

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to STAPELEY HALL

LEGAL ENTITY

To operate WESLEY ENHANCED LIVING AT STAPELEY

NAME OF FACILITY OR AGENCY

Located at 6300 GREENE STREET, PHILADELPHIA, PA 19144

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 79
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 14

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from July 19, 2010 until January 19, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 140171

Robert E. Robinson

ISSUING OFFICER

Kenneth J. Casey

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

PHONE: (717) 783-3670

FAX: (717) 783-5662

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE:

JUL 20 2010

Mr. David T. Johnson, NHA, Executive Director
Stapeley Hall
Wesley Enhanced Living at Stapeley
6300 Greene Street
Philadelphia, Pennsylvania 19444

Dear Mr. Johnson:

As a result of the Department of Public Welfare's (Department) licensing inspection on December 17, 2009, February 25, 2010, April 26, 2010, April 27, 2010, April 28, 2010 and April 29, 2010 of the above personal care home, the violations specified on the enclosed Violation Report were found.

A PROVISIONAL license is being issued based on the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Your PROVISIONAL license is enclosed.

All violations specified on the Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

In accordance with 55 Pa.Code § 2600.269 (b) (relating to ban on admissions) no new resident admissions are permitted after the date of this letter.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violations unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
22a3/225a	II	65	\$5	\$325	5 calendar days from mailing date of this letter
65a	II	65	\$5	\$325	5 calendar days from mailing date of this letter
65b	II	65	\$5	\$325	5 calendar days from mailing date of this letter
231c	II	65	\$5	\$325	5 calendar days from mailing date of this letter
22a5/25a	III	65	\$3	\$195	15 calendar days from mailing date of this letter
227g	III	65	\$3	\$195	15 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Adult Residential Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Financial Operations with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

Once you receive your invoice from the Bureau of Financial Operations, if you disagree with the amount of the penalty, you have the right to appeal through a hearing before the Bureau of Hearings and Appeals, Department of Public Welfare. If you decide to appeal, a written request to appeal the fine must be received, along with the assessed daily fine, not to exceed \$500, in accordance with 55 Pa.Code § 2600.263 (relating to appeal of penalty). All appeal requests must be sent to the address indicated on the invoice you will receive from the Bureau of Financial Operations.

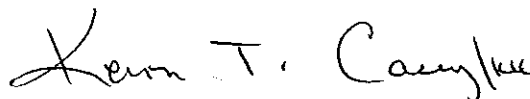
If you disagree with the decision to issue a PROVISIONAL license or ban on admissions, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Public Welfare in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal, a written request for an appeal must be received within 10 days of the date of this letter by:

Karen E. Kroh, Director
Adult Residential Licensing
Department of Public Welfare
423 Health and Welfare Building
Seventh and Forster Streets
Harrisburg, Pennsylvania 17120

Appeal of the ban on new resident admissions does not permit the admission of new residents after the date of this letter.

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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NAME AND ADDRESS OF PERSONAL CARE HOME Stapeley in Germantown 6300 Greene Street, Philadelphia, Pa 19144		CURRENT LICENSE NUMBER 140170	
INSPECTION DATE(S) (Include all dates of the inspection) December 17, 2009		REGIONAL REPRESENTATIVE Leslie Erhardt and Michelle Morton	
SIGNATURE OF LEGAL ENTITY <i>Richard M. Byrd</i>	DATE 1/20/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION. <i>Laura A. Schmitt</i>	DATE 2/24/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home	Resident #1's Thalidomide 50mg cap was discontinued on 8/3/09. There were two boxes of the Thalidomide medication for resident #1 in the medication cart.	2/1/10	<ol style="list-style-type: none"> 1. mandatory medication pass retraining for all nurses + medication tech. 2. All carts to be audited for discontinued meds, + discharged residents 3. Medication cart inspections to be done bi-weekly by nurse and turned into administrator for review 4. Medication cart audits to be done quarterly by pharmacy consultant. 	
		2/24/10	The thalidomide was discontinued.	

U# 2/24/10



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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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NAME AND ADDRESS OF PERSONAL CARE HOME Stapeley in Germantown 6300 Greene Street, Philadelphia, Pa. 19144		CURRENT LICENSE NUMBER 140170
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		DATE 2/24/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	<p>-Resident #4's medication administration record (MAR) did not have staff initials to indicate that prescribed medications Bumetanide 2mg and Metoprolol 25mg were administered at 8:00am on 12/3/09, 12/7/09, and 12/13/09.</p> <p>-Resident #4's MAR did not have staff initials to indicate that prescribed medication Potassium CHL ER was administered daily once each day on 12/3/09, 12/7/09, and 12/13/09.</p> <p>-Resident #5's MAR did not have staff initials to indicate that the following medications were administered as prescribed:</p> <ul style="list-style-type: none"> • Doxazosin 4mg, Enalapril 20mg, Furosemide 80mg, and Metoprolol 50mg at 5:00pm on 12/3/09, 12/10/09, 12/11/09, and 	3/1/10	<p>1. mandatory medication pass retraining for all nurses + medication techs.</p> <p>2. MARs to be reviewed by oncoming med tech for completeness + addressed immediately.</p> <p>3. medication pass audits to be done bi-weekly by nurses + turned into administrator for review.</p> <p>4. MAR audits to be done bi-weekly by nurse or appropriate and submitted to administrator for follow up.</p> <p>5. MAR audits to be done quarterly by pharmacy consultant.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>7/1/10 VAH Date Initials (DPW)</p>


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VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY 	DATE 1/20/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE

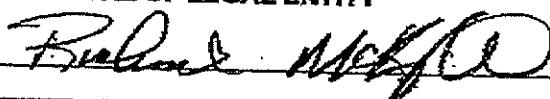
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
187b – continued	<p>12/13/09.</p> <ul style="list-style-type: none"> • Humalog insulin at 7:30am and 12:00pm on 12/6/09, 12/12/09, 12/15/09, and 12/16/09. • Humalog Insulin at 4:30pm on 12/1/09, 12/2/09, 12/3/09, 12/10/09, 12/11/09, 12/12/09, 12/13/09, and 12/14/09. • Vyorin on 12/1/09, 12/2/09, 12/3/09, 12/9/09, 12/10/09, 12/11/09, 12/12/09, 12/13/09, 12/14/09, 12/15/09, and 12/16/09. <p>-Resident #6's MAR did not have staff initials to indicate that the following medications were administered as prescribed:</p> <ul style="list-style-type: none"> • Aricept 10mg at 8:00pm on 12/1/09, 12/2/09, 12/3/09, 			

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VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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NAME AND ADDRESS OF PERSONAL CARE HOME Stapeley in Germantown 6300 Greene Street, Philadelphia, Pa 19144		CURRENT LICENSE NUMBER 140170
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SIGNATURE OF LEGAL ENTITY 	DATE 1/20/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION
		DATE

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
187b – continued	<p>12/10/09, 12/11/09, 12/13/09.</p> <ul style="list-style-type: none"> • Glipizide 5mg at 5:00pm on 12/3/09, 12/9/09, 12/10/09, 12/11/09, and 12/13/09. • Metformin 1000mg on 12/3/09, 12/9/09, 12/10/09, 12/11/09, and 12/13/09. <p>-Resident #7's MAR did not have staff initials to indicate that the following medications were administered as prescribed:</p> <ul style="list-style-type: none"> • Alphagan P. Opth. Solution 0.15% at 8:00am on 12/13/09. • Aspirin chew tabs 81mg at 8:00am on 12/13/09. • Quinapril Hctz 12-12.5 at 8:00am on 12/13/09. 			

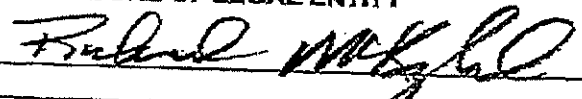
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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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NAME AND ADDRESS OF PERSONAL CARE HOME Stapeley in Germantown 6300 Greene Street, Philadelphia, Pa 19144		CURRENT LICENSE NUMBER 140170	
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SIGNATURE OF LEGAL ENTITY 	DATE 1/20/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE


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187b – continued	<ul style="list-style-type: none"> • Timolol mal OP Solution at 8:00am on 12/13/09. • Vitamin A&D ointment at 8:00am on 12/3/09, 12/8/09, 12/13/09, and 12/17/09. <p>-Resident #8's MAR did not have staff initials to indicate that the following medications were administered as prescribed:</p> <ul style="list-style-type: none"> • Atenol 25mg at 8:00am on 12/13/09. • Multivitamin tablet at 8:00am on 12/13/09. • Oyst-Cal D 500mg tablet at 8:00am on 12/13/09. <p>-Resident #10's MAR did not have staff initials to indicate that the following medications were</p>			

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VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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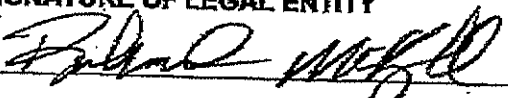

NAME AND ADDRESS OF PERSONAL CARE HOME Stapeley in Germantown 6300 Greene Street, Philadelphia, Pa 19144		CURRENT LICENSE NUMBER 140170
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1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
187b – continued	administered as prescribed: <ul style="list-style-type: none"> • Tylenol 500mg at 12:00pm on 12/3/09, 12/13/09, 12/17/09, and at 8:00am on 12/3/09. • Cyanocobalamin 1000mcg/ml injection on 12/1/2009. • Deep Sea nasal spray .65% at 8:00am on 12/3/09 and 12/13/09. • Docusate Sodium 100mg at 8:00am on 12/3/09. • Lexapro 5mg tablet at 8:00am on 12/13/09. • Namenda 10mg tablet at 8:00am and 5:00pm on 12/13/09. 			

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VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Stapeley in Germantown 6300 Greeng Street, Philadelphia, Pa 19144		CURRENT LICENSE NUMBER 140170	
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SIGNATURE OF LEGAL ENTITY 	DATE 1/20/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2/24/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
187d The home shall follow the directions of the prescriber.	Resident #5 should receive daily Accuchecks. The resident did not receive these checks on 12/3/09, 12/9/09, 12/10/09, 12/11/09, 12/12/09, 12/13/09, 12/14/09, 12/15/09, 12/16/09, and 12/17/09.	3/1/10	<ul style="list-style-type: none"> 1. mandatory medication retraining for all nurses + medication techs- 2. AccuV logs to be kept on All residents receiving AccuV 3. AccuV log to be reviewed by nurse bi-monthly 4. AccuV log to be reviewed by pharmacy consultant quarterly. 	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>7/11/10 </p> <p>Date Initials (DPW)</p>

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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NAME AND ADDRESS OF PERSONAL CARE HOME Stapsley in Germantown 6300 Greene Street Philadelphia, PA 19144		CURRENT LICENSE NUMBER 140170	
INSPECTION DATE(S) (Include all dates of the inspection) February 25, 2010		REGIONAL REPRESENTATIVE Jacob Harzing, Patricia Adams	
SIGNATURE OF LEGAL ENTITY 	DATE 7/12/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 7/7/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
16c The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow 15 (relating to abuse reporting covered by law).	<ul style="list-style-type: none"> - On 2/24/10, law enforcement officials entered the home and arrested Administrator A. This incident was not reported to the Department. - The Department was not notified of the medication errors that occurred on 2/11/10, 2/12/10, and 2/16/10 when resident #1 was administered twice as much Percocet as prescribed. 		incidents from each quarter will be reviewed to ensure they were submitted to the Department in a timely manner.	

