

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to MARIS GROVE INC

LEGAL ENTITY

To operate MARIS GROVE

NAME OF FACILITY OR AGENCY

Located at 1ST AND 3RD FLOORS, 500 MARIS GROVE WAY, GLEN MILLS, PA 19342

(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 66  
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 March 11, 2013 until March 11, 2014,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 134660

*Robert E. Robinson*

ISSUING OFFICER

*R C King*

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 19 2013

Ms. Maureen K. Heckler, Vice President/Executive Director  
Maris Grove, Inc.  
Maris Grove  
1<sup>st</sup> and 3<sup>rd</sup> Floors  
500 Maris Grove Way  
Glen Mills, Pennsylvania 19342

Dear Ms. Heckler:

As a result of the Department of Public Welfare's (Department) licensing inspection on December 19, 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: 13466 - 12/19/2012 - Scharpf, Amy  
 PCH Name: RENAISSANCE GARDENS AT MARIS GROVE

1. REGULATION 56 Pa.Code §2600  
 2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION  
 The trash can in the 3rd floor pantry does not have a lid.

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.

The trash can lid in the 3<sup>rd</sup> floor pantry has been repaired. All trash cans were assessed for functionality and all lids were in working order. Staff have been educated to identify and report broken equipment and fill out a maintenance request form. Maintenance request forms will be collected on each shift by the LPN supervisor to send to General Services. Weekly rounds will maintenance to insure equipment in need of repair has been fixed. Results of weekly rounds will be reported in monthly PIRMS meeting for 90 days. Continued monitoring will be done as needed.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jennifer Allen, Personal Care Administrator</i>	Date <i>1/8/13</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>1/11/13</u> (Date)	Plan of correction implementation status as of <u>1/17/13</u> (Date)
The above plan of correction was approved by <u>CJEM</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 13468 - 12/19/2012 - Scharpf, Amy  
 PCH Name: RENAISSANCE GARDENS AT MARIS GROVE

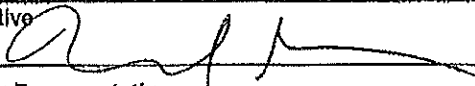
1. REGULATION 55 Pa.Code §2600  
 2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION  
 The first aid kit in the 3rd floor nurses station does not include adhesive tape, thermometer and adhesive bandages.

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.

The missing items from the first aid kit were replaced on 12/19/12. All first aid kits were audited for correct content. A list of items is attached to the kit and staff have been reeducated to replace anything removed. LPN or designee will audit first aid kit's monthly for content. Results of the audit will be reported in PIRMS. Continued monitoring as needed.

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) Jennifer Allen, Personal Care Administrator	Date 1/8/13
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 1/11/13  
 (Date)

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

Plan of correction implementation status as of 1/17/13  
 (Date)

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

Violation Report: 13466 - 12/19/2012 - Scharpf, Amy  
 PCH Name: RENAISSANCE GARDENS AT MARIS GROVE

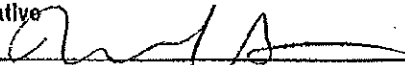
1. REGULATION 58 Pa.Code §2600  
 2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION  
 Three bags of leftover pasta were not labeled and 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.*

Open food items without dates or labels discarded. Conducted audit of all pantries and refrigerators for any opened or unlabeled food items. Any food items that are opened and not labeled will be discarded and not served to residents. Educate staff on proper procedures for labeling and dating any opened food items. Dining Director of designee will audit weekly all refrigerators and pantries for all proper labeling and dating of opened foods. Results of the audit will be reported in PIRMs monthly and continued monitoring 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) Jennifer Allen, Personal Care Administrator	Date 1/8/13
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The above plan of correction was approved by <u>CRM</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 13466 - 12/19/2012 - Scharpf, Amy  
 PCH Name: RENAISSANCE GARDENS AT MARIS GROVE

1. REGULATION 58 Pa.Code §2600  
 2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION  
 The emergency procedures for the municipally where the home is located are not posted in a conspicuous and public place in the home.

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.*

The Emergency binder was updated on 12/19/12 to include the Concord Township's emergency plan. Monitor monthly x 3 to make sure all necessary components are in the binder.

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) Jennifer Allen, Personal Care Administrator Date 1/8/13

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 (Date)

Plan of correction implementation status as of 1/17/13  
 (Date)

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

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

Violation Report: 13466 - 12/19/2012 - Scharpf, Amy  
 PCH Name: RENAISSANCE GARDENS AT MARIS GROVE

1. REGULATION 55 Pa.Code §2600  
 2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION

The previous fire safety inspection and drill observed by a fire safety expert was conducted on 9/21/11. The fire safety inspection and drill observed by a fire safety expert was conducted on 10/12/12.

