

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

April 23, 2026

[REDACTED]
WESBURY UNITED METHODIST COMMUNITY
[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 03/03/2026 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]

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:** L&I

Staffing Hours

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

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint **Exit Conference Date:** 03/03/2026

Inspection Dates and Department Representative

03/03/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 110 **Residents Served:** 58

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:** 57
Diagnosed with Mental Illness: 38 **Diagnosed with Intellectual Disability:** 1
Have Mobility Need: 2 **Have Physical Disability:** 0

Inspections / Reviews

03/03/2026 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/30/2026

03/24/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 04/11/2026
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/29/2026

Inspections / Reviews *(continued)*

03/30/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/11/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/13/2026

04/23/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/11/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

182c - Medication Administration

1. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

- 1. Identify the correct resident.

Description of Violation

On [redacted] at 5:50 PM, resident [redacted] was administered [redacted], and [redacted]. However, these medications were prescribed to resident [redacted].

Plan of Correction

Accept ([redacted] - 03/30/2026)

The medication administration process was reviewed by the nurse manager to identify areas of weakness and it was determined that the medication technicians and LPN will be educated on labeling medication cups with the first and last name of the resident and will be completed by 4/3/2026. Education was provided by the nurse manager on the five rights of medication administration and the medication administration regulation with the medication technician who made the error to prevent any future reoccurrences on 2/16/2026. The medication technician who made the error will have an unannounced medication administration audit performed monthly for 3 months by the nurse manager or designee to ensure substantial compliance is achieved and findings will be reported to the NHA each month.

Licensee's Proposed Overall Completion Date: 04/04/2026

Implemented ([redacted] - 04/23/2026)

187d - Follow Prescriber's Orders

2. Requirements

2600.

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

Description of Violation

On [redacted] at 5:50 PM, resident [redacted] was administered [redacted], and [redacted]. However, these medications were prescribed to resident [redacted].

Plan of Correction

Accept ([redacted] - 03/30/2026)

The medication administration process was reviewed by the nurse manager to identify areas of weakness and it was determined that the medication technicians and LPN will be educated on labeling medication cups with the first and last name of the resident and will be completed by 4/3/2026. Education was provided by the nurse manager on the five rights of medication administration and the medication administration regulation with the medication technician who made the error to prevent any future reoccurrences on 2/16/2026. The medication technician who made the error will have an unannounced medication administration audit performed monthly for 3 months by the nurse manager or designee to ensure substantial compliance is achieved and findings will be reported to the NHA each month.

Licensee's Proposed Overall Completion Date: 04/04/2026

Implemented ([redacted] 04/23/2026)