



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
Norristown State Hospital  
1001 Sterigere Street  
Bldg 2 Rm. 161  
Norristown, Pennsylvania 19401

ADULT RESIDENTIAL LICENSING

1-866-711-4115  
610-270-1137

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**Mailing Date: September 15, 2010**

Mr. David T. Johnson, NHA, Executive Director  
Stapeley Hall  
6300 Greene Street  
Philadelphia, Pennsylvania 19144

RE: Wesley Enhance Living at Stapley

Dear Mr. Johnson:

As a result of the Department of Public Welfare's licensing inspection on May 24, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed 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.

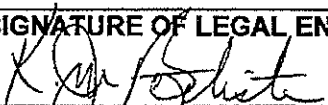

Sincerely,

A handwritten signature in cursive script that reads "Chevon Mitchell".

Chevon Mitchell  
Acting Regional Licensing Administrator

Enclosure(s)  
Violation Report


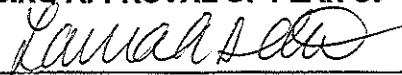
**VIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Wesley Enhanced Living at Stapeley 6300 Greene Street, Philadelphia, PA 19144		<b>CURRENT LICENSE NUMBER</b> 140170	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> May 24, 2010		<b>REGIONAL REPRESENTATIVE</b> Patricia Adams and Justin Trupp	
<b>PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)</b>			
<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> 	<b>DATE</b> 6/21/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	<b>DATE</b> 8/14/10

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
226a The resident shall be assessed for mobility needs as part of the resident's assessment.	Resident #1's assessment dated 1/19/10 identifies the resident as mobile. The resident resides in the home's secure dementia unit and therefore is considered to be a resident with mobility needs under Chapter 2600.	9/6/10	226a Resident #1 is no longer a Personal Care resident at Stapeley's SDU.  <i>The assessments of all current residents will be reviewed to ensure each resident has an accurate assessment of their mobility needs.</i>	

*UAB 8/14/10*

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<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> 	<b>DATE</b> 6/21/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	<b>DATE</b> 8/16/10

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
234d The support plan shall be revised at least annually and as the resident's condition changes.	Resident #1, admitted 2/9/09, fell 7/9/09, 9/12/09, 9/13/09, 9/24/09, 11/7/09, 11/25/09, 12/1/09, 12/7/09 and 1/22/10. The support plan dated 1/19/10 did not address these falls.	7/31/10	234d Resident #1 is no longer a resident at Stapeley's SDU. Beginning 7/5/10 all PC residents will be assess by PT for fall risk and also fall prevention.	