0.125mg tablet, take 1 tablet by mouth every 6 hours as needed for excess secretions. However, on 1/13/25 at 3:45 p.m., the medication was not available in the home.

Plan of Correction ***Accept ([redacted] - 02/26/2026)***

On 1/13/26 resident #4's hyoscyamine sulfate 0.125mg tablet was reordered from the pharmacy and was received that evening. Education was provided to the nursing staff on reordering medications as needed. An initial audit on all personal care resident medication availability was completed. The nurse manager or designee will conduct medication cart audits on 25 % of personal care residents weekly for 1 month and then 10% weekly for the conclusion of the quarter. At the conclusion of the quarter, the administrator will review the documentation to determine if substantial compliance has been achieved and if the audits can be discontinued. Should compliance not be achieved, the audits will remain ongoing as described above until compliance is achieved for a full quarter.

Licensee's Proposed Overall Completion Date: *02/20/2026*

Implemented ([redacted] - 03/05/2026)

225c - Additional Assessment

10. 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

Staff interviews indicate resident #2 exhibits exit seeking behaviors and was found outside the home during the night.

225c - Additional Assessment (continued)

However, this change in condition is not indicated on [redacted] assessment, dated [redacted]

Plan of Correction ***Accept ([redacted] - 02/26/2026)***

Resident # 2 was [redacted] so no further updates were made to [redacted] assessment. An initial audit of all personal care residents has been completed. Education was provided to the nursing staff on updating resident assessments with exhibited behaviors. The nurse manager or designee will be reviewing resident assessments monthly for one quarter to ensure updates have been completed and substantial compliance has been achieved.

Licensee's Proposed Overall Completion Date: *02/20/2026*

Implemented ([redacted] - 03/05/2026)

251c - Standardized Forms

11. Requirements

2600.
251.c. The home shall use standardized forms to record information in the resident's record.

Description of Violation

Resident #2's annual medical evaluation, dated [redacted] was not completed on the Department's current standardized form.

Resident #6 annual medical evaluation, dated [redacted], was not completed on the Department's current standardized form.

Plan of Correction ***Accept ([redacted] - 02/26/2026)***

The nurse manager and administrator were provided technical assistance by the survey team on the use of the standardized forms. The forms being used prior were immediately replaced with the standardized forms and the prior were disposed of. Resident #2 and #6's forms were redone on the standardized form to achieve compliance. An audit was conducted on all personal care residents to ensure that they had the proper forms used.

Licensee's Proposed Overall Completion Date: *02/20/2026*

Implemented ([redacted] - 03/05/2026)