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Stapeley in Germantown 6300 Greene Street Philadelphia, PA 19144		CURRENT LICENSE NUMBER 140170
INSPECTION DATE(S) (Include all dates of the inspection) February 26, 2010		REGIONAL REPRESENTATIVE Jacob Herzog, Patricia Adams
SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE 7/12/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>
		DATE 7/7/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
42b A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.	Resident #2 is prescribed medication Restoril 15mg and Resident #3 is prescribed Lorazepam 0.5mg. Sometime prior to 12/17/09, these medications that had been paid for by Resident #2 and #3 were stolen from the home by Administrator A. This act of exploitation constitutes abuse. Administrator A was arrested at the home on 2/24/10 and is being charged with 3 counts of Theft by Unlawful Taking, 3 counts of Receiving Stolen Property, 1 count of Intentional Possession of a Controlled Substance by Person not Registered, 1 count of Use/Possession of Drug Paraphernalia, 3 counts of Acquiring or Obtaining Possession	2/26/10 3/8/10 7/22/10 7/22/10	Administrator A was removed from the home on 2/24/10 and officially suspended from the home on 2/26/10. Administrator A will not be permitted to have access to the property and premises of the home or access to any of the residents of the home per the Department's prohibition of access order dated 3/8/10. The home will hire an administrator that meets all the qualifications of Chapter 2600.53 and is trained in the requirements of Chapter 2600.64(a). All new staff persons since 4/1/10 have been trained by an outside source on the Older Adult Protective Services Act as a part of their orientation.	Steps have been taken to correct violation, full compliance is not applicable Date 7/12/10 Initials (DPW) <i>[Signature]</i>

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Stapeley in Germantown 6300 Greene Street Philadelphia, PA 19144		CURRENT LICENSE NUMBER 140170
INSPECTION DATE(S) (include all dates of the inspection) February 25, 2010		REGIONAL REPRESENTATIVE Jacob Herzog, Patricia Adams
SIGNATURE OF LEGAL ENTITY <i>K. M. Herbst</i>	DATE 7/12/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>K. M. Herbst</i>
		DATE 7/7/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
42b – continued	of a Controlled Substance, and 1 count of Manufacturing/Delivery/Possession with Intent to Manufacture or Deliver.	7/31/10	All staff persons hired prior to 4/1/10 will be trained in the Older Adult Protective Services Act by an outside source.	

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Stapeley in Germantown 6300 Greene Street Philadelphia, PA 19144		CURRENT LICENSE NUMBER 140170	
INSPECTION DATE(S) (Include all dates of the inspection) February 25, 2010		REGIONAL REPRESENTATIVE Jacob Herzing, Patricia Adams	
SIGNATURE OF LEGAL ENTITY <i>David T. Johnson, NHA</i>	DATE 4/16/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Laura A. Sclafani</i>	DATE 7/28/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
51, 52 51 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults). 52 Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101—10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults) and other applicable regulations.	The home obtained a criminal history background check on Administrator A on 3/25/09. This check reads, "request under review for control," indicating that a required manual process is needed to determine either a "No Record" or "Record" status. The home did not obtain any other documentation from the Pennsylvania State Police indicating that Administrator A was free from a criminal history that would prohibit him from employment under the Older Adult Protective Services Act. Administrator A began work at the home on 4/6/09 and had unsupervised access to the residents.	3-15-2010 4-30-2010	All criminal history checks will be in place as per OAPSA prior to hire. All criminal history checks will read "no record" as per hiring policy of community. HR will confirm all records for compliance prior to hiring and start date for all potential employees. HR Director will be inserviced according to DPW Regs. and Stapeley Policy. All criminal background checks will be verified by Executive Director or designee prior to employment offer. Inservices re governing criminal and OIG checks.	

3/19/10 Administrator A has been terminated.
7/22/10
An audit of current employee files will be completed. Any person who has a prohibited offense as defined by OAPSA will be terminated. Any person whose criminal background check reads, "Request under review for control" will be suspended until a criminal background check is completed.

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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SIGNATURE OF LEGAL ENTITY <i>David T. Johnson, NHA</i>	DATE 4/16/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Laura V. ...</i>	DATE 6/28/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
64a Prior to initial employment as an administrator, a candidate shall successfully complete the following: (1) An orientation program approved and administered by the Department. (3) A Department-approved competency-based training test with a passing score.	Administrator D began serving as the administrator of the home on 2/25/10. Administrator D did not complete the Department's orientation program or take and pass the Department-approved competency-based training test.	3/31/10	Adm. D filled position as per PCA on 2-27-10. Admin D is the Executive Director and a licensed NHA for 35 years. Adm. D resume and license provided to DPW on 3-24-10 via fax (see attached). Former licensed PCA will fill Administrator position until permanent replacement is in place. DPW approval 3-31-10 (license attached). <i>The administrator meets all the requirements of Chapter 2600.640. WHP 4/27/10</i>	7/11/10 <i>UHA</i>

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Stapeley in Germantown 6300 Greene Street Philadelphia, PA 19144		CURRENT LICENSE NUMBER 140170	
INSPECTION DATE(S) (Include all dates of the inspection) February 25, 2010		REGIONAL REPRESENTATIVE Jacob Herzing, Patricia Adams	
SIGNATURE OF LEGAL ENTITY <i>David J. Johnson, NHA</i>	DATE 4/16/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION. <i>Karlaa Sebra</i>	DATE 6/16/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	Resident #4 was discharged from the home on 2/8/10. Three of the resident's medications were in the medication cart on 2/25/10.	3-15-2010	<p>Medications of discharged Residents are to be removed from the medication carts and disposed of according to the Medication Disposition Record. (See attached medication management policy and procedures) by the LPN and PCA.</p> <p>Upon discharge, all unused meds will be removed from the med carts and disposed of per Stapeley policy. (See attached disposition form).</p> <p>A monthly audit of the med carts will be conducted by the PCA/LPN. All disposals will be documented and signed off by two separate individuals per current policy. All LPN's and med techs will be inserviced regarding proper procedure for med disposal. (See attached policy, Medication Management)</p>	

4/16/10 Resident #4's medications were discarded.
4/16/10

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Stapeley in Germantown 6300 Greene Street Philadelphia, PA 19144		CURRENT LICENSE NUMBER 140170	
INSPECTION DATE(S) (Include all dates of the inspection) February 25, 2010		REGIONAL REPRESENTATIVE Jacob Herzing, Patricia Adams	
SIGNATURE OF LEGAL ENTITY <i>David J. Johnson, MHA</i>	DATE 4/16/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Laura A. Elert</i>	DATE 4/29/10

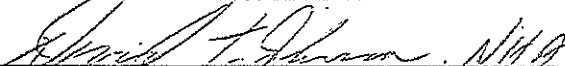

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
184a The original container for prescription medications shall be labeled with a pharmacy label that includes the following: (1) The resident's name. (2) The name of the medication. (3) The date the prescription was issued. (4) The prescribed dosage and instructions for administration. (5) The name and title of the prescriber.	- Resident #6 is prescribed Ativan as needed at 7:00AM and daily at 3:00PM and 9:00PM. The pharmacy label on the medication indicates it should be administered twice a day at 8:00AM and 8:00PM. - Resident #7 is prescribed Ativan 0.5mg three times each day. The pharmacy label on Resident #7's Ativan indicates the medication should be administered three times a day "as needed."	3-30-2010	All meds will be properly labeled. All labels must agree in all aspects with: Resident name, Practitioner name, Name and strength of drug, Quantity, directions, pharmacy name, address and phone #, and expiration date. (See attachment Policy and procedure #4). EPN/PCA will check pharmacy delivery. All meds are to be compared to MAR. Discrepancies reported to the pharmacy immediately by LPN. Inservice all staff regarding process of comparing med labels, physician orders and MARs.	Steps have been taken to correct violation; full compliance is not verifiable <u>7/11/10</u> <i>WAB</i> Date Initials (DPW)

7/12/10

7/31/10

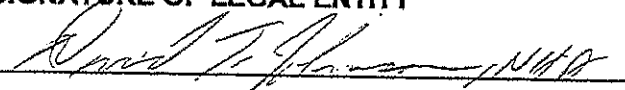

*Resident #6 + #7 have medications with proper labels. Staff will transcribe the medications on to the medication administration record as prescribed by the physician + labeled on the medication.
All Staff will be re-trained on medication administration procedures. WAB 7/27/10*

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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SIGNATURE OF LEGAL ENTITY 	DATE 4/16/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 6/16/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
186c Changes in a medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.	Resident #1 is prescribed Percocet 325mg once daily. On 2/11/10, 2/12/10, and 2/16/10, resident #1 was given 2 doses of Percocet 325mg. The resident's medication administration record (MAR) was altered to reflect that Percocet 325mg could be administered as needed. It is unknown when the MAR was altered and by whom. There is no physician's order for the administration of Percocet 325mg as needed.	4-15-2010	Changes in medication are made in writing by the Resident's physician or in emergency situations can be orally accepted by licensed nurses (RN, LPN) only as per state regulations. Physician written order must be received in 48 hrs. The above information must be written into MAR (RN or LPN only). Direct care staff Med. Management Certification addresses this regulation. CNAs have all been recertified in Med. Management.	


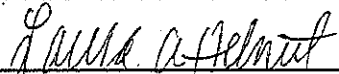
**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Stapeley in Germantown 6300 Greene Street Philadelphia, PA 19144		CURRENT LICENSE NUMBER 140170	
INSPECTION DATE(S) (Include all dates of the inspection) February 25, 2010		REGIONAL REPRESENTATIVE Jacob Herzing, Patricia Adams	
SIGNATURE OF LEGAL ENTITY 	DATE 4/16/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 6/28/10

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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (12) Diagnosis or purpose for the medication, including pro re nata (PRN).	- Resident #6's MAR does not include diagnoses for Ativan or Paregoric. - Resident #7's MAR does not include a diagnosis for Trazodone. - Resident #8's medication administration record (MAR) does not include diagnoses for Risperidone or Calcium Carb.	4-30-2010	Diagnosis codes are required for all meds. Medication records will include diagnosis or purpose of all medications. Physicians will include purpose of diagnosis for every med. order. LPN will check for diagnosis and/or purpose on all orders from Medical Director. Pharmacy will confirm information for all individual meds on MAR to ensure a diagnosis code is included. Upon delivery of new meds, nursing staff will check the med order, package and MAR to ensure medication is present and consistent.	

