

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to STAPELEY HALL

LEGAL ENTITY

To operate WESLEY ENHANCED LIVING AT STAPELEY

NAME OF FACILITY OR AGENCY

Located at 6300 GREENE STREET, PHILADELPHIA, PA 19144

(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 79

(MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 18

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 October 16, 2014 until February 16, 2015,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 140170

Robert E. Robinson

ISSUING OFFICER

Michael J. [Signature]

ACTING 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 - 10/13



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

OCT 17 2014

Mr. Paul Zlotolow, NHA Executive Director
Stapeley Hall
6300 Greene Street
Philadelphia, Pennsylvania 19144

RE: Wesley Enhanced Living at Stapeley
License #: 140170

Dear Mr. Zlotolow:

As a result of your facilities recent adjustment of the use of physical space, we are issuing a revised license under the authority of 55 Pa.Code Ch. 2600 (relating to Personal Care Home Licensing). The revised license indicates a secured dementia care unit licensed capacity of 18 for your facility. The expiration date of the license remains unchanged. Your revised license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Matthew Jones" followed by a stylized flourish or initials.

Matthew J. Jones
Director

Enclosures
License
Licensing Inspection Summary

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

POH Name: WESLEY ENHANCED LIVING AT STAPELEY		License Number: 14017
Address: 6300 GREENE STREET, PHILADELPHIA, PA 19144		County: Philadelphia
Administrator: Kalhias Baptiste		Region: SOUTHEAST
Legal Entity Name: STAPELEY HALL		
Legal Entity Address: 6300 GREENE STREET, PHILADELPHIA, PA 19144		
Certificate(s) of Occupancy		
I-1 06/08/1998 Phila. L&I	I-2 06/08/1998 Phila. L&I	Other 06/08/1998 Phila. L&I
Staffing Hours		
Resident Support: 0	Total Daily Staff: 83	Working Staff: 62
Type of Inspection: Partial	BHA Docket Number:	Notice: Announced
Reason(s) for Inspection(s)		
On-Site Inspections Dates and Department Representatives On-Site 09/09/2014: Keppel, Autumn; Colon, Lisette; Adams, Patricia		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates.		
Licensed Capacity: 79 Number of Residents Served: 66 Secured Dementia Care Unit In Home: Yes Area: 3rd Floor Secured Dementia Unit Capacity, if Applicable: 14 Number of Residents Served in Secured Dementia Care Unit, if applicable: 14 Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 2	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 66 Have Mental Illness: 14 Have an Intellectual Disability: 0 Have a Mobility Need: 17 Have a Physical Disability: 2	


Violation Report: 14017 - 09/09/2014 - Keppel, Autumn
 PCH Name: WESLEY ENHANCED LIVING AT STAPELEY

1. REGULATION 65 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
 The carpeting in room # 321 has multiple raised ridges, especially near the doorway, which poses a tripping hazard for residents.

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 carpet in room 321 was replaced on 9/23/14.
 Any found any staff members that enters a room and notice a carpet that needs repair will contact the front desk who will submit a work order in the system, which sends an electronic message to maintenance. At that point it is accepted, and a completion notice is sent once completed.

 Director of Facility & PC Administration
 will assure that this occurs.

Repeat Violation: No	Date(s) of Previous Violation(s):	12/13/2013
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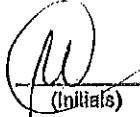
Signature of Legal Entity Representative (Required on EVERY Page) *K. Daphne*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathy Daphne* Date *10/1/14*

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

The above plan of correction is approved as of *10/1/14* (Date)

Plan of correction implementation status as of *10/1/14* (Date)

The above plan of correction was approved by  (Initials)

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


Violation Report: 14017 - 09/09/2014 - Keppel, Autumn
 PCH Name: WESLEY ENHANCED LIVING AT STAPELEY

1. REGULATION 56 Pa.Code §2600
 2600.95 - Furniture and equipment must be in good-repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION
 The sink in room #305 did not drain properly. When the faucet was turned on, the sink began to fill with water despite the drain being open.

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.

9/11/2014 The slow drain in 305 was plunged and cleaned, it has been checked since and no further issues have presented itself.
 Housekeeping and PC staff will submit a work order if they notice any sinks or a slow drain. Maintenance will accept the work order and complete a completion report once problem have been resolved.

 Director of Facility & PC Administration
 will assure that this occur.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Kathy Baptiste*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kathy Baptiste* Date *10/1/14*

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

The above plan of correction is approved as of <i>10/1/14</i> (Date)	Plan of correction implementation status as of <i>10/1/14</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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

**LICENSING SCORESHEET
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600**

PCH Name: WESLEY ENHANCED LIVING AT STAPELEY		License Number: 14017
Address: 6300 GREENE STREET, PHILADELPHIA, PA 19144		County: Philadelphia
Administrator: Kathias Baptiste		Region: SOUTHEAST
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Type of Inspection: Partial	BHA Docket Number:	Notice: Announced
Reason(s) for Inspection(s)		
On-Site Inspections Dates and Department Representatives On-Site 09/09/2014: Keppel, Autumn; Colon, Lissette; Adams, Patricia		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
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General Provisions

NM 3c - Post Current License