



MAY 08 2014

Mr. John Ardente, Executive Director
Evangelical Manor, Inc.
8401 Roosevelt Boulevard
Philadelphia, Pennsylvania 19152

RE: Wesley Enhanced Living at Evangelical Manor
License #: 176380

Mr. Ardente:

As a result of the Department of Public Welfare's licensing inspection on March 4, 2014, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period June 2, 2014 to June 2, 2015 was issued on February 28, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: 17638 - 03/04/2014 - Colon, Lissette
 PCH Name: WESLEY ENHANCED LIVING AT EVANGELICAL MANOR

1. REGULATION 56 Pa.Code §2600

2600.53(a) - The administrator shall have one of the following qualifications:

- (1) A license as a registered nurse from the Department of State.
- (2) An associate's degree or 60 credit hours from an accredited college or university.
- (3) A license as a licensed practical nurse from the Department of State and 1 year of work experience in a related field.
- (4) A license as a nursing home administrator from the Department of State.
- (5) For a home serving 8 or fewer residents, a general education development (GED) diploma or high school diploma and 2 years direct care or administrative experience in the human services field.

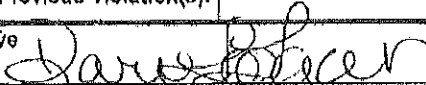
2a. DESCRIPTION OF VIOLATION

On 3/4/14, the home was serving 23 residents. Staff person A, the administrator did not have a copy of their Associates degree on file.

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.

See Attached
 CEM

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative <i>(Required on EVERY Page)</i> 			
Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i> Darin L. Logan PCA			Date 4/12/2014
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>4/14/14</u> (Date)		Plan of correction Implementation status as of <u>4/14/14</u> (Date)	
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:

Regulation 2600.53(a) - Page 2 of 11

A copy of diploma has been placed in the Files of degree obtained. An additional copy has also been placed in the Personal Care DPW binder located in the Administrator's office for future reference. PCA has reread the regulations and is now in compliance.

Person(s) responsible for adherence to this regulation: Personal Care Administrator

Dari Logan

4/2/14

Violation Report: 17838 - 03/04/2014 - Colon, Lisette
 PCH Name: WESLEY ENHANCED LIVING AT EVANGELICAL MANOR

1. REGULATION 55 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 near the dishwasher in the kitchen area 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.

See Attached
 ORN

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/12/2013
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Signature of Legal Entity Representative
 (Required on EVERY Page) *James Logan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Darick Logan PCA</i>	Date <i>4/2/2014</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>4/4/14</u> (Date)	Plan of correction implementation status as of <u>4/4/14</u> (Date)
The above plan of correction was approved by <u>ORN</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:

Regulation 2600.85(d) - Page 3 of 11

Lid was immediately placed back on in front of the inspector by the General Manager of Dining Services. In Service of staff that all trash receptacles are to be covered when not in use. Attached you will find the In-Service Conducted Sign-off Sheet along with an AM Manager Checklist and PM Manager Checklist.

Person(s) responsible for adherence to this regulation: All Dining Service Staff and Managers to monitor-
ON GOING

Dave Logan

Violation Report: 17638 - 03/04/2014 - Colon, Lisette
 PCH Name: WESLEY ENHANCED LIVING AT EVANGELICAL MANOR

1. REGULATION 56 Pa. Code §2600
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 There are two unsecured floor tiles, located on the 3rd floor fire escape landing which pose a tripping/slipping hazard to anyone who uses this area in an event of an emergency.

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.

See Attached
DM

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Dani L. Logan*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Dani L. Logan PCA* Date *4/2/2014*

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

The above plan of correction is approved as of <u>4/14/14</u> (Date)	Plan of correction implementation status as of <u>4/14/14</u> (Date)
The above plan of correction was approved by <u><i>DM</i></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:

Regulation 2600.88(a) - Page 4 of 11

2 tiles in the fire tower on the 3rd floor were replaced and secured by our maintenance department at 7:00 am on March 5th, 2014. An in-service was conducted with staff that during safety rounds floors must be checked and repaired as soon as issues arise. Attached you will find the Facility Tour sheet along with the In-Service Sign-off sheet for attendees. Facility tours are completed monthly. Once a potential hazard is found, a Maintenance work order is generated through our eMaintenance system and is addressed. Depending on the severity of the issue, items are prioritized and then addressed. Since this was a tripping hazard, it was immediately addressed. Please see picture attached.