6/18/10 Residents #6, #7, + #8's MARs have been updated to include a diagnosis for each medication ordered.
VMA 6/28/10

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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SIGNATURE OF LEGAL ENTITY 	DATE 4/16/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 6/28/10

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187b – continued	<p>- Resident #6's MAR does not have staff initials indicating that prescribed medications HCTZ and Aricept were administered on 2/25/10 at 8:00AM or that the prescribed medication Nexium was administered on 2/20/10 and 2/21/10 at 8:00AM. It is unknown if these medications were administered as prescribed.</p> <p>- Resident #7 is prescribed Aricept 10mg daily, Tylenol 325mg three times a day, and Ativan 0.5mg three times a day. The MAR is not initialed by staff indicating that the Aricept was administered on 2/18/10 at 8:00PM, or that the Tylenol and Ativan were administered on 2/19/10 at 1:00PM. It is unknown if these medications were administered as prescribed.</p>	4-30-2010	<p>All MARs to be audited on a weekly basis by LPNs. Pharmacy consultant engaged to review MARs for accuracy.</p> <p>Training: inservices provided ongoing basis as part of 12 hr. training. All meds tech sign and initials placed in MAR. (See Management Policy and Procedure)</p>	

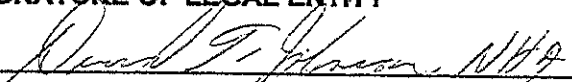
VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Stapeley in Germantown 6300 Greene Street Philadelphia, PA 19144		CURRENT LICENSE NUMBER 140170	
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SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE 4/16/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 6/28/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
187d The home shall follow the directions of the prescriber.	<p>- Resident #5 is prescribed Coumadin 5.5mg daily. The Coumadin was not administered to the resident on 2/20/10 and 2/21/10 because it was not available.</p> <p>- Resident #6 is prescribed Namenda 10mg twice daily at 8:00AM and 8:00PM. The resident did not receive this medication at either time on 2/1/10. The resident did not receive this medication at 8:00AM on 2/2/10 and 2/3/10 because it was not available. According to the resident's medication administration record (MAR), the medication was available and was administered at 8:00PM on 2/2/10.</p>	<p>7/22/10 <i>[Signature]</i> 6/21/10</p> <p>7/1/10</p>	<p>MAR to be reviewed on a weekly basis by nursing supervisor, LPN, to identify med errors/ omissions and determine patterns of errors if one exist.</p> <p>LPN to observe med pass as part of ongoing training.</p> <p>Staff inservicing on the 5 Rights of Med. Administration: Right Meds, Right Route, Right Dose, Right Person, Right time. Ongoing inservice as part of 12 hr. requirement. Violations will result in written counseling, violation patterns will result in terminations. (See Policy & Procedure "Medication Management.")</p> <p><i>All identified medications were ordered & are now available in the home for administration.</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>7/1/10 <i>[Signature]</i> Date Initials (DPW)</p>

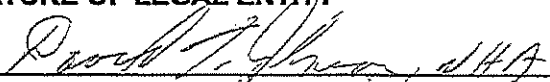
The home has implemented an auditing tool that is completed on each shift to ensure all medications are administered as prescribed. UM 6/21/10

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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INSPECTION DATE(S) (Include all dates of the inspection) February 25, 2010		REGIONAL REPRESENTATIVE Jacob Herzing, Patricia Adams	
SIGNATURE OF LEGAL ENTITY 	DATE 4/16/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE

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187d – continued	<ul style="list-style-type: none"> - Resident #6 is prescribed Advair Diskus 250/50 twice a day at 8:00AM and 5:00PM. This medication was not administered on 2/14/10 at 5:00PM because it was not available. - Resident #6 is prescribed Alendronate 70mg once a week. The medication was not administered on 2/2/10 or 2/9/10 and the MAR indicates that the medication was not administered because it was not available. - Resident #7's prescription for Colace 100mg was changed by the physician on 2/1/10 from 2 capsules in the morning to 1 capsule at bedtime. The medication was not administered. 			

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY 	DATE 4/16/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE


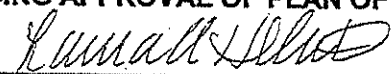
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
187d – continued	at bedtime on 2/2/10, 2/3/10, and 2/4/10. On 2/5/10, 2/6/10, 2/7/10, 2/12/10, 2/13/10, 2/16/10, and 2/18/10 through 2/22/10, 2/23/10, and 2/24/10 the MAR indicates that the medication was not administered at bedtime because it was not available.			

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE 4/16/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 6/28/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW.
188b A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.	The physician for Resident #1 was not notified of the medication errors that occurred on 2/11/10, 2/12/10, and 2/16/10 when the resident was administered twice as much Percocet as prescribed.	4-30-2010.	<p>All medication errors are to be reported to the Resident and Resident's Responsible Party, the Residents attending physician immediately upon discovery by LPN, Med Tech or PCA;</p> <p>Attending physician will be notified immediately upon discovery of a med error. An incident report is to be completed immediately and given to PCA. Written incident report must be filed with DPW within 24 hours of discovery by PCA.</p> <p>Staff will check the MARs (5 Rights of Medication) prior to administration of any meds. Discrepancies between the MAR and prescription will be communicated</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>[Signature]</i> Date Initials (DPW)</p>

VIOLATION REPORT
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SIGNATURE OF LEGAL ENTITY 	DATE 4/16/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 6/28/10

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188b - continued A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.	The physician for Resident #1 was not notified of the medication errors that occurred on 2/11/10, 2/12/10, and 2/16/10 when the resident was administered twice as much Percocet as prescribed.	4-30-2010	to the physician and professional nurse. Ongoing training presented in monthly 12 hr training sessions.	
		7/20/10	The administrator will develop & implement procedures, specific to the home, on how, when, and by who the physician is notified of a medication error. The procedures will include the documentation of notification to the physician.	
		8/1/10	All staff will be trained on the procedures.	
		1/19/10	Resident #1's physician was notified of the identified medication error and it is documented on the resident's chart.	

10-6/28/10

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600


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INSPECTION DATE(S) (Include all dates of the inspection) February 25, 2010		REGIONAL REPRESENTATIVE Jacob Herzing, Patricia Adams	
SIGNATURE OF LEGAL ENTITY <i>Daniel T. Johnson, M.D.</i>	DATE 4/16/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Kenneth H. Schuch</i>	DATE 4/28/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
202 The following procedures are prohibited: (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.	<p>- Resident #4 is prescribed Ativan 0.5mg every six hours as needed for agitation. This medication was administered 25 times between 12/20/09 and 2/4/10. Administering medications to control specific behaviors is a chemical restraint.</p> <p>- Resident #7 is prescribed Ativan 0.5mg, ½ tablet every 12 hours as needed. This medication was administered to the resident on 2/13/10 for "agitation." Administering medications to control specific behaviors is a chemical restraint.</p> <p>- Resident #8 is prescribed Ativan 0.25ml every eight hours as needed for agitation. This</p>	4-30-2010	<p>All attending physicians will be advised of Stapeley "restraint free" policy and reg #202: A PRN medication cannot be used to specifically or exclusively to control aggressive behavior. Medical Director will communicate this regulation to all medical providers.</p> <p>Letter from Medical Director/ PCA to all attending physicians advising them of community restraint policy.</p> <p>Incorporate diagnosis review for all meds into monthly MAR audit. Prior to transmission of med orders to the pharmacy, all orders to be renewed for proper diagnosis.</p>	

7/31/10

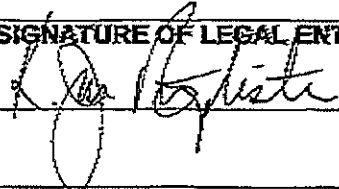
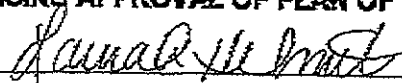
All staff that administer medications will be re-trained by a person that has taken + passed the Department's "Train the Trainer" course. As part of the course, the trainers will emphasize the use of chemical restraints as prohibited. (MAR 6/2/10)

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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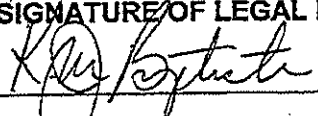
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
202 – continued	medication was administered to the resident 25 times from 2/1/10 through 2/24/10. Administering medications to control specific behaviors is a chemical restraint.			

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Wesley Enhanced Living at Stapely 6300 Greene Street, Philadelphia, PA 19444		CURRENT LICENSE NUMBER 148170	
INSPECTION DATE(S) (Include all dates of the inspection) April 26, 2010, April 27, 2010, April 28, 2010, and April 29, 2010		REGIONAL REPRESENTATIVE Leslie Erhardt and Kimberly Foulkes	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 7/8/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 7/7/10

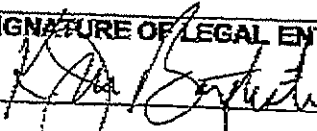
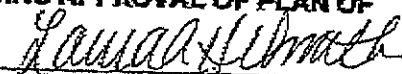
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
22a3, 225a 22a3 The following admission document shall be completed for each resident - Personal care home assessment completed within 15 days after admission on a form specified by the Department. 225a A resident shall have a	Resident #2, who was admitted 10/19/09, does not have an assessment. Repeat Violation – 4/14/09, et al	7/22/10 7/22/10 7/22/10	The home will complete an assessment for resident #2. The records for all current residents will be audited to ensure each resident has an assessment. The Nurse Supervisor will audit the records of all new admissions within 15 days after admission to ensure an assessment has been completed.	

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Wesley Enhanced Living at Stapeley 6300 Greene Street, Philadelphia, PA 19444		CURRENT LICENSE NUMBER 140170
INSPECTION DATE(S) (Include all dates of the inspection) April 26, 2010, April 27, 2010, April 28, 2010, and April 29, 2010	REGIONAL REPRESENTATIVE Leslie Erhardt and Kimberli Foulkes	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)		
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 6/4/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION
DATE		

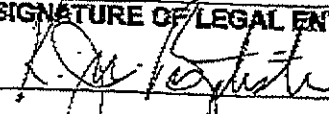

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.	<i>see page 1</i>			

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Wesley Enhanced Living at Stapeley 6300 Greene Street, Philadelphia, PA 19444		CURRENT LICENSE NUMBER 140170
INSPECTION DATE(S) (include all dates of the inspection) April 26, 2010, April 27, 2010, April 28, 2010, and April 29, 2010		REGIONAL REPRESENTATIVE Laslie Eckardt and Kimberli Foulkes
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)		
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 7/3/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 
		DATE 7/2/10

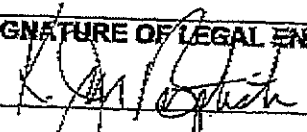
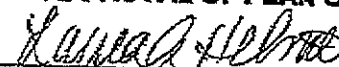
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
22a5, 25a	-Resident #2 was admitted to the home on 10/19/2009. The resident does not have a resident-home contract.	7/22/10	The home will put a contract in place with resident #2.	
22a5 The following admission document shall be completed for each resident - Resident-home contract completed prior to admission or within 24 hours after admission.	-Resident #3 was admitted to the home on 2/10/2009. The contract was not signed by the resident's power of attorney or by the home's designee until 2/28/2009. There was no documentation to support that the home made attempts to get the contract signed prior to admission or 24 hours after admission.	7/22/10	The records for all current residents will be audited to ensure each resident has a contract.	
25a Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.	Repeat Violation – 4/14/09, et al	7/22/10	The Marketing Director will audit the records of all new admissions 24 hours after admission to ensure each resident has a contract in place that has been signed by the administrator or designee, resident, the payer (if different from the resident), and the resident's designated person (if the resident agrees).	

