

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

November 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 08/26/2025 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: 08/15/2026
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: 73 Waking Staff: 55

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 08/26/2025

Inspection Dates and Department Representative

08/26/2025 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 157 Residents Served: 72

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: 72
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 1 Have Physical Disability: 0

Inspections / Reviews

08/26/2025 Full

Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 09/27/2025

10/07/2025 - POC Submission

Submitted By: [Redacted] Date Submitted: 10/27/2025
Reviewer: [Redacted] Follow-Up Type: Document Submission Follow-Up Date: 10/09/2025

Inspections / Reviews *(continued)*

11/03/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/27/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

26b - Quality Management Plan Content

1. Requirements

2600.

26.b. The quality management plan shall address the periodic review and evaluation of the following:

Description of Violation

The home's quality management review dated [REDACTED] did not address reportable incidents and complaint procedures.

Plan of Correction

Accept [REDACTED] - 10/07/2025)

The Administrator and/or designee were re-educated on the regulatory requirement that the Quality Management Plan must include the periodic review and evaluation of reportable incidents and complaint procedures. Completion Date: 8/27/2025

Effective immediately, the Administrator has revised the Quality Management Plan to incorporate these elements. This revision ensures that all reportable incidents and complaint procedures will be consistently reviewed and evaluated during quality management reviews.

Completion Date: Upcoming Quarterly QAPI Meeting

The Administrator and/or designee will be responsible for ensuring compliance through documented audits of Quality Management Reviews. The Quarterly audits will confirm that reportable incidents and complaint procedures are addressed and evaluated on an ongoing basis. The QAPI committee will monitor compliance quarterly and implement corrective actions as needed to sustain regulatory compliance and promote resident safety and well-being.

Licensee's Proposed Overall Completion Date: 09/24/2025

Implemented [REDACTED] - 10/22/2025)

103e - Left Overs

2. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

There was an unlabeled, undated white take out bag and take out drink cup in the 2nd floor resident lounge refrigerator at approximately 9:30 a.m.

There was an unlabeled, undated brown take out bag, Styrofoam food container, 2 take out drink cups, and a tinfoil covered plate located in the 3rd floor resident lounge refrigerator at approximately 9:35 a.m.

At 1:36p.m, there were unlabeled packages of English Muffins found in the kitchen freezer. At 1:43p.m. there were 4 bags of Rice Krispies and 2 bags of Cheerios found unlabeled in the kitchen pantry.

Plan of Correction

Accept [REDACTED] - 10/07/2025)

The Administrator and/or designee were re-educated on the regulatory requirement that all leftover and stored

103e Left Overs (continued)

food must be labeled and dated, and that food items returned from resident plates may not be reused or served again. Completion Date:8/28/2025

Immediately upon identification of the violation, all unlabeled and undated food items were discarded to eliminate any risk to residents.

Competition Date: 8/26/2025

The Administrator implemented a re education session with resident care staff regarding proper food storage practices, including the requirement that all leftovers and stored food items be labeled with the date of storage and discarded within established timeframes. Staff were also instructed to monitor refrigerators, freezers, and pantries daily to keep up with regulatory compliance. Completion Date: 8/28/2025

To ensure ongoing compliance, the Administrator and/or designee will conduct weekly audits of all refrigerators, freezers, and pantries for a period of three months and as needed thereafter. The QAPI committee will review audit results and address trends or repeat concerns to strengthen food safety and regulatory compliance.

Licensee's Proposed Overall Completion Date: 09/24/2025

Implemented [redacted] - 11/03/2025)

125a - Combustible Storage

3. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

At 9:30 a.m., there was a washcloth found behind the dryer in the 2nd floor laundry room of the Anderson Wing.

At 9:40 a. m, there was 2 dryer sheets found behind the dryer in the first floor laundry room of the Myers Wing.

Plan of Correction

Accept [redacted] - 10/07/2025)

The Administrator and/or designee were re educated on the regulatory requirement that combustible and flammable materials must not be located near dryers, hot water heaters, or other heat producing equipment.

Upon identification, the washcloth and dryer sheets were immediately removed from behind the dryers.

Environmental Services and Maintenance staff were directed to inspect all laundry rooms to ensure no combustible materials were stored near heat sources.

Completion Date:8/26/2025

Environmental Services and Maintenance staff received re education on proper housekeeping and storage requirements, specifically the removal and prevention of combustible or flammable materials near dryers, hot water heaters, or other heat sources.

Completion Date: 8/27/2025

The Administrator and/or designee will conduct environmental rounds weekly for three months and as needed thereafter. Any findings will be corrected immediately and used as additional staff training opportunities. After three months, monitoring will continue as part of routine environmental rounds on an as needed basis.

This requirement has been added to the (QAPI) plan. Audit results will be reviewed at quarterly QAPI meetings to ensure ongoing compliance and to promote the safety of residents, staff, and the home environment.