Person(s) responsible for adherence to this regulation: All staff including Safety Committee

Dave Stogden 4/2/2014

Violation Report: 17638 - 03/04/2014 - Colon, Lissette
 PCH Name: WESLEY ENHANCED LIVING AT EVANGELICAL MANOR

1. REGULATION 55 Pa.Code §2600
 2600.102(d)(1) - Toilet and bath areas must have grab bars, hand rails or assist bars.

2a. DESCRIPTION OF VIOLATION
 Room # 309, has a missing grab bar by the toilet area.

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.

See Attached.
 PEM

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Darish Logan RMA* Date *4/14/14*

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

The above plan of correction is approved as of <u>4/14/14</u> (Date)	Plan of correction Implementation status as of <u>4/14/14</u> (Date)
The above plan of correction was approved by <u>PEM</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:

Regulation 2600.102(d)(1) - Page 5 of 11

Toilet grab bars were reattached prior to inspectors leaving the building on March 4, 2014. In-service was conducted on March 5, 2014 on all shifts with PC staff reiterating the necessity of these bars as stated in the regulation. Staff will ensure that we will remain in compliance. Rooms are checked daily to ensure compliance by the Personal Care staff. If there are any issues, Personal Care Aide, places a maintenance request via our eMaintenance system. Picture attached of grab bars.

Person responsible for adherence to this regulation: All PC staff including Personal Care Administrator

Dawn Logan 4/2/2014

Violation Report: 17838 - 03/04/2014 - Colon, Lissette
 PCH Name: WESLEY ENHANCED LIVING AT EVANGELICAL MANOR

1. REGULATION 65 Pa.Code §2600
 2600.103(c) - Food shall be protected from contamination while being stored, prepared, transported and served.

2a. DESCRIPTION OF VIOLATION
 An open bin located in the main kitchen area, had an insect circling several rotten sweet potatoes.

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.

See Attached
OPM

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Dari L. Logan PCH</i>	Date <i>4/2/2014</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>4/14/14</u> (Date)	Plan of correction implementation status as of <u>4/14/14</u> (Date)
The above plan of correction was approved by <u>DL</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:

Regulation 2600.103(c) - Page 6 of 11

Potatoes were immediately discarded by General Manager of Dining Services. In-Service was provided to the Staff of the proper storage of food. Attached you will find the In-Service Conducted Sign-off Sheet along with an AM Manager Checklist and PM Manager Checklist.

Person(s) responsible for adherence to this regulation: All Dining Services staff to monitor the storage of food through the kitchens daily.

Dariusz Stojan

4/2/2014

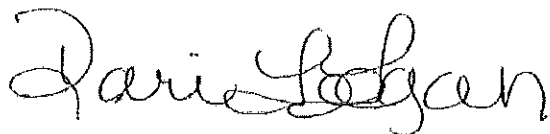
Violation Report: 17638 - 03/04/2014 - Colon, Lisette PCH Name: WESLEY ENHANCED LIVING AT EVANGELICAL MANOR	
1. REGULATION 56 Pa. Code §2600 2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.	
2a. DESCRIPTION OF VIOLATION The home's emergency procedures 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.	
See Attached <i>CRM</i>	
Repeat Violation: Yes	Date(s) of Previous Violation(s): 03/12/2013
Signature of Legal Entity Representative (Required on EVERY Page) <i>Darius Logan</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Darius L. Logan</i>	Date <i>4/2/2014</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u><i>4/14/14</i></u> (Date)	Plan of correction implementation status as of <u><i>4/14/14</i></u> (Date)
The above plan of correction was approved by <u><i>CRM</i></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:

Regulation 2600.123(b) - Page 7 of 11

Emergency Preparedness and Procedures were located in several different areas around the community with the exception of the Front Desk. On March 4, 2014 at 6:00 pm a copy was once again placed at the front desk so that we will remain in compliance. In addition, it was made part of the weekly check that the receptionists check to ensure that the book is present in the event of an emergency. Attached you will find the weekly checklist that will be completed each Monday.

Person(s) responsible for adherence to this regulation: Personal Care Administrator and Concierge staff

A handwritten signature in cursive script that reads "Paris Logan". The signature is written in black ink and is positioned in the lower-left quadrant of the page.

