

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

March 19, 2025

[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 01/15/2025 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: *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: *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: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *57* Waking Staff: *43*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *01/15/2025*

Inspection Dates and Department Representative

01/15/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *110* Residents Served: *54*

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: *54*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *3* Have Physical Disability: *0*

Inspections / Reviews

01/15/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/14/2025*

02/20/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *03/14/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/25/2025*

Inspections / Reviews *(continued)*

02/28/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/14/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 03/14/2025

03/19/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/14/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

5a1 - DHS Access

1. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

1. Agents of the Department.

Description of Violation

On 1/15/25, at 1:40PM, an agent of the Department requested access to staff records. These records were still not received at 4:39PM.

Plan of Correction

Accept (█ - 02/28/2025)

I would like to respectfully contest this violation. While it is true that the representative did request the records for the staff persons on 1/15/25 at 1:40 pm and did not receive the entirety of the records until approximately 4:40 pm on 1/15/25, the staff training portion of the records were given to the representatives within 15 minutes of their request. Only the part of the records that were secured in the Human Resources Department were delayed until 4:40 pm. In fairness to the Facility, the representatives should have explained to the Administrator and Nurse Manager that they were conducting a one-day inspection. In all other previous years, (except one abbreviated inspection), the Department Representatives have always collected the staff records and other information on the first day and then would review files, interview people and discuss the issues on day two. Thank you for your consideration of this.

By 2/28/25, the Administrator will educate and train the Human Resources staff on the timely access to all future requested staff records to any Agents of the Department. Included in this training will be education on the importance of providing prompt access to records including, but not limited to, background checks, TB testing results, orientation, training/education, high school diplomas, and CPR/First Aid Certifications. Also, included in the training will be an organization of staff files so these necessary parts of the records are grouped together for quick access.

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

Implemented (█ - 03/19/2025)

51 - Criminal Background Check

2. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

No criminal history background check was completed for staff person A, staff person B, staff person C or staff person D.

Plan of Correction

Accept (█ - 02/28/2025)

I would like to contest part of this violation. The employee files with the included background checks for staff persons A, B, and C were made available to the licensing representatives at 4:40 pm on 1/15/2025 by the HR Department, the Administrator and the RN Nurse Manager, along with all the other information requested. On 1/15/25, at approximately 4:45 pm, the Administrator helped the representatives find the criminal background checks for staff person A, B, and C in their files. The Department Representative █ accepted those three at that time. The background check for staff person D could not be found. On 1/17/2025, the Senior Human Resource Generalist submitted the application for staff person D's background check. It was disseminated to the facility on 1/17/2025. Please find the attached copies of all the background checks with this submittal. Thank you for your consideration

51 - Criminal Background Check (continued)

of this.

On 1/17/2025, the Senior Human Resource Generalist submitted the application for staff person D's background check. It was disseminated to the facility on 1/17/2025. See attached background check for staff person D. On 2/25/25, the administrator received a checklist form created by the Human Resource Generalist, titled "Onboarding/Orientation Checklist" that will be used on every new employee. Included on the checklist under "Action Items" is a "Background Check" section. By 2/25/25, this Checklist will be used for all new hires.

Licensee's Proposed Overall Completion Date: 02/25/2025

Implemented () - 03/19/2025)

63a - First Aid/CPR Training

4. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 1/3/25, from 6:00 AM to 2:30 PM, 54 residents were present in the home. During this time only one staff person was present in the home who was certified in First Aid.

On 1/5/25 from 2:00 PM to 10:30 PM, 54 residents were present in the home. During this time only one staff person was present in the home who was certified in First Aid.

On 1/11/25 from 2:00 PM to 10:30 PM, 54 residents were present in the home. During this time only one staff person was present in the home who was certified in First Aid.

On 1/11/25 from 10:00 PM to 6:30 AM, 54 residents were present in the home. During this time only one staff person was present in the home who was certified in First Aid.

Plan of Correction

Accept () - 02/28/2025)

On 2/13/25, the Administrator did an audit of all Direct Care Staff's CPR/First Aid Training Certification records. All Staff whose certifications did not include both CPR and First Aid Training were notified by the Administrator on 2/13/25 and 2/14/25. All staff will have CPR and First Aid Training certification completed by 2/28/25 or will be removed from the schedule by the Administrator or RN Nurse Manager. As of 2/13/25, the RN Nurse Manager and the Nurse Educator will be responsible for monitoring CPR and First Aid Certifications to ensure all Direct Care Staff are Certified and all shifts have at least 1 staff person trained in CPR and First Aid for each 50 personal care residents in the home.

Starting in March of 2025, the Administrator and the Quality Management and Safety Review team will be responsible for incorporating quarterly monitoring checks of the direct care staff's CPR/FA certification.

Licensee's Proposed Overall Completion Date: 03/31/2025

Implemented () - 03/19/2025)

66b - Training Plan Content

5. Requirements

2600.

66.b. The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

1. The name, position and duties of each direct care staff person.
2. The required training courses for each staff person.
3. The dates, times and locations of the scheduled training for each staff person for the upcoming year.

Description of Violation

The 2025 Staff Training Plan did not include the name, position and duties of each direct care staff person or locations of the scheduled training for each staff person for the upcoming year.

Plan of Correction

Accept (████ - 02/20/2025)

On 2/14/25, the Administrator developed a comprehensive staff training plan for the staff to complete during the training year of 2025. The training will be the responsibility of the Nurse Educator and Nurse Manager. Included are the names, positions and duties of each direct care staff person, along with their training requirements and the dates, times and locations of the training for each staff person. See attached.

Licensee's Proposed Overall Completion Date: 12/31/2025

Implemented (████ - 03/19/2025)

227d - Support Plan Medical/Dental

6. 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.

Description of Violation

The support plan for resident #1, dated ██████, does not include the use of an enabler bar. Additionally, the resident has a diagnosis of Macular Degeneration, however, the support plan indicates ██████ has no vision problems.

Resident #2's support plan, dated ██████ does not include the resident's use of a bedrail and how that need will be met.

Plan of Correction

Accept (████ - 02/20/2025)

By 2/12/25, the Nurse Manager updated the RASP for resident #1 to include the use of the enabler bar and the diagnosis of Macular Degeneration. By 2/12/25, the Nurse Manager updated the RASP for resident #2 to include the of the Bed enabler. As of 2/12/25, the Nurse Manager will be responsible for conducting a 2025 quarterly audit of the RASPs for those using bedrail/enablers. As of 2/12/25, the Nurse Manager will be responsible for conducting a 2025 quarterly audit of the RASPs for all those residents with an eye diagnosis.

Licensee's Proposed Overall Completion Date: 12/31/2025

Implemented (████ - 03/19/2025)