Licensee's Proposed Overall Completion Date: 09/24/2025

125a Combustible Storage (continued)

Implemented (█ - 10/22/2025)

171b4 Staff Training

4. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

- 4. At least one staff member transporting or accompanying the residents shall have completed the initial new hire direct care staff person training as specified in § 2600.65 (relating to direct care staff training and orientation).

Description of Violation

Staff persons A and B are the current drivers for the home and have transported residents to medical appointments. However, staff person A and B have not completed the initial new hire direct care staff person training. Through interviews with staff of the home it was determined that staff person A and staff person B transport residents alone.

Plan of Correction

Accept (█ - 10/07/2025)

Staff Person A and Staff Person B have now successfully completed the required new hire direct care staff training, and documentation of completion is attached. Completion Date: 9/17/2025 & 9/21/2025.

Both staff members A & B are now compliant and eligible to transport residents as of listed dates.

To prevent recurrence, effective immediately, staff will not be permitted to transport residents until the Administrator or Human Resources verifies completion of the required training under § 2600.65.

The Administrator or designee will audit current staff members and monitor new employees who will be transporting residents in other departments to maintain compliance with the regulatory requirement.

The Administrator and/or designee will be responsible for verifying compliance and maintaining all records. Ongoing compliance will be maintained through the monitoring process described above and will be added to the upcoming quarterly QAPI Meeting to follow.

Licensee's Proposed Overall Completion Date: 09/25/2025

Implemented (█ - 10/22/2025)

182c Medication Administration

5. Requirements

2600.

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

Description of Violation

Resident █ had an order for █ drops to be administered from █ through █ at 9:00 a.m. and 8:00 p.m.. Throughout the duration of the administration of the medication, the home did not administer the correct dosage for resident █ who requires this assistance to take the medication as the medication administration record indicated to instill 6 drops however the medication label indicated to instill 5 drops. The resident's medication order for the medication indicated to instill 5 drops. The staff of the home did not identify the discrepancy when administering the medication to the resident.

Plan of Correction

Accept (█ - 10/07/2025)

Nursing staff have been re-educated on the importance of verifying and cross-checking medication orders with the medication label and the MAR prior to administration to ensure accurate dosage. Completion Date: 8/27/2025.

182c Medication Administration (continued)

The Administrator and/or designee will monitor medication administration records and corresponding physician orders for accuracy for a period of three months and as needed thereafter to ensure ongoing compliance.

Staff have been instructed that any discrepancies between the order, label, and MAR must be immediately reported to the Administrator and/or designee to be resolved prior to administration. This corrective action ensures that residents receive medications as ordered and prevents recurrence of this violation. Ongoing compliance will be maintained through the monitoring process described above and will be added to the upcoming quarterly QAPI meeting to follow.

Licensee's Proposed Overall Completion Date: 09/25/2025

Implemented [redacted] - 10/22/2025)

183d - Prescription Current

6. 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 [redacted] [redacted] tablets and Calmoseptine ointment prescribed for resident [redacted] were in the home's medication cart; however, the medications were both discontinued on [redacted]

Plan of Correction

Accept ( [redacted] - 10/07/2025)

All discontinued medications for Resident [redacted] were immediately removed from the medication cart and properly disposed of according to policy. Completion Date: 8/26/2025

The Administrator & Nursing staff have been re educated on the requirement that only current prescription, OTC, sample, and CAM medications may be kept in the home. Completion Date: 8/27/2025

Effective immediately, staff are required to remove and dispose of discontinued medications at the time a discontinuation order is received.

The Administrator or designee will audit and review the medication cart and medication administration records weekly for three months and as needed thereafter to ensure that only current medications are maintained in the home. This process will prevent recurrence of this violation. Ongoing compliance will be maintained through the monitoring process described above and will be added to the upcoming quarterly QAPI meeting to follow.

Licensee's Proposed Overall Completion Date: 09/25/2025

Implemented [redacted] - 11/03/2025)

184a - Resident's Meds Labeled

7. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

The pharmacy label for resident [redacted]'s PRN [redacted] does not include that the medication can be administered every 4 6 hours. The pharmacy label indicates that the medication can be

184a Resident's Meds Labeled (continued)

administered every 4 hours and does not match the medication order which indicates the medication can be administered every 4 6 hours as needed.

Plan of Correction

Accept [redacted] - 10/07/2025)

The licensed nursing staff notified the pharmacy, and the medication label was updated accordingly.

Completion Date: 8/26/2025

The nursing supervisor and/or designee were re educated to check the amounts prescribed by the doctor and compare to what is sent by the pharmacy. This will ensure resident safety and accuracy.

Completion Date: 8/27/2025

The administrator and/or designee will conduct audits of medication dosages against pharmacy records to confirm correct administration. These reviews will continue for 3 months and then on an as needed basis to maintain compliance with the regulatory requirements.

