



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: November 15, 2012**

Ms. Pamela Courtsey, Administrator  
Maple Village  
2815 Byberry Road  
Hatboro, Pennsylvania 19040

RE: Wesley Enhanced Living Upper Moreland

Dear Ms. Courtsey:

As a result of the Department of Public Welfare's licensing inspection on September 10, 2012 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,

  
Chevon Miller  
Regional Licensing Administrator

Enclosure(s)



Violation Report: 12791 - 09/10/2012 - Kurtz, Andrea  
 PCH Name: WESLEY ENHANCED LIVING UPPER MORELAND

**1. REGULATION 55 Pa.Code §2600**

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

**2a. DESCRIPTION OF VIOLATION**

On 9-5-12, an allegation of abuse against Resident #1 was reported to staff person A. The home did not report the allegation to the local area agency on aging.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

**2600.15a**

PCA immediately submitted reports to both Protective services (AAA) and DPW on 9/12/2012 Mandatory training held for all staff on Elder Abuse ,Reportable incidents and Mandatory abuse forms. Conducted by WEL learning center . Managers also received training during a Leadership meeting 9/12/12 on reporting abuse to AAA ,DPW incident reports and all forms

Each manager now has a binder with abuse information and forms all pertinent information readily accessible to all employees in each department .

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <b>Pam Coursey PCA</b>	Date <b>9/27/12</b>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>10/3/12</u> (Date)	Plan of correction implementation status as of <u>10/3/12</u> (Date)
The above plan of correction was approved by <u>CPM</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 12701 - 09/10/2012 - Kurtz, Andrea PCH Name: WESLEY ENHANCED LIVING UPPER MORELAND	
<b>1. REGULATION 55 Pa.Code §2800</b> 2800.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.	
<b>2a. DESCRIPTION OF VIOLATION</b> On 8-5-12, an allegation of abuse was made against staff person B regarding Resident #1. The home did not develop and implement a plan of supervision or suspend staff person B.	
<b>3. PLAN OF CORRECTION (POC)</b> (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.</i>	
<p>2600.15b</p> <p>Staff person B was suspended 9/10/12 and terminated 9/17/12 All managers inserviced and made aware if there is an allegation of abuse of a resident involving a staff person that staff person will be suspended pending our internal investigation ,AAAand DPW Investigations</p>	
<p>2600.15b</p> <p>Incident reports are reviewed daily for CQI risk management          Also discussed at QMP meetings quarterly with Executive director          Human resource manager, dining manager , maintenance/housekeeping manager          Administrative assistant, activities director and personal care administrator to          Ensure all appropriate agencies and parties have been notified and follow – up action implemented. Employee training occurs upon hire and annually by the learning center          We also provide an on – line learning site called WEL – University that employees          Can access anytime for training managers are also able to assign training topics to their employees as needed</p>	
(Required on EVERY Page)	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Pam Coursey PCA</u>	Date <u>9/27/12</u>
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE</b>	
The above plan of correction is approved as of <u>10/11/12</u> (Date)	Plan of correction implementation status as of <u>10/11/12</u> (Date)
The above plan of correction was approved by <u>CPM</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 12791 - 09/10/2012 - Kurtz, Andrea  
 PGH Name: WESLEY ENHANCED LIVING UPPER MORELAND

**1. REGULATION 55 Pa.Code §2600**  
 2600.16(c) - 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 the guidelines in section 2600.15 (relating to abuse reporting covered by law).

**2a. DESCRIPTION OF VIOLATION**  
 On 9-5-12, staff person C heard staff person B screaming at Resident #1 in the resident's room. The home did not submit an incident report to the Department.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

2600.16c  
 All staff inserviced on reportable incident reporting to DPW in writing or calling the 24 hour complaint hotline and abuse reporting to AAA see attached

Incident reports are reviewed daily for CQI risk management  
 Also discussed at QMP meetings quarterly with Executive director  
 Human resource manager, dining manager, maintenance/housekeeping manager  
 Administrative assistant, activities director and personal care administrator to  
 Ensure all appropriate agencies and parties have been notified and follow-up action implemented. Employee training occurs upon hire and annually by the learning center  
 We also provide an on-line learning site called WEL - University that employees  
 Can access anytime for training managers are also able to assign training topics to their employees as needed

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
PAM COURSEY PCA	9/27/12

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Violation Report: 12791 - 09/10/2012 - Kurtz, Andrea  
 PCH Name: WESLEY ENHANCED LIVING UPPER MORELAND

1. REGULATION 55 Pa.Code §2600  
 2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION  
 On 9-5-12 Resident #1 told staff person D [redacted] did not have any dinner on 9-4-12. At the end of the shift staff person D reminded staff person B to bring a dinner meal to Resident #1 if the resident does not go to the dining room. Later Staff person C heard staff person B yelling at Resident #1. Staff person C heard Resident #1 say "I don't spend close to \$4,000 a month to be treated this way." Resident #1 stated staff person B said "I will bring you dinner every night whether you want it or not." Resident #1 told staff person B to leave the room. Staff person B cursed when leaving the room. Staff person C went into Resident #1's room and observed the resident was visibly upset.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
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2600.42c  
 Staff person B has been terminated also staff person E. WEL - UM philosophy is to enhance the lives of our seniors we will not tolerate any allegation of disrespect or not adhering to the residents rights. All staff inserviced on resident rights

Training is done annually each manager assigns their staff on WEL-University  
 This training is always available as necessary and may be assigned by managers as needed

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Pam COURSEY PCA Date 9/27/12

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Violation Report: 12701 - 09/10/2012 - Kurtz, Andrea  
PCH Name: WESLEY ENHANCED LIVING UPPER MORELAND

1. REGULATION 55 Pa.Code §2600  
2600.51 - 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 16 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION  
Staff person E hired on 4-23-12 resided in Pennsylvania for 1 year. An FBI clearance was not obtained.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
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2600.51  
Human resources will ensure that all Fbi checks are done according to the regulation  
HR will review all new personnel files within the first 25 days of hire to prevent  
reoccurrence

2600.51  
Human resources will use auditing tool upon new hire to ensure all records are complete  
All employee records will be audited annually FBI checks will be conducted on new  
employees who have not been a resident of the state for 2 years audit tool attached

The Home will complete a FBI clearance for  
Staff member E.  
ORM

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PAM COURSEY PCA		9/27/12

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(Date)

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(Initials)

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(Date)

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- Not Implemented

Violation Report: 12791 - 09/10/2012 - Kurtz, Andrea  
 PCH Name: WESLEY ENHANCED LIVING UPPER MORELAND

1. REGULATION 85 Pa.Code §2800  
 2600.225(c) - 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.

2a. DESCRIPTION OF VIOLATION  
 The most recent assessment for Resident #2 was completed on 11-28-11. Between 4-10-12 and 9-9-12 the resident displayed significant changes in behavior including wandering, incontinence, and removing of clothes in public areas. The assessment was not updated to reflect these changes.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
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2600.225c

The PCA and Lead NA will review and update RASP to ensure all needs are recorded on the document and that the documents are updated and completed timely and correctly

New Rasp completed for resident # 2 with updates on behaviors  
 And incontinence issues  
 please see attached

2600.225c

Lead Pca will review and update RASP weekly Personal care administrator will audit monthly to ensure compliance

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/10/2012
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Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) PAUL COURSEY PCA Date 9/27/12

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 (Date)

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 (Initials)

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 (Date)

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- Partially implemented - Inadequate Progress
- Not Implemented