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Wesley Enhanced Living at Stapeley 6300 Greene Street, Philadelphia, PA 19444		CURRENT LICENSE NUMBER 140170	
INSPECTION DATE(S) (Include all dates of the inspection) April 26, 2010, April 27, 2010, April 28, 2010, and April 29, 2010		REGIONAL REPRESENTATIVE Leslie Erhardt and Kimberli Foulkes	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 7/8/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 7/7/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
25b The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.	<p>-Resident #4's contract dated 7/1/2009 was not signed by the resident or the administrator or designee. The resident had not been legally deemed incompetent.</p> <p>-Resident #5's contract dated 6/1/2009 does not include the signature of the administrator or designee.</p>	<p>6/3/10</p> <p>6/3/10</p> <p>7/22/10</p> <p>7/22/10</p>	<p>Resident #4 signed the contract on 6/3/10.</p> <p>Resident #5 was signed by the administrator's designee on 6/3/10.</p> <p>The records for all current residents will be audited to ensure each resident's contract has been signed by the required parties.</p> <p>The Marketing Director will audit the records of all new admissions 24 hours after admission to ensure each resident has a contract in place that has been signed by the administrator or designee, resident, the payer (if different from the resident), and the resident's designated person (if the resident agrees).</p>	

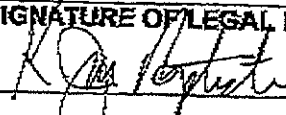
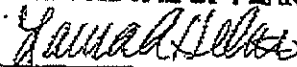
**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Weesley Enhanced Living at Stapeley 6300 Cresne Street, Philadelphia, PA 19444		CURRENT LICENSE NUMBER 140170	
INSPECTION DATE(S) (include all dates of the inspection) April 26, 2010, April 27, 2010, April 28, 2010, and April 29, 2010		REGIONAL REPRESENTATIVE Leslie Erhardt and Kimberl Foulkes	
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1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
41e A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in 41d, or documentation of efforts made to obtain signature, shall be kept in the resident's record.	Resident #2, who was admitted to the home on 10/19/2009, does not have a signed statement acknowledging the resident rights.	6/2/10 6/8/10 9/1/10	Resident #2 has signed a statement acknowledging the receipt of a copy of the resident rights. An audit was conducted of all current resident's records to ensure each resident has a statement signed by the resident and the resident's designated person (if applicable) acknowledging receipt of a copy of the resident rights and complaint procedures. A statement acknowledging the receipt of the resident rights and complaint procedures will be added to the contract. The Marketing Director will audit the records of all new admissions 24 hours	<div style="text-align: center;"> <p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>7/11/10 LME</p> <p>Date Initials (DPW)</p> </div>


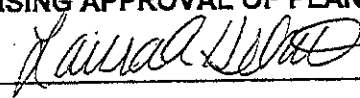
VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa. Code Chapter 2600

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NAME AND ADDRESS OF PERSONAL CARE HOME Wesley Enhanced Living at Stapoley 6300 Greene Street, Philadelphia, PA 19444		CURRENT LICENSE NUMBER 140170		
INSPECTION DATE(S) (Include all dates of the inspection) April 26, 2010, April 27, 2010, April 28, 2010, and April 29, 2010		REGIONAL REPRESENTATIVE Leslie Erhardt and Kimberti Foulkes		
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41e A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in 41d, or documentation of efforts made to obtain signature, shall be kept in the resident's record.	Resident #2, who was admitted to the home on 10/19/2009, does not have a signed statement acknowledging the resident rights.		after admission to ensure each resident has a contract in place that has been signed by the administrator or designee, resident, the payer (if different from the resident), and the resident's designated person (if the resident agrees).	

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Wesley Enhanced Living at Stapeley 6300 Greene Street, Philadelphia, PA 19444		CURRENT LICENSE NUMBER 140170		
INSPECTION DATE(S) (Include all dates of the inspection) April 26, 2010, April 27, 2010, April 28, 2010, and April 29, 2010		REGIONAL REPRESENTATIVE Leslie Erhardt and Kimberli Foulkes		
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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 		DATE 6/4/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 6/16/10

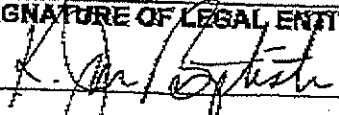
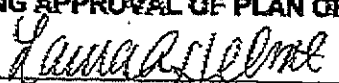
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
51; 52 51 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa. Code Chapter 15 (protective services for older adults). 52 Hiring, retention and utilization of staff persons shall be in accordance with	The home utilizes Pro Care, a nursing care agency, to provide direct care services to the residents. The home does not have criminal background checks on the staff that provide these services.	6/11/10	51 The community will obtain criminal background checks from nurses care agency for direct care t in accordance with 55 PA § 2600 51, 52. To prevent reoccurrence of violation the nurse supervisor will be responsible at time of booking agency nurse to obtain criminal back ground check for nurse that is scheduled. Monitored by the PC administrator	

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Wesley Enhanced Living at Stapeley 6300 Greene Street, Philadelphia, PA 19444		CURRENT LICENSE NUMBER 140170	
INSPECTION DATE(S) (Include all dates of the inspection) April 26, 2010, April 27, 2010, April 28, 2010, and April 29, 2010		REGIONAL REPRESENTATIVE Leslie Erhardt and Kimberli Foulkes	
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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>K. J. Baptiste</i>		DATE 6/4/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION
			DATE

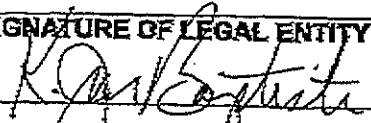
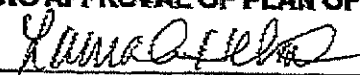
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the Older Adult Protective Services Act (35 P.S. §§ Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101—10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults) and other applicable regulations	<i>See page 6</i>			

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Wesley Enhanced Living at Stapeley 6300 Gesna Street, Philadelphia, PA 19144		CURRENT LICENSE NUMBER 140170	
INSPECTION DATE(S) (include all dates of the inspection) April 26, 2010, April 27, 2010, April 28, 2010, and April 29, 2010		REGIONAL REPRESENTATIVE Leslie Erhardt and Kimberli Foulkes	
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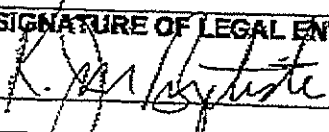
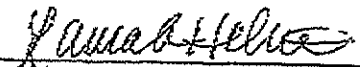
1 REGULATION 55 Pa.Code § 2606.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
65a Prior to or during the first work day, all direct care staff persons including auxiliary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following: (1) Evacuation procedures. (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if	It is the home's procedures to have each staff person sign an orientation sheet documenting that they have received the required training prior to or on the first work day. Direct Care Staff Person A, who was hired 6/29/2009, had an orientation sheet in the employee file but did not sign the form showing that the employee did receive the required first day of training. Repeat Violation – 4/14/09, et al	7/22/10 7/22/10 7/22/10	Direct Care Staff Person A will receive the training required by Chapter 2600.65a. Documentation that the training was completed, including the staff person's signature acknowledging the training, will be kept. The records of all current staff persons will be reviewed to ensure each staff person has received the required training and documentation has been completed. Each newly hired staff person will receive training in Chapter 2600.65a prior to or on their first day of work. The training will be specific to the home. The administrator will review each staff person's record on	

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Wesley Enhanced Living at Stapeley 6308 Greene Street, Philadelphia, PA 19444		CURRENT LICENSE NUMBER 140170	
INSPECTION DATE(S) (include all dates of the inspection) April 26, 2010, April 27, 2010, April 28, 2010, and April 29, 2010		REGIONAL REPRESENTATIVE Leslie Erhardt and Kimberli Foulkes	
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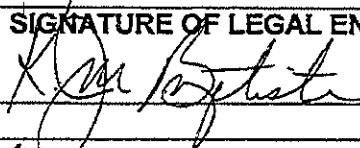
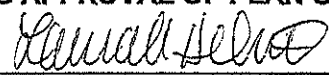
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
applicable. (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire. (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable. (5) The location and use of fire extinguishers. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.			their first day of work to ensure the training has been completed and documented properly.	

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Westley Enhanced Living at Stapaley 6300 Greene Street, Philadelphia, PA 19144		CURRENT LICENSE NUMBER 140178
INSPECTION DATE(S) (include all dates of the inspection) April 26, 2010, April 27, 2010, April 28, 2010, and April 29, 2010	REGIONAL REPRESENTATIVE Leslie Erhardt and Kimberli Foulkes	
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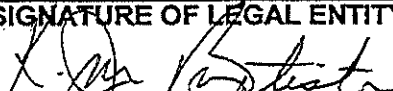

1 REGULATION 55 Pa.Codes § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY OPW
65b Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following: (1) Resident rights. (2) Emergency medical plan. (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act. (4) Reporting of reportable incidents and conditions.	Direct Care Staff Person A, who was hired on 6/29/2009, did not receive the required orientation within the first 40 scheduled working hours. Repeat Violation – 4/14/09, et al	7/22/10 7/22/10 7/22/10	Direct Care Staff Person A will receive the training required by Chapter 2600.65b. Documentation of the training will be kept. The records of all current staff persons will be reviewed to ensure each staff person has received the required training and documentation has been completed. Each newly hired staff person will receive training in Chapter 2600.65b. Newly hired staff will receive this training prior to or on their first day of work. The training will be specific to the home. The administrator will review each staff person's record on their first day of work to ensure the training has been completed and documented properly.	

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Wesley Enhanced Living at Stapeley 6300 Greene Street, Philadelphia, PA 19444		CURRENT LICENSE NUMBER 140170	
INSPECTION DATE(S) (Include all dates of the inspection) April 26, 2010, April 27, 2010, April 28, 2010, and April 29, 2010		REGIONAL REPRESENTATIVE Leslie Erhardt and Kimberli Foulkes	
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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 		DATE 6/4/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 
			DATE 6/16/10

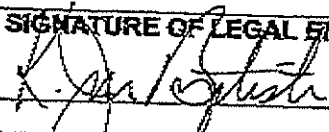

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
81b Wheelchairs, walkers, prosthetic devices and other apparatus used by residents shall be clean, in good repair and free of hazards.	Residents #1, #6 and #7 have a bed enabler without a cover. Each enabler has approximately a six inch opening in width and is approximately one foot in length. There is approximately a three inch opening at the top of the enabler also. The openings of the enabler posses a potential risk of resident to get their limbs caught in the openings of the enabler.	4/30/10	81b Residents who have bed enablers will be covered to prevent the risk of residents limbs getting their limbs caught in the opening of the enabler. Residents #1, #6 and #7 bed enablers have been covered. To prevent reoccurrence of violation a list of resident who have bed enablers will be kept by nurse supervisor to assure compliance. Monitored by the PC administrator	

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Wesley Enhanced Living at Stapeley 6300 Greene Street, Philadelphia, PA 19444		CURRENT LICENSE NUMBER 140170		
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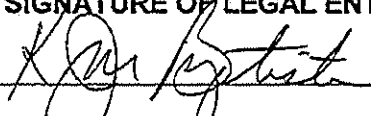
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
82a Poisonous materials shall be stored in their original, labeled containers	On 4/26/2010, a bottle of Glade fabric and air odor eliminator was observed in the cabinet under the sink in the kitchen of the secure dementia unit. The bottle had tape over the original label with "glass cleaner" written on it.	6/2/10	82a The bottle of Glade fabric and air odor eliminator was removed from cabinet in dementia unit. The bottle had tape over original label to prevent reoccurrence of the violation housekeeping supervisor in-serviced staff on proper labeling of poisonous materials and storage. PC Aides will make rounds at least once a week to assure compliance (see attachment " 3 "). Monitored by the PC administrator	

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Wesley Enhanced Living at Staples 6300 Greene Street, Philadelphia, PA 19144		CURRENT LICENSE NUMBER 140176	
INSPECTION DATE(S) (Include all dates of the inspection) April 26, 2010, April 27, 2010, April 28, 2010, and April 29, 2010		REGIONAL REPRESENTATIVE Leslie Erhardt and Kimberli Foulkes	
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1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DFW
82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	-A 10oz can of Lysol Neutra Air sanitizing spray with a label on it stating, "Hazards to Humans and Domestic Animals" and a 9oz can of Glade powder freshener with labels reading, if swallowed, "Call a poison control center or doctor for treatment advice." Both cans were found in the bathroom of resident room #321 located on the secure dementia unit. The resident has not been assessed to ensure capability to safely handle poisons. -The following items were found unlocked in the cabinet under the sink in the secure dementia unit.	6/2/10 6/2/10 7/1/10 7/22/10	The identified items were placed in a locked area. Staff have been in-serviced on the proper storage of poisonous materials. All resident bedrooms in the secured dementia unit will have an area that can be locked and only accessed by staff. Poisonous materials that belong to the resident will be stored in their areas and accessed with staff assistance. The administrator or designee will check all areas in the home at least once a week to ensure staff persons are following procedures and keeping poisonous materials locked.	

