

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to MAPLE VILLAGE

LEGAL ENTITY

To operate WESLEY ENHANCED LIVING UPPER MORELAND

NAME OF FACILITY OR AGENCY

Located at 2815 BYBERRY ROAD, HATBORO, PA 19040

(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 52
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

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 February 27, 2013 until February 27, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 127910

Robert E. Robinson

ISSUING OFFICER

[Signature]

DIRECTOR

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 - 01/11



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

FEB 05 2013

Ms. Robyn B. Kulp, Executive Director
Maple Village
Wesley Enhanced Living Upper Moreland
2815 Byberry Road
Hatboro, Pennsylvania 19040

Dear Ms. Kulp:

As a result of the Department of Public Welfare's (Department) licensing inspection on November 7, 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 Human Services Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky".

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 12791 - 11/07/2012 - Kurtz, Andrea
 PCH 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 10-3-12, Resident #3 did not receive the medication Hydralazine 25 mg at 6 am because the medication was not available. The home has not submitted 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 16©
 All PC staff inserviced on reportable incidents
 Personal care administrator will audit mars weekly
 Personal care aides will audit mars each shift and report Findings. Incident report filed with DPW 11/08/12 upon Discovery during inspection

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) <i>PERSONAL Care Administrator</i>	Date <i>12/30/12</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>12/12/12</u> (Date) The above plan of correction was approved by <u>CYON</u> (Initials)	Plan of correction implementation status as of <u>12/12/12</u> (Date) <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
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Violation Report: 12791 - 11/07/2012 - Kurtz, Andrea
 PCH Name: WESLEY ENHANCED LIVING UPPER MORELAND

1. REGULATION 55 Pa.Code §2600
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
 On 11-7-12 at 10 am there was no thermometer in the refrigerator and freezer located in the 2nd floor activity room.

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.

2600.103(f) And Freezer
 Thermometer was placed in the refrigerator/day of
 inspection . refrigerator will be monitored daily
 By night shift temperature will be kept at 40
 Degrees or below and documented on temperature
 Log.

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 *PERSONAL* Date *11/30/12*
 (Required on EVERY Page) *Ann Coursey Care Administration*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 11/7/13
 (Date)

Plan of correction Implementation status as of 11/7/13
 (Date)

The above plan of correction was approved by CEM
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 12791 - 11/07/2012 - Kurtz, Andrea
 PCH Name: WESLEY ENHANCED LIVING UPPER MORELAND

1. REGULATION 55 Pa.Code §2600
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

A bag of french fries, a package of veggie burgers and a package of battered Cod in the freezer in the serving kitchen were opened and unsealed.

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.

2600.103(g)
 Dining manager inserviced all staff on storing food
 In closed sealed containers. Dining staff will ensure all food is
 Placed in sealed container and dated daily. Dining manager will
 Monitor weekly. French fries, veggie burgers and cod were thrown
 Out the day of survey

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 *PERSONAL Pam COURSEY care administrator* Date *11/30/12*
 (Required on EVERY Page)

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *12/12/12*
 (Date)

Plan of correction implementation status as of *12/12/12*
 (Date)

The above plan of correction was approved by *OPM*
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 12791 - 11/07/2012 - Kurtz, Andrea
 PCH Name: WESLEY ENHANCED LIVING UPPER MORELAND

1. REGULATION 55 Pa.Code §2600
 2600.103(l) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION
 - On 11-7-12 at 9:30 am, a bag of french fries and a pack of rolls located in the freezer in the serving kitchen were not dated.
 - On 11-7-12 at 9:30 am, 2 open, 5 gallon containers of salad dressing located in the refrigerator in the serving kitchen were not dated.

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.

2600.103(i)
 Dining manager inserviced all staff on the regulation
 All food in the freezer and refrigerator shall be dated
 And sealed after opening by dining staff. Dining staff will
 Monitor daily safety committee will also audit quarterly
 French fries, rolls and salad dressing were thrown out day of survey

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/15/2012
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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) *PERSONAL*
Pam CURSEY care administrator Date *11/30/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 12/18/12
 (Date)

The above plan of correction was approved by CRM
 (Initials)

Plan of correction implementation status as of 12/12/12
 (Date)

Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 12791 - 11/07/2012 - Kurtz, Andrea
 PCH Name: WESLEY ENHANCED LIVING UPPER MORELAND

1. REGULATION 55 Pa.Code §2600
 2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

- On 10-28-12, at 8 am, Resident #1 was administered Levothyroxin 25 mg. Staff person A did not initial the date and time of administration.
- On 10-27-12, 10-28-12, and 10-29-12, at 3 am, Resident #2 was administered Cehpalexin 500 mg. Staff person B did not initial the date and time of administration.
- On 10-27-12 at 8 pm, Resident #2 was administered Coumadin 5 mg. Staff person C did not initial the date and time of administration.
- On 10-28-12 at 2 pm, Resident #3 was administered Hydralazine 25 mg. Staff person D did not initial the date and time of administration.

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.

2600.187(b)
 Pc staff inserviced on regulation properly recording the time
 And date of administration of medication.pc staff will audit mar's
 At the end of each shift and report findings.Personal care administrator
 Will audit mar's weekly to ensure compliance

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) Pam Coursey PERSONAL care ADMINISTRATOR	Date 11/30/12
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>12/12/12</u> (Date) The above plan of correction was approved by <u>oem</u> (Initials)	Plan of correction implementation status as of <u>12/12/12</u> (Date) <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
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Violation Report: 12791 - 11/07/2012 - Kurtz, Andrea
 PCH Name: WESLEY ENHANCED LIVING UPPER MORELAND

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 The home did not administer Hydralazine 25 mg to Resident #3 at 6 am on 10-3-12 because the medication was not available

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.

2600.187(d)
 Pc staff inserviced on the regulation
 Mar's will be audited each shift by staff
 Personal care administrator will audit mar's
 Weekly for compliance and will order any
 medications needed. CRM

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) <i>PERSONAL CARE Pam COURSEY ADMINISTRATOR</i>	Date <i>11/30/12</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 11/13
 (Date)

The above plan of correction was approved by CRM
 (Initials)

Plan of correction implementation status as of 1/7/13
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 12791 - 11/07/2012 - Kurtz, Andrea
 PCH Name: WESLEY ENHANCED LIVING UPPER MORELAND

1. REGULATION 55 Pa. Code §2600
 2600.188(c) - Documentation of medication errors and the prescriber's response shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION
 On 10-3-12, an error in Resident #3's medication administration occurred involving the resident not receiving Hydralazine 25 mg because it was not available. The MD was notified but there is no record of his response in the resident's record.

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.

2600.188©
 Pc staff inserviced on the regulation mar's will be
 Audited each shift and findings reported ,personal
 Care administrator will audit mar's weekly for compliance

Once the MD is notified a progress note will be written in the resident's chart to document the error and the physician's response. CEM

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *PERSONAL CARE ADMINISTRATOR* Date *11/30/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 11/7/13
 (Date)

The above plan of correction was approved by CEM
 (Initials)

Plan of correction Implementation status as of 11/7/13
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented