



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

**MAILING DATE: JAN 30, 2015**

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

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

Dear Mr. Ardente:

As a result of the Department of Human Services' licensing inspection on 11/26/14 which we conducted on-site inspections] 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.

Sincerely,

Roslyn Brewer  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary

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

Page 1 of 2

PCH Name: Wesley Enhanced Living at Evangelical Manor		License Number: 17638
Address: 8401 Roosevelt Boulevard, Philadelphia, PA 19152		County: Philadelphia
Administrator: Mitchell Richmond		Region: SOUTHEAST
Legal Entity Name: EVANGELICAL MANOR, INC.		
Legal Entity Address: 8401 ROOSEVELT BOULEVARD, PHILADELPHIA, PA 19152		
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support:	Total Daily Staff: 31	Waking Staff: 23
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Complaint		
On-Site Inspections Dates and Department Representatives On-Site		
11/26/2014: McHale, Christine		
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: 0	Number of Residents who:	
Number of Residents Served: 28	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit In Home: No	Are 60 Years of Age or Older: 28	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 3	
Number of Current Hospice Residents: 0	Have a Physical Disability: 6	
Number of Hospice Residents in past year: 0		

Violation Report: 17638 - 11/28/2014 - McHale, Christine  
PCH Name: Wesley Enhanced Living at Evangelical Manor

1. REGULATION 55 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 Mucnex D 600/60 mg belonging to resident #1 was not prescribed by an authorized prescriber. This medication became effective on the resident's medication administration record as of 10/30/14.

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

55 PA Code §2600

The primary physician was notified and provided a prescription for the Mucnex D; the medication administration record (MAR) was immediately updated upon receipt of the prescription.

Education to the staff was completed by December 15 in the following areas:

- Procedures to be followed when obtaining orders from a physician to add a new medication, or discontinuing a medication;
- Updating the MAR;
- Procedures to be followed for reviewing the orders and documentation during the end of month review/recaps.

On-going education will be provided to staff as deemed necessary based on monitoring of orders and MARs.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Suzanne A. Lachman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *SUZANNE A. LACHMAN* EXECUTIVE DIRECTOR Date *01.16.2015*

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

The above plan of correction is approved as of 1/16/15 (Date)

Plan of correction implementation status as of 1/16/15 (Date)

The above plan of correction was approved by *[Signature]* (Initials)

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