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**



NAME AND ADDRESS OF PERSONAL CARE HOME Wesley Enhanced Living at Stapeley 6300 Greene Street, Philadelphia, PA 19444			CURRENT LICENSE NUMBER 140170		
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1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW	
	<ul style="list-style-type: none"> 1 bottle of Lysol 4 in 1 all purpose cleaner, with a label on it stating, "Call a poison control center or doctor for treatment advice." 1 box filled with 1 ½ oz packets of Finish heavy duty machine dishwasher detergent, with a label on it stating, "Harmful if swallowed, contact with skin or eyes can cause severe burns. Harmful if swallowed; call a poison control center or physician immediately." 		Reprimed See page 13 Reprimed		



VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Wesley Enhanced Living at Stapeley 6300 Greens Street, Philadelphia, PA 19444		CURRENT LICENSE NUMBER 140170	
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			DATE 7/7/10

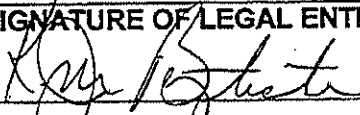

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
85a Sanitary conditions shall be maintained	On 4/26/2010, a strong urine odor was observed in resident room #110b. The toilet had flooded the bathroom area several days prior.	6/3/10 6/21/10	The bathroom and carpets in room #110b were thoroughly cleaned. The home has implemented a form called "Environmental Rounds" that all staff have been instructed to utilize during their daily rounds. If any room is found to have unsanitary conditions, it will be cleaned immediately. If any room is found to have equipment that is not in proper working condition, the staff will submit a work order to the Maintenance Department.	Steps have been taken to correct violation; full compliance is not verifiable <i>[Signature]</i> Date Initials (DPW)

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Wesley Enhanced Living at Stapeley 6300 Greene Street, Philadelphia, PA 19444		CURRENT LICENSE NUMBER 140170	
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			DATE 6/16/10


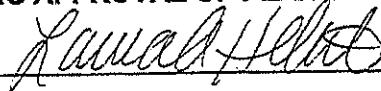
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
85d Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents	On 4/26/2010, a large grey trash without a cover was observed in the dishwashing area of the main kitchen.	6/16/10 	85d Trash-can in dishwashing area of main kitchen is covered. To prevent reoccurrence of the violation staff will be in-serviced keeping trash can covered. Dietary manager will check trash -cans daily to assure compliance. (See Attachment 4) Monitor by Dietary Manager and PC Administrator	Steps have been taken to correct violation; full compliance is not verifiable 7/11/10 Date Initials (DPW) 

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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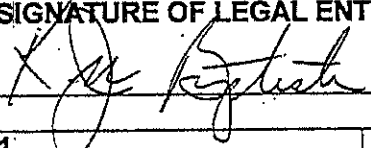

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88a Floors, walls, ceilings, windows, doors and other surfaces shall be clean, in good repair and free of hazards	-The blue carpeting at the top of the stair case, which leads to the secure dementia unit, has a tear which is approximately 1 foot in length causing a tripping hazard. -A ceiling tile located outside of resident room #207 had approximately a 6 inch brown stain on the tile due to a water leak. -The carpet located outside of the bathroom in resident room #113 had four, brown soil stains. Two stains were approximately 2 inch spots and the other two	6/3/10 6/30/10 6/4/10	88 The following issues have been addressed: <ul style="list-style-type: none"> The blue carpeting at the top of the stair case, which leads to the dementia unit has been repaired The ceiling tile located outside of resident room will be replaced by 6/30/10 The carpet has been cleaned in room #113 	Steps have been taken to correct violation; full compliance is not verifiable 7/11/10 Date Initials (DPW)

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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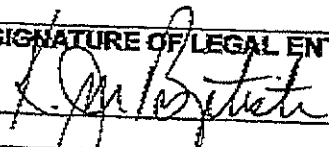
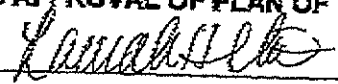
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	<p>stains were approximately 1 inch spots.</p> <p>-The carpet located in the doorway of resident room #110b had a 6 inch tear in the carpet causing a tripping hazard.</p> <p>-The right side exit door located on the 4th floor that leads to the patio area has a 2½ foot splintered wood area that goes across the bottom of the door.</p> <p>-A white piece of wood, approximately 2 ½ feet long, was nailed to the back of the exit door</p>	<p>6/16/10 <small>WSP 6/16/10</small></p> <p>6/30/10 <small>WSP 6/30/10</small></p> <p>6/15/10 <small>WSP 6/15/10</small></p>	<ul style="list-style-type: none"> • The carpet has been repaired in room 110b • The exit door on the 4th floor will be repaired by June 30, 2010 • 12x12 ceiling tile located in main kitchen will be replace by 6/15/10 <p>To provide a safe and clean living area for residents' daily rounds will be conducted by PC Administrator. To prevent reoccurrence of the violation PC staff and housekeeping staff in-serviced on using work order to report any safety ,maintenance , or housekeeping issues. (see attachment " 5") Monitored by the PC administrator</p>	

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600


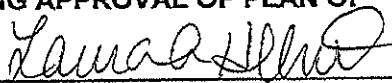
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	that leads to the patio. The piece of wood was coming apart from the door, leaving two exposed sharp nails. Due to the wood not being completely attached, the door is not able to be completely opened. -A 12x12 ceiling tile located above the coffee machine in the main kitchen was completely covered by a light brown stain.	7/22/10	see page 11 The door that leads to the patio will be repaired such that it is not hazardous to residents and is able to be fully opened. MEF 7/7/11	

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600


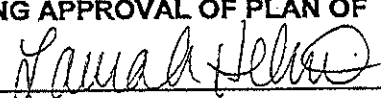
NAME AND ADDRESS OF PERSONAL CARE HOME Wesley Enhanced Living at Stapely 6300 Greens Street, Philadelphia, PA 19144		CURRENT LICENSE NUMBER 140170		
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1 REGULATION 55 Pa.Code § 2608.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
91 Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control center, municipal emergency management agency and personal care home complaint hotline shall be posted on or by each telephone with an outside line	The required telephone numbers were not posted on or nearby the telephone in resident room #408.	4/30/10 6/17/10 6/17/10	The numbers have been posted on or near the phone in room #408. An audit of all telephones has been conducted. Stickers with the required telephone numbers were added to all telephones. In addition, the required numbers have been attached to each phone on a laminated card to ensure that the numbers remain in place over time. Staff will monitor the telephones upon entry into a resident's room to ensure the telephone numbers are in place.	

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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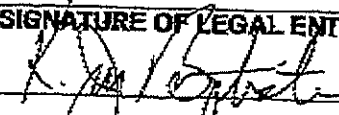

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93a Each ramp, interior stairway and outside steps shall have a well-secured handrail.	<p>-The exit door near resident room #104 has a 4 inch step leading up to the exit door. This step does not have a handrail.</p> <p>-The exit door from the smoking area into the fire tower has a 4 inch step that does not have a handrail.</p>	6/4/10	<p>93a</p> <ul style="list-style-type: none"> • The exit door near resident room # 104 has a 4 inch step leading up to the exit door a handrails has been installed June 4, 2010 • The exit door from the smoking area into the fire tower has a 4 inch step leading up to the exit door handrails has been installed June 4, 2010 <p>To prevent reoccurrence of the violation maintenance director checked all other areas in and outside the building and we comply with regulation 55 PA § 2600 93a</p> <p>Monitored by Director of Environmental services and PC administrator</p>	

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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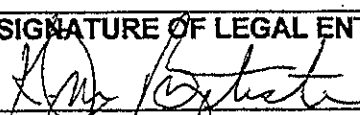
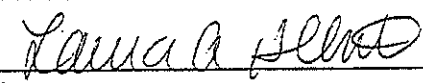
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95 Furniture and equipment shall be in good repair, clean and free of hazards.	-The lamp which is on a stand located to the right of the sofa in resident room #405 was missing a lampshade, which exposed the light bulb. -The lamp sitting on the window sill at the end of the 2 nd floor hallway had a light bulb hanging over the shade, posing a fire hazard.	4/29/10 4/29/10	95 The following issues have been addressed: <ul style="list-style-type: none"> Room # 405 lamp has been removed with permission of resident 2nd floor lamp sitting on window sill has been removed <p>To provide a safe living area for residents' at least monthly rounds will be conducted by Director of Environmental Service and PC Administrator. To prevent reoccurrence of the violation PC staff and housekeeping staff in-serviced on using work order to report any safety, maintenance, or housekeeping issues. Monitored by the PC administrator</p>	

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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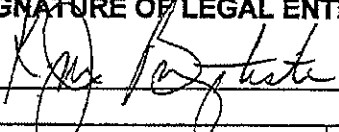
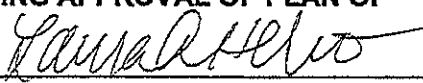
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96c The first aid kit shall be in a location that is easily accessible to staff persons.	The first aid kit is screwed fast to the wall in the nurses' station and is therefore not easily transportable in the event of an emergency.	6/18/10 6/18/10	The first aid kit has been moved to a container that is transportable. A memo was issued to all staff persons informing them of the new location of the first aid kit.	

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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101j7 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside	-The bedside lamp in resident room #406 was not operable. -The lamp in resident room #304 of the secure dementia unit was located on top of a tall dresser next to the resident's bed, and was not accessible to the resident from the bedside.	9/30/10 2/4/10	101j7 Room #406 lamp was not operable was removed Room #304 small table was placed by for lamp near bed. To prevent violation from reoccurrence of the violation resident apartment will be checked residents' at least monthly rounds will be conducted by Director of Environmental Service and PC Administrator to ensure proper placement of furniture and lamps. Monitor by Administrator.	