Violation:

Violation Report: 17838 - 03/04/2014 - Colon, Lissette	
PCH Name: WESLEY ENHANCED LIVING AT EVANGELICAL MANOR	
<p>1. REGULATION 65 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).</p>	
<p>2a. DESCRIPTION OF VIOLATION The home's vehicle had a first aid kit that did not include scissors.</p>	
<p>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.</p> <p style="text-align: center; font-size: 1.2em;">See Attached. C.R.M.</p>	
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)	
Date	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of (Date)	Plan of correction implementation status as of (Date)
The above plan of correction was approved by (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:

Regulation 2600.171(b) - Page 8 of 11

The first aid kit in the transportation vehicles have had scissors placed in them and the Driver's had received and in-service noting the regulation and the need for compliance. First aid kits will be checked weekly to ensure compliance of all items necessary. If any item needs replacing, the PCA will be responsible to immediately replace it.

Person(s) responsible for adherence to this regulation: Transportation Manager as well as Transportation Staff

Dave Bolgan 4/2/2014

Violation Report: 17638 - 03/04/2014 - Colon, Lissette
 PCH Name: WESLEY ENHANCED LIVING AT EVANGELICAL MANOR

1. REGULATION 68 Pa.Code §2600
 2600.183(b) - 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.

2a. DESCRIPTION OF VIOLATION
 On 3/4/14 at 10:00 am, Triamcinolone Acetonide Cream 0.025%, was unlocked and accessible to the resident in room # 314.

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.

SEE ATTACHED
 ORN

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Name]* Date *4/2/2014*

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

The above plan of correction is approved as of <u>4/14/14</u> (Date)	Plan of correction implementation status as of <u>4/14/14</u> (Date)
The above plan of correction was approved by <u>ORN</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

Regulation 2600.183(b) & (a) Pages 9 & 10 of 11

It was explained to the resident that all OTC medications need to be in a locked container. A letter was drafted to POA's explaining this procedure and to please not purchase these items and give to the residents without the knowledge of the staff thus ensuring compliance. Also it was explained that we need a prescription from the PCP on file for such items. In-service was also conducted with the Personal Care staff to be extremely vigilant when in resident rooms to ensure that we remain compliant. Copy of letter has been attached along with the training sign-off.

Person(s) responsible for adherence to this regulation: All PC Staff, Wellness Nurse as well as PC Administrator

Dawn Bolger

4/2/2014

Violation Report: 17638 - 03/04/2014 - Colon, Lisselle
 PCH Name: WESLEY ENHANCED LIVING AT EVANGELICAL MANOR

1. REGULATION 56 Pa.Code §2600
 2600.186(a) - Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.

2a. DESCRIPTION OF VIOLATION
 The prescription medication Triamcinolone Acetonide Cream 0.025% belonging to resident # 3 was not prescribed by an authorized prescriber.

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.

See Attached
 Den

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *David Logan* Date *4/2/2014*

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

The above plan of correction is approved as of <u>4/9/14</u> (Date)	Plan of correction implementation status as of <u>4/14/14</u> (Date)
The above plan of correction was approved by <u>DL</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

Regulation 2600.183(b) & (a) Pages 9 & 10 of 11

It was explained to the resident that all OTC medications need to be in a locked container. A letter was drafted to POA's explaining this procedure and to please not purchase these items and give to the residents without the knowledge of the staff thus ensuring compliance. Also it was explained that we need a prescription from the PCP on file for such items. In-service was also conducted with the Personal Care staff to be extremely vigilant when in resident rooms to ensure that we remain compliant. Copy of letter has been attached along with the training sign-off.

Person(s) responsible for adherence to this regulation: All PC Staff, Wellness Nurse as well as PC Administrator

Dave Dodgen

4/2/2014

Violation Report: 17638 - 03/04/2014 - Colon, Lissette
 PCH Name: WESLEY ENHANCED LIVING AT EVANGELICAL MANOR

1. REGULATION 65 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 2/19/14, Resident # 1's Furosemide 20mg was administered. Staff person B did not initial the time of administration.
 - On 2/23/14, Resident # 1's Multivitamin Tablet was administered. Staff person C did not initial the time of administration.
 - On 3/02/14, Resident # 2's 9pm dose of Xanax 0.25mg was administered. Staff person D did not initial the 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.

See Attached.
 CRM

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Harry L. Logan</i>	Date <i>4/2/2014</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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The above plan of correction was approved by <u>CRM</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:

Regulation 2600.187(b) - Page 11 of 11

In-service was conducted with Personal Care staff on proper recording of medication administration and the mandatory regulation of recording at the time the medication was administered. This includes date, time name and initials of the person administering the medication. Copy of resident MAR was addressed with each PCAide and copy of training sign-off is attached.

Person responsible for adherence to this regulation: All PC staff Medication Techs

Darius Johnson

4/2/2014