Licensee's Proposed Overall Completion Date: 09/24/2025

Implemented ([redacted] - 11/03/2025)

185a - Implement Storage Procedures

8. 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 [redacted] has a PRN order for [redacted]. The medication was not available in the medication cart.

Resident [redacted] has a PRN order for [redacted]. The medication was not available in the medication cart.

Plan of Correction

Accept [redacted] 10/07/2025)

The missing PRN medications for Resident [redacted] ([redacted]) and Resident [redacted] ([redacted]) were obtained through the pharmacy and placed in the medication cart in accordance with the residents' orders. Completion Date: 8/26/2025.

The administrator & Nursing staff have been re educated on the requirement to ensure all prescribed medications, including PRN and emergency medications, are available in the medication cart at all times and properly stored according to policy. Completion Date: 8/27/2025

The Administrator or designee will audit medication carts weekly for three months and as needed thereafter to ensure all current medications are present, accessible, and stored safely. These actions will ensure compliance with medication storage procedures and prevent recurrence of this violation. Ongoing compliance will be maintained through the monitoring process described above and will be added to the upcoming quarterly QAPI meeting to follow.

Licensee's Proposed Overall Completion Date: 09/25/2025

Implemented ([redacted] 11/03/2025)

187a - Medication Record

9. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] drops. However, resident [REDACTED]'s medication administration record does not indicate the correct number of drops to be instilled. The resident's medication order indicates to instill 5 drops of the solution however the resident's medication record indicates to instill 6 drops of the medication.

Plan of Correction

Accept [REDACTED] - 10/07/2025)

The medication administration record (MAR) for Resident [REDACTED] has been corrected to reflect the accurate dosage of 5 drops for [REDACTED] as prescribed.

Completion Date: 8/26/2025

The administrator and Nursing staff have been re-educated on the importance of ensuring that MARs accurately reflect the physician's orders, including the correct dosage and administration instructions. Completion Date: 8/27/2025.

The Administrator or designee will review MARs weekly for three months and as needed thereafter to ensure accuracy and compliance. This corrective action ensures that residents receive medications as ordered and prevents recurrence of discrepancies between orders and medication records. Ongoing compliance will be maintained through the monitoring process described above and will be added to the upcoming quarterly QAPI meeting to follow.

Licensee's Proposed Overall Completion Date: 09/25/2025

Implemented [REDACTED] - 11/03/2025)

187d - Follow Prescriber's Orders

10. Requirements

2600.

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

Description of Violation

Resident [REDACTED] was prescribed [REDACTED] drops to be administered at 9:00 a.m. and 8:00 p.m. The resident's medication order indicated to instill 5 drops of the medication per dose. However, resident [REDACTED] was administered 6 drops of the medication per dose from [REDACTED] through [REDACTED].

Repeat violation [REDACTED] et al.

Plan of Correction

Accept [REDACTED] - 10/07/2025)

The medication administration for Resident [REDACTED] has been corrected to reflect the prescriber's order of 5 drops of [REDACTED] at the prescribed times of 9:00 a.m. and 8:00 p.m. Completion Date: 8/27/2025.

The Administrator and Nursing staff have been re-educated on the critical importance of following prescriber orders exactly, including dosage and administration schedule, and on cross-checking the MAR with the medication label and prescriber order before each administration.

Completion Date: 8/27/2025

The Administrator or designee will conduct weekly audits of medication administration for three months and as

187d Follow Prescriber's Orders (continued)

needed thereafter to ensure adherence to prescriber orders. A corrective action plan has also been implemented to prevent recurrence, including staff accountability, ongoing training, and immediate reporting of any discrepancies. The corrective action plan (see attached) addresses the repeat nature of the violation and ensures safe and accurate medication administration going forward. Ongoing compliance will be maintained through the monitoring process described above and will be added to the upcoming quarterly QAPI meeting to follow.

Licensee's Proposed Overall Completion Date: 09/25/2025

Implemented (████) - 11/03/2025)

227a - Support Plan 30 Days

11. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident (████) Support Plan was not finalized. Resident's date of admission was (████)

Plan of Correction

Accept (████) - 10/07/2025)

Resident (████) support plan has been finalized and implemented using the Department's support plan form.

Completion Date: 8/27/2025.

The Administrator and/or designee have been re educated on the requirement to develop and implement a written support plan within 30 days of a resident's admission. Completion Date: 8/27/2025

The Administrator or designee will review all new admissions to ensure that support plans are completed, signed, and implemented within the required timeframe. This monitoring will occur weekly for three months and as needed thereafter to ensure compliance and prevent recurrence of this violation. Ongoing compliance will be maintained through the monitoring process described above and will be added to the upcoming quarterly QAPI meeting to follow.

Licensee's Proposed Overall Completion Date: 09/25/2025

Implemented (████) - 10/22/2025)