**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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103e 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.	-On 4/26/2010, the following items were found unlabeled in the kitchen cabinet located in the kitchen in the secure dementia unit: <ul style="list-style-type: none"> • 1 styrofoam cup with some type of seasonings. • 1 styrofoam cup filled with a white powdery substance. • 1 plastic coffee cup covered in plastic wrap, filled with an unknown brown liquid. • 1 small styrofoam cup filled with unknown spices 	4/30/10	103e The following items were discarded: <ul style="list-style-type: none"> • 1 Styrofoam cup with some type of seasonings • 1 Styrofoam cup filled with a white powdery substance • 1 plastic coffee cup covered in plastic wrap filled with unknown brown liquid • 1 small Styrofoam cup filled with unknown spices <p>To prevent violation from reoccurrence of the violation all food shall be labeled and dated. Staff has been in-serviced. PC aides will check dementia secure unit kitchen at least once a week to assure compliance. Monitored by the PC administrator</p>	<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> Steps have been taken to correct violation; full compliance is not verifiable 7/1/10 Date Initials (DPW) WFE </div>

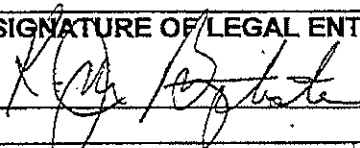

7/22/10
~~the instructions that~~
All food items needed in the personal care unit will be provided by dietary staff in labeled + dated containers. WFE 7/2/10


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103f Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers shall be required in refrigerators and freezers.	The refrigerator and freezer located in the kitchen of the secure dementia unit did not have thermometers.	6/16/10 WAF 6/16/10	103f The refrigerator and freezer located in the kitchen of secure dementia have thermometers. To prevent violation reoccurrence of the violation refrigerator and freezer will be check weekly by PC aide. (See Attachment 6) Monitored by the PC administrator	Steps have been taken to correct violation; full compliance is not verifiable 7/11/10 WAF Date Initials (DPW)

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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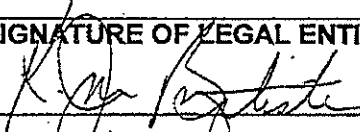
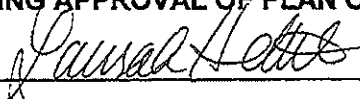
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103i Outdated or spoiled food or dented cans may not be used.	<p>-A 68 oz dented can of pieces and stems mushrooms was located with the home's current food supply and not placed on the dented can shelf.</p> <p>-The following items were found unlabeled in the freezer of the home's main kitchen; therefore it was unable to be determined if the items were outdated:</p> <ul style="list-style-type: none"> • 1-pound cake loaf • 1 package of pancakes • 1 bag of battered fish • 2 packages of provolone cheese 	<p>7/7/10</p> <p></p>	<p>103i</p> <p>The following issue has been addressed:</p> <ul style="list-style-type: none"> • A 68oz dented can of pieces and stem mushroom were removed from current communities food supply to the dented can shelf. <p>The following items were found unlabeled in the freezer in the main kitchen and were discarded</p> <ul style="list-style-type: none"> • 1-pound cake loaf • 1 package of pancakes • 1 bag of battered fish • 2 packages of provolone cheese 	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date <u>7/11/10</u> Initials (DPW) <u>LE</u></p>

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Wesley Enhanced Living at Stapeley 6300 Greene Street, Philadelphia, PA 19444	CURRENT LICENSE NUMBER 140170
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INSPECTION DATE(S) (Include all dates of the inspection) April 26, 2010, April 27, 2010, April 28, 2010, and April 29, 2010	REGIONAL REPRESENTATIVE Leslie Erhardt and Kimberli Foulkes
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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 6/4/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 7/7/10
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	<ul style="list-style-type: none"> 1 bag of french fries. 1 plastic sleeve of whipped cream <p>-Two 15oz cans of Luigi Giovanni Italian style spaghetti sauce with an expiration date of 5/17/2009 were found in the cabinet located in the kitchen of the secure dementia unit.</p>	<p>7/12/10</p> <p>7/12/10</p>	<ul style="list-style-type: none"> 1 bag of French fries 1 plastic sleeve of whipped cream <p>To prevent reoccurrence of the violation dietary staff in serviced. (See Attachment 4) Monitor by dietary manager</p> <p><i>The spaghetti sauce will be discarded.</i></p> <p><i>The dietary manager will inspect the food storage areas each day that he/she is present at the home to to maintain compliance with Chapter 2600.103i.</i></p>	

7/7/10

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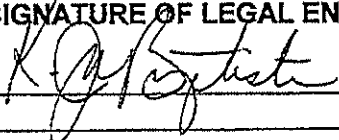

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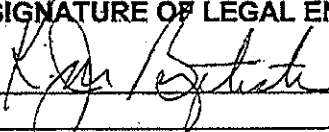
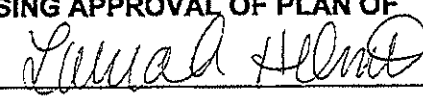
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105g To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use	On 4/26/2010, the dryer located in the laundry room of the secure dementia unit had approximately 1/8 inch thick of lint in the dryer vent.	6/16/10 URT 6/16/10	105g-1 The lint trap for the dryer located in the laundry room of the secure dementia unit was cleaned. To prevent reoccurrence of the violation staff will clean lint trap and drum of dryer after each use. Staff will date and sign form after cleaning. Staff has been in-serviced (See Attachment 8) Monitored by the PC administrator	Steps have been taken to correct violation; full compliance is not verifiable Date <u>7/1/10</u> URT Initials (DPW)

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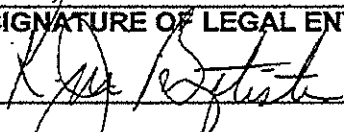
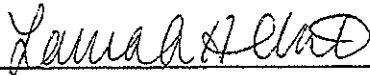
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109b Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept	Resident #8 has a cat. The home does not have documentation of the cat's vaccinations.	6/7/10	109b Resident #8 has made an appointment with Mt. Airy Animal Hospital to see a veterinarian on June 7, 2010 to obtain current certificates of rabies vaccination for her cat. To prevent reoccurrence of the violation PC Care Administrator will Keep tickle file for pets' information. Monitored by the PC administrator	

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121a Stairways, hallways, doorways, passageways and egress routes from rooms and from the building shall be unlocked and unobstructed.	On 4/26/2010, a gas grill was observed in the middle of the sidewalk that is located off of the dining room area, blocking the passageway that is utilized by staff and residents as a means of egress in the event of an emergency.	4/26/10	121a Gas grill has been moved from sidewalk to grass area. To prevent reoccurrence of the violation dietary was made aware that the gas grill can not block egress in the event of an emergency. Monitored by the Dietary Manager	

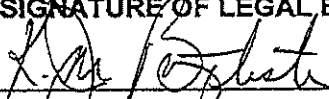
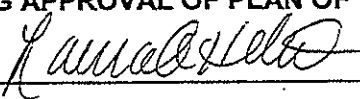
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132c. A written fire drill record shall include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative	The fire drills records for drills conducted on 7/31/2009, 8/29/2009, 9/30/2009, 10/23/2009, 11/23/2009, 12/30/2009 and 1/25/2010 did not include the number of residents evacuated or the exit routes used.	5/1/10	132c Unannounced fire drills will be conducted monthly and recorded on the DPW SSPA code 2600.132c form. The fire drill log will included the number of residents evacuated and the exit routes used . To prevent reoccurrence of the violation every month a copy of the completed fire drills and form will be handed to the personal care administrator to ensure that the form is being filled out properly. At the Quarterly Quality Management Plan meeting Fire drill procedure will be reviewed for compliance.	

Monitored by the PC administrator


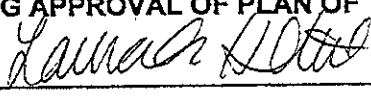
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141a The medical evaluation shall include the following: (6) Immunization history.	Resident #6's medical evaluation dated 12/7/2009 does not include an immunization history.	7/7/10 VFA 7/7/10	141a The medical evaluation 12/7/09 has been sent to physician to obtain the immunizations recorded for resident # 6 document. To prevent reoccurrence of the violation all medical evaluation will be reviewed by nurse and if the medical evaluation is not completely filled out, it will be faxed back to physician (or PA or CRNP) to be 100% complete. Monitor by Nurse Supervisor	


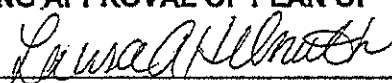
The records of all current residents will be reviewed to ensure the required information is present on each resident's medical evaluation.
VFA
7/7/10

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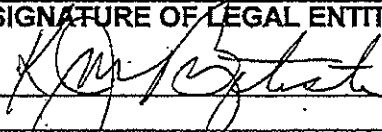
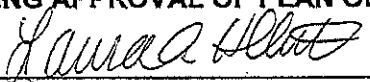
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141b A resident shall have a medical evaluation at least annually.	Resident #3's last medical evaluation was completed 2/14/2009.	6/30/10	141b Going forward resident # 3 will have a medical evaluation completed by the physician by June 30, 2010 To prevent reoccurrence of the violation System will put in place to track and audit medical evaluation to meet the in accordance with 55 PA § 2600 141b to assure compliance. (See Attachment 1) Monitor by Nurse Supervisor and PC administrator	

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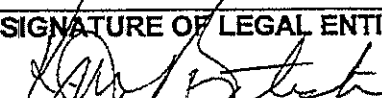

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
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144c. If smoking is permitted, the designated smoking room or area outside the home shall have fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, fire resistant furniture and fire extinguishers	The wooden love seat and two chairs located in the smoking area on the second floor have tags attached to their cloth seats that state: "This article does not meet all flammability requirements of California Bureau of Home Furnishings, technical bulletin in 117. Care should be exercised near open flame or with burning cigarettes." A burn mark that is the size of a cigarette head was observed on the cushion of the love seat.	6/2/10	144c The cloths seats have been removed from the wooden love seat and two chairs located in the enclosed porch. The area is no longer a smoking area. Monitored by the PC administrator	

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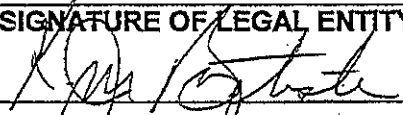
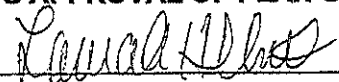

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144c The location of a smoking room or outside smoking area shall be a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.	The smoking area of the home is a partially enclosed porch area off of the second floor. It is located in the immediate area to the egress of the fire tower and walkway back into the second floor.	6/2/10	144c The enclosed porch area is no longer a smoking area. At this time we do not have any resident that smoke. Resident friends and family may use the Stapeley West entrance smoking area. Monitored by the PC administrator <i>The Stapeley West entrance Smoking area is not located near common walkways or exits. 6/10/10</i>		

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183b Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room	Resident #9 is unable to self-administer medications. The following medications were found unlocked in the resident's room: <ul style="list-style-type: none"> • 3 bottles of Mylanta • 1 bottle of Pepto Bismol • 1 bottle of Miralax Polyethylene Glycol 3350 powder solution laxative • 1 bottle of Pepcid Complete chewable tablets 	4/30/10 6/30/10	183b #9 Residents is is unable to self administer medication. The medications were removed were removed with permission of resident and destroyed in safe manner. To prevent violation from reoccurrence pc administrator /designee will monitor rooms of resident who can not self administrator medication weekly. At the resident council meeting on June 30, 2010 PC administer will review with resident regulation 55 PA § 2600 183b Monitored by PC Administrator and Nurse Supervisor 183f 	

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183f Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.	A bottle of Pepcid Complete chewable tablets in resident #9's room had an expiration date of 5/2008.	6/4/10	183f Resident # 9 had expired bottle of pepcid complete chewable tablets were removed with permission of resident and destroyed in safe manner. To prevent violation from reoccurrence pc administrator /designee will monitor rooms of resident for medication that is expired medication weekly. Monitored by PC Administrator and Nurse Supervisor.  6/14/10		

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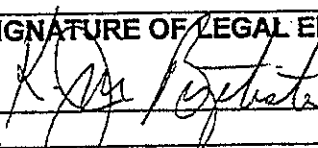
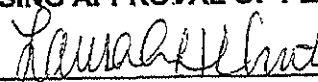
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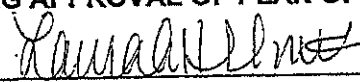
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184a The original container for prescription medications shall be labeled with a pharmacy label that includes the following: (1) The resident's name. (2) The name of the medication. (3) The date the prescription was issued. (4) The prescribed dosage and instructions for administration. (5) The name and title of the prescriber	-Resident #3 is to receive Simvastatin 10mg tablet medication, 1 tablet at bedtime. The pharmacy label on the bottle originally read 20mg. The "20mg" on the pharmacy label was altered by an unknown source to read "10mg." -Resident #3 is to receive Dorzol/Timolol Opth. Solution 0.5%, 1 drop in both eyes at bedtime. An unlabeled bottle of this solution was found in the medication cart. -Resident #9 has an order to	4/30/10 4/30/10 4/30/10	All prescribed medication shall have pharmacy label in accordance with regulation 55 PA § 2600 184a. <ul style="list-style-type: none"> Resident #3 medication was reorder that follows the prescriber's dosage instructions. The medication that the label was altered was discarded. Resident #3 medication was reorder that follows the prescriber's dosage instructions. The medication that did not have label was discarded Resident #9 medication was reorder that follows the prescriber's dosage instructions. The medication that the label was altered was discarded. 	Steps have been taken to correct violation; full compliance is not verifiable 7/11/10 <i>AB</i> Date Initials (DPW)	