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.

The fire safety plan for 2013 will include an annual fire safety inspection and drill scheduled prior to 10/12/2013. Fire Safety call to schedule inspection has been added as an annual recurring event on Outlook calendar. *com*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jennifer Allen, Personal Care Administrator	Date 1/8/13
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The above plan of correction is approved as of 1/17/13  
 (Date)

Plan of correction implementation status as of 1/17/13  
 (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: 13466 - 12/19/2012 - Scharpf, Amy  
 PCH Name: RENAISSANCE GARDENS AT MARIS GROVE

1. REGULATION 55 Pa.Code §2600  
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION  
 Resident #1's last medical evaluation was completed on 10/4/11.

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.

Physician completed medical evaluation appropriately and added signature following survey. Tracking mechanism has been developed to insure timely evaluations. The Personal Care Administrator will track evaluations and LPN will audit monthly x3 the annual medical evaluations to include signature and date. Results of the audit will be reported in PIRMs monthly. Continued monitoring as needed.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

Date 1/8/13

Jennifer Allen, Personal Care Administrator

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 (Date)

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 (Date)

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

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

Violation Report: 13466 - 12/19/2012 - Scharpf, Amy  
 PCH Name: RENAISSANCE GARDENS AT MARIS GROVE

**1. REGULATION 55 Pa.Code §2600**

2600.162(c) - Menu, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

**2a. DESCRIPTION OF VIOLATION**

The home's menu for only one week (12/17/12 to 12/23/12) was posted on 12/19/12.

**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.*

Dining services began posting the menu for 2 weeks at a time starting 12/20/12. Dining Services Director or designee will audit the menu posting monthly x3 and results will be reported in PIRMs meeting montly. Continued monitoring 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) Jennifer Allen, Personal Care Administrator	Date 1/8/13
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The above plan of correction was approved by <u>CJM</u> (Initials)	

Violation Report: 13466 - 12/19/2012 - Scharpf, Amy  
 PCH Name: RENAISSANCE GARDENS AT MARIS GROVE

1. REGULATION 55 Pa.Code §2600  
 2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION  
 On 12/19/12, the first aid kit in the home's 14 passenger shuttle bus used to transport residents did not have a tweezers.

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.*

Tweezers were placed in the first aid kit on the bus on 12/19/12. All shuttle bus first aid kits were audited for correct content. A list of items is attached to the kit and General Services staff have been educated to replace any removed item(s). General Services staff will audit first aid kits monthly x3 for content. Results of the audit will be reported in PIRMs. Continued monitoring 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) Jennifer Allen, Personal Care Administrator Date 1/8/13

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The above plan of correction was approved by <u>CEM</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 13466 - 12/19/2012 - Scharpf, Amy  
 PCH Name: RENAISSANCE GARDENS AT MARIS GROVE

**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 12/7/12, at 8:00pm, Resident #2's Lantus Insulin 100 units/ml unit, 6 units was administered. However the staff person did not initial the resident's medication administration record. In addition, on 12/7/12 and 12/12/12, Resident #2's Malcoln Moisturizing Cream to be applied on the 3-11pm shift was administered but not Initialed.

**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.*

One time 100% audit of all MAR's will be audited for completion. Staff will be re-educated on the documentation requirements for medication administration. Staff will sign the medication administration record at the time the medication or treatment is administered. Supervisor will audit MARs weekly x4 and monthly x 2 to insure staff are signing off correctly and address as needed. Results of the audit will be reported in PIRMs and continued monitoring will be done 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) Jennifer Allen, Personal Care Administrator Date 1/8/13

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 (Date)

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

Plan of correction implementation status as of 1/17/13  
 (Date)

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

Violation Report: 13466 - 12/10/2012 - Scharpf, Amy  
 PCH Name: RENAISSANCE GARDENS AT MARIS GROVE

1. REGULATION 55 Pa.Code §2600  
 2600.262 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION

- Resident #1's record does not include identifying marks, eye color or hair color.
- Resident #2's record does not include identifying marks, eye color or hair color.
- Resident #3's records does not include a picture, identifying marks, eye color or hair color.

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.*

Resident records have been updated to include all 26 items. One time 100% audit of all records to ensure 26 required elements. Staff have been inserviced on procedure to add picture and label to record upon admission. Resident records will be audited montly x3 by LPN supervisor to insure proper content. Results of the audit will be reported at PIRMs and continued monitoring will be done as needed.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/20/2012
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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) Jennifer Allen, Personal Care Administrator Date 1/8/13

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The above plan of correction is approved as of 1/11/12  
 (Date)

Plan of correction implementation status as of 1/17/13  
 (Date)

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

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