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	receive Furosemide 40mg tablet medication one time daily by mouth. The dosage amount on the label on the medication bottle has 40mg crossed out and "20mg" written over top. In addition, the label on the resident's Allopurinol 100mg tablet medication had the dosage amount crossed over with "1/2 tablet" written over top of it.	6/16/10 <small>HEE 6/16/10</small>	To prevent reoccurrence of violation staff has been in-service in to make sure that original labels on all medication. An audit will be done on medications at least monthly by Nurse and PC Med. Tech to assure compliance. (see attachment 10, 11, 12). Monitored by the PC administrator and Nurse Supervisor Monitored by the administrator	

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600


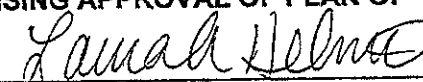
NAME AND ADDRESS OF PERSONAL CARE HOME Wesley Enhanced Living at Stapeley 6300 Greene Street, Philadelphia, PA 19444		CURRENT LICENSE NUMBER 140170	
INSPECTION DATE(S) (Include all dates of the inspection) April 26, 2010, April 27, 2010, April 28, 2010, and April 29, 2010		REGIONAL REPRESENTATIVE Leslie Erhardt and Kimberli Foulkes	
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1 REGULATION § 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
187a A medication record shall be kept to include the following for each resident for whom medications are administered: (7) Route of administration. (12) Diagnosis or purpose for the medication, including pro re nata (PRN).	Resident #9's medication administration record for April of 2010 did not include diagnoses for Senna S and Niacaicin nasal spray 200/ACT. The medication administration record also did not include in which nostril the Niacaicin nasal spray should be administered.	6/16/10 <small>PRN 6/16/10</small>	187a All prescribed medication will include a diagnosis or use of medication and route of administration. <ul style="list-style-type: none"> Resident #9 medication has diagnosis and route of medication clarified by Physician. To prevent violation from reoccurrence we have put in systems for Physician Orders and MAR will be audited at least monthly.	

To assure compliance, staff serviced (see attachment⁽¹⁾) have been in- serviced.

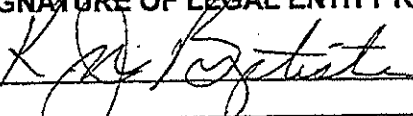
PC administrator and Nurse Supervisor

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Wesley Enhanced Living at Stapeley 6300 Greene Street, Philadelphia, PA 19444		CURRENT LICENSE NUMBER 140170	
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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 6/4/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 6/14/10


1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	-Resident #3's medication administration record (MAR) did not include staff initials to indicate that prescribed medications were administered to the resident on the following dates and times: <ul style="list-style-type: none"> • 8:00am dose of Asprin CHW 81mg and Amlodipine 5mg on 4/5/2010. • 5:00pm dose of Brimonidine 0.15% eye solution on 4/3/10, 4/5/10, and 4/6/10. • 8:00pm dose of Simvastatin on 4/1/2010 and 4/2/2010. • 8:00am dose of Namenda 5mg on 4/5/2010. 	6/9/10	187b Resident #3, #6, #9, and #10 on the MAR staff did not initial if resident received medication. To prevent reoccurrence, reviewed violation with direct staff of violation Mars will be reviewed by lead med. tech daily. Monitored PC administrator and Nurse Supervisor	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>7/1/10 </p> <p>Date Initials (DPW)</p>

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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		DATE


1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
	<ul style="list-style-type: none"> • Durzol/Timol oph solution on 4/3/10, 4/4/10, 4/9/10, and 4/18/10. -Resident #6s MAR did not include staff initials to indicate that prescribed medications were administered to the resident on the following dates and times: <ul style="list-style-type: none"> • 2:00pm dose of Hyoscyamine 0.125mg and 8:00am dose of DiHiazem ER on 3/18/2010. • 8:00am dose of Fortical NAS spray 200/ACT on 3/20/2010. • 2:00pm dose of Hyoscyamine 0.125mg on 3/26/2010. 		<i>see page 42</i>	

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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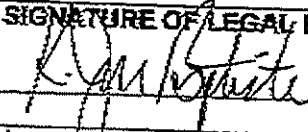
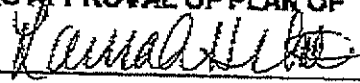
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	-Resident #9's MAR did not include staff initials to indicate that prescribed medications were administered to the resident on the following dates and times: •8:00pm dose of Lipitor 10mg on 12/14/2009. •8:00pm dose of Trazadone 50mg on 2/28/2010, 4/25/2010 and 4/26/2010. •6:00am dose of Omperazole 20mg on 1/31/2010. •8:00am dose of Flomax 0.4mg on 3/8/2010. -Resident #10 MAR did not include staff initials to indicate		<i>see page 4L</i>	

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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	that prescribed medications were administered to the resident on the following dates and times: • 8:00am dose of Evista 60mg and Metopronol 25mg tablet on 2/10/2010. • 5:00pm dose of Calcium Carb 600mg on 4/14/2010.		<i>see page 43</i>	

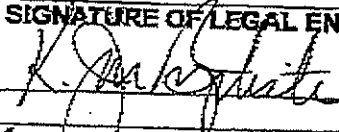
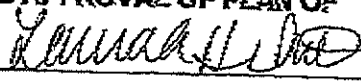
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2609

NAME AND ADDRESS OF PERSONAL CARE HOME Wesley Enhanced Living at Stapoley 6300 Greens Street, Philadelphia, PA 19444		CURRENT LICENSE NUMBER 140170
INSPECTION DATE(S) (Include all dates of the inspection) April 26, 2010, April 27, 2010, April 28, 2010, and April 29, 2010	REGIONAL REPRESENTATIVE Leslie Ertardt and Kimberly Foulkes	
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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 7/8/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 
		DATE 7/7/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
187c If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber	On 1/29/10, resident #9 refused the 8:00am dose of Polyethylene Glycol 3350NF. The prescriber was not notified of the refusal.	6/18/10 6/18/10 7/22/10 7/22/10	Resident #9's physician was notified of the medication error refusal. <i>mm 7/7/10</i> The home has implemented an auditing tool which is completed at the end of each shift as a way to determine if any medications were refused. The home's medication policy will be updated to reflect that the resident's physician will be notified within 24 hours if a resident refuses a medication. The policy will outline specific procedures staff will follow if a resident refuses a medication.	

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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NAME AND ADDRESS OF PERSONAL CARE HOME Wesley Enhanced Living at Stapeley 6300 Greenis Street, Philadelphia, PA 19444		CURRENT LICENSE NUMBER 140170		
INSPECTION DATE(S) (include all dates of the inspection) April 26, 2010, April 27, 2010, April 28, 2010, and April 29, 2010		REGIONAL REPRESENTATIVE Leslie Erhardt and Kimberli Foulkes		
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187c If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber	On 1/29/10, resident #9 refused the 8:00am dose of Polyethylene Glycol 3350NF. The prescriber was not notified of the refusal.	8/1/10 8/1/10	All staff that administer medications will be trained in the updated policy. The administrator will oversee the implementation of the policy to ensure each refusal is reported to the physician as required by this regulation.	

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Wesley Enhanced Living at Stapeley 6300 Greene Street, Philadelphia, PA 19444	CURRENT LICENSE NUMBER 140170
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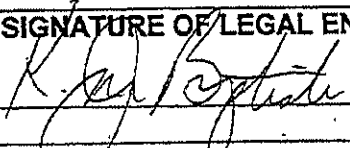
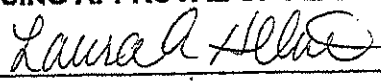
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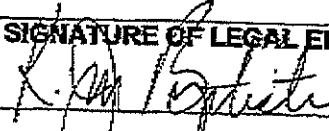

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
187d The home shall follow the directions of the prescriber	-Resident #3's medication administration record (MAR) for 4/9/10, 4/10/10, 4/11/10, and 4/20/10 stated that the resident's 8:00am dose of Namenda was administered as prescribed because it was not available. -Resident #4 has an order to receive Tylenol 325mg as needed every four hours for pain. The home did not have this medication available for this resident. -Resident #9's MAR for February of 2010 has an "O" marked over	6/10/10 UKF 6/16/10	187d The Community will follow the directions of the prescriber to accomplish this; systems will be put in place to ensure compliance as follows: Medications were not available on for residents #3, 6, and 9 to prevent reoccurrence reviewed violation and nurse/administrator will be in-service med techs on protocol of ordering and securing medication	Steps have been taken to correct violation; full compliance is not verifiab. 7/1/10 UKF Date Initials (DPW)


VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Wesley Enhanced Living at Stapeley 6300 Greene Street, Philadelphia, PA 19444.		CURRENT LICENSE NUMBER 140170
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	the following dates: 2/4/10, 2/5/10, and 2/6/10 for the resident's 6:00am Omprozole medication. On the back of the MAR, the staff documented that the medication was not administered it was not available in the home. -Resident #6 has an order to receive Tylenol 650mg by mouth every 4 hours as needed for pain. This medication was not available in the home for this resident.	6/15/10	The lead Med Tech (11-7) will daily check all residents medications and order the medications via fax to pharmacy. Resident who do not use the pharmacy their family will be called to reorder medication and this will be noted in the medical record. A log will be maintained that states who the medication was ordered, name of medication and date. In the event mail order med are not available a short supplies of meds will be order through ^{our} pharmacy until the mail ^{is} _{0/14/10} order medication arrives. Monitored by the PC administrator	

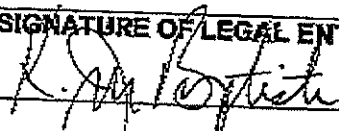

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Wesley Enhanced Living at Stapeley 8380 Greene Street, Philadelphia, PA 19144		CURRENT LICENSE NUMBER 140170	
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188b A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.	Resident #3's medication administration record for 4/9/10, 4/10/10, 4/11/10, and 4/20/10 stated that the resident's 8:00am dose of Namenda was not administered to the resident because it was not available in the home. The home did not notify the prescriber of this medication error.	7/22/10 6/4/10 7/22/10 7/22/10	Resident #3's physician will be notified of the medication error. Staff have been in-serviced on proper procedures to order medications from the pharmacy to ensure prescribed medications are readily available for administration. The home's medication policy will be updated to reflect that the resident's physician will be notified immediately if a resident refuses a medication. The policy will outline specific procedures staff will follow if a medication error occurs.	Steps have been taken to correct violation; full compliance is not verifiable 7/11/10  Date Initials (DPW)

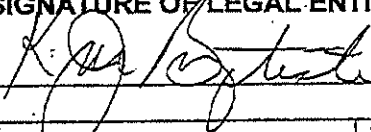
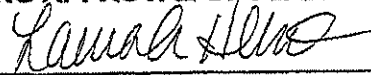
VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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NAME AND ADDRESS OF PERSONAL CARE HOME Wesley Enhanced Living at Stapely 6300 Greene Street, Philadelphia, PA 19444.		CURRENT LICENSE NUMBER 140170
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188b A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.	Resident #3's medication administration record for 4/9/10, 4/10/10, 4/11/10, and 4/20/10 stated that the resident's 8:00am dose of Namenda was not administered to the resident because it was not available in the home. The home did not notify the prescriber of this medication error.	8/1/10 8/1/10	All staff that administer medications will be trained in the updated policy. The administrator will oversee the implementation of the policy to ensure each medication error is reported to the physician as required by this regulation.	

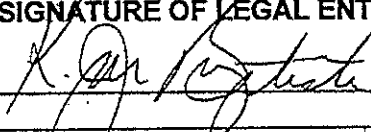
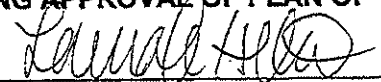
VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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191 The home shall educate the resident of his/her right to question or refuse a medication if he/she believes there may be a medication error. Documentation of this resident education shall be kept	None of the residents have been educated on their right to refuse or question a medication if they believe there has been an error.	6/4/10 6/8/10 6/30/10	191 Letter to individual resident and/or Responsible party informing them of the right to refuse or question of medication if they believe there has been an error. 6/3/10 Follow-up with personal visit by activities staff to review with resident and receive signed copy June 30, 2010 discuss resident right at resident council. To prevent violation from reoccurrence at of admission right to refuse or question of medication if they believe there has been an error will be reviewed by marketing director.	

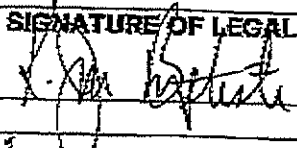

Monitored by the PC administrator

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Wesley Enhanced Living at Stapeley 6300 Greene Street, Philadelphia, PA 19444		CURRENT LICENSE NUMBER 140170	
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1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
225c 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.	Resident #3's last assessment was completed on 2/15/2009.	6/30/10	225c Going forward resident # 3 will have a support plan ^{assessment} completed by June 30, 2010 To prevent reoccurrence of the violation System will put in place to track and audit support plans ^{assessments} to meet the in accordance with 55 PA § 2600 225c to assure compliance. (See Attachment 1) Monitor by Nurse Supervisor and PC administrator	

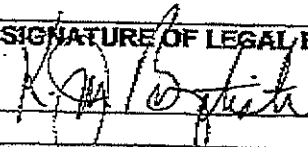
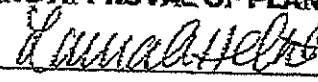
VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Wesley Enhanced Living at Stapeley 6300 Greens Street, Philadelphia, PA 19444		CURRENT LICENSE NUMBER 140170	
INSPECTION DATE(S) (Include all dates of the inspection) April 26, 2010, April 27, 2010, April 28, 2010, and April 29, 2010		REGIONAL REPRESENTATIVE Leslie Erhardt and Kimberli Foutkes	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 		DATE 7/8/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 
			DATE 7/7/10

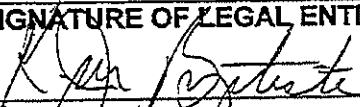
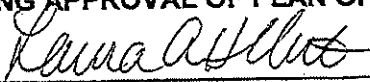
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DFW
227g Individuals who participate in the development of the support plan shall sign and date the support plan	Resident #10's support plan dated 1/19/2010 did not include the signature of the person who developed the support plan.	6/4/10	The staff person that completed resident #10's support plan cannot sign the support plan as that person is no longer employed at the home.	
	Repeat Violation – 4/14/09, et al	7/22/10	Resident #10 will have a new assessment and support plan completed and the support plan will be signed by all persons that participated in the development of the support plan.	
		7/22/10	The records for all current residents will be audited to ensure each resident's support plan includes the required signatures.	
		7/22/10	The Nurse Supervisor will audit the	

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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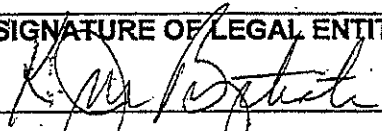
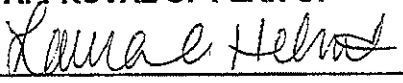
NAME AND ADDRESS OF PERSONAL CARE HOME Wesley Enhanced Living at Stapelay 5300 Greene Street, Philadelphia, PA 19144		CURRENT LICENSE NUMBER 148170		
INSPECTION DATE(S) (Include all dates of the inspection) April 26, 2010, April 27, 2010, April 28, 2010, and April 29, 2010		REGIONAL REPRESENTATIVE Leslie Erhardt and Kimberli Foufkes		
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)				
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 		DATE 7/8/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 7/7/10
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
227g Individuals who participate in the development of the support plan shall sign and date the support plan.	Resident #10's support plan dated 1/19/2010 did not include the signature of the person who developed the support plan. Repeat violation – 4/14/09, et al		records of all new admissions within 30 days after admission and upon the completion of additional support plans to ensure each resident's support plan includes the required signatures.	

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Wesley Enhanced Living at Stapeley 6300 Greene Street, Philadelphia, PA 19444		CURRENT LICENSE NUMBER 140170		
INSPECTION DATE(S) (Include all dates of the inspection) April 26, 2010, April 27, 2010, April 28, 2010, and April 29, 2010		REGIONAL REPRESENTATIVE Leslie Erhardt and Kimberli Foulkes		
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)				
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 		DATE 6/4/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 6/16/10

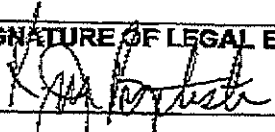

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
231c A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.	Resident #2 was admitted to the secure dementia unit on 12/4/2009. A written cognitive preadmission screening was not completed for the resident. Repeat Violation – 4/14/09, et al	6/15/10	231c In accordance with regulation 55 PA § 2600 231c the cognitive screening will be completed within the 72 hour prior to admission in the secure dementia unit. Resident # 2 physicians has completed the cognitive screening on the preadmission screening form. Going forward to prevent from recurrence of the violation we have put in place systems to assure pre-admission forms are checked for completion prior to admission to our secured dementia unit. Monitored by the PC administrator	

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Wesley Enhanced Living at Stapeley 6300 Greene Street, Philadelphia, PA 19444		CURRENT LICENSE NUMBER 140170		
INSPECTION DATE(S) (Include all dates of the inspection) April 26, 2010, April 27, 2010, April 28, 2010, and April 29, 2010		REGIONAL REPRESENTATIVE Leslie Erhardt and Kimberli Foulkes		
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)				
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 		DATE 6/4/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 6/16/10

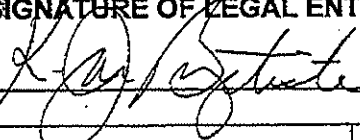
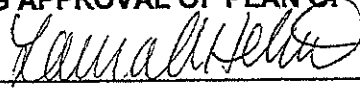
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
233c If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.	-There was no code posted at the door marked "EXIT" in the secure dementia unit that leads to the fire tower. This exit is adjacent to the supply room and resident room #323. -The exit adjacent to the Garden Room on the secure dementia unit did not have a code posted. -The porch located off of the secure dementia unit did not have a code posted. This exit leads to the exterior of the home.	6/4/10	233c Code has been posted at all doors marked "EXIT" in the secure dementia. To prevent reoccurrence of violation rounds will be conducted by nurse and PC administrator to assure code is posted at all "EXIT" in the secure dementia. Monitored by the PC administrator	

**VIOLATION REPORT -
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Westley Enhanced Living at Stapeley 6300 Greene Street, Philadelphia, PA 19444		CURRENT LICENSE NUMBER 148170	
INSPECTION DATE(S) (Include all dates of the inspection) April 26, 2010, April 27, 2010, April 28, 2010, and April 29, 2010		REGIONAL REPRESENTATIVE Leslie Erhardt and Kimbri Foulkes	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 		DATE 7/9/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 
			DATE 7/2/10

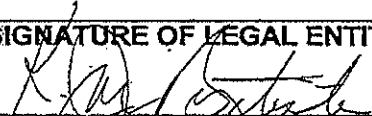
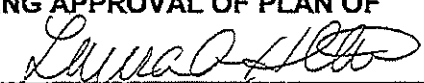
1 REGULATION 55 Pa.Code § 2608.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
234a Within 72 hours of the admission or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.	Resident #4 was admitted to the secure dementia unit on 8/21/2009. The resident's support plan was not developed until 8/31/2009.	7/22/10 7/22/10	The Administrator or Nurse Supervisor will audit the records of all new admissions to the secured dementia unit within 72 hours of admission to ensure each resident has a support plan completed. A copy of the support plan will be sent to the Marketing Department. The resident's file in the Marketing Department will not be closed until the support plan has been received.	

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Wesley Enhanced Living at Stapeley 6300 Greene Street, Philadelphia, PA 19444		CURRENT LICENSE NUMBER 140170	
INSPECTION DATE(S) (Include all dates of the inspection) April 26, 2010, April 27, 2010, April 28, 2010, and April 29, 2010		REGIONAL REPRESENTATIVE Leslie Erhardt and Kimberli Foulkes	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 6/4/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 6/16/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
251b The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.	-Resident #10's assessment dated 1/19/2010 had white out over the original date of the support plan. -Resident #11's support plan dated 8/1/2009 has white out over the original date of the support plan. -Resident #12's support plan dated 8/26/2009 had white out over the original date of the support plan.	6/15/10	251b Going forward staff has been in-serviced that white out can not be over the original date of the support plan) to assure compliance. Staff responsible for using white out are no longer employed by Stapeley (staff A &B)	

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Wesley Enhanced Living at Stapeley 6300 Greene Street, Philadelphia, PA 19444		CURRENT LICENSE NUMBER 140170	
INSPECTION DATE(S) (Include all dates of the inspection) April 26, 2010, April 27, 2010, April 28, 2010, and April 29, 2010		REGIONAL REPRESENTATIVE Leslie Erhardt and Kimberli Foulkes	
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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 6/4/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 7/7/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
<p>252 Each resident's record shall include the following information:</p> <p>(2) Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.</p> <p>(3) A photograph of the resident that is no more than 2 years old.</p> <p>(18) An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.</p>	<p>-Resident #1, #3, #5, #6, and #10's photo was not dated, therefore it was unable to be determined if it was taken within the past two years.</p> <p>-Resident #1, #3, #9, and #10's resident record did not include the resident's race, hair and eye color, and identifying marks, if any.</p> <p>-Resident #7's resident record did not include an inventory of the resident's personal property.</p>	<p>6/4/10</p> <p>6/4/10</p> <p>6/4/10</p> <p>UAA 7/7/10</p>	<p>Each resident's record shall include the following information:</p> <p>(1) Name, gender, admission date, birth date and Social Security number.</p> <p>(2) Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks</p> <p>Resident #1, #3, #5, #6 and #10 did not have a current photograph in the medical chart this has been corrected.</p> <p>Resident # 1 in the medical chart the color of hair and identifying marks were left blank facility form has been corrected (see attachment).</p> <p>Resident #1, #3, #9 and #10 the medical chart Race, height, weight, color of hair, color of eyes and identifying marks has been corrected</p> <p>Resident # 7 did not have an inventory of the resident's personal property has been corrected. To prevent reoccurrence of the violation an admission check list will be initiated by Nurse or Lead PCA/Med Tech. to ensure compliance. Administrator to monitor</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>UAA</i> Date: <i>7/7/10</i> Initials (DPW): <i>UAA</i></p>

7/7/10 The records of all residents have been audited to ensure the required information is present. UAA 7/7/10