



pennsylvania
DEPARTMENT OF HUMAN SERVICES

FEB 0 5 2015

Ms. Brenda Cuart-Negron, Associate Executive Director
Maris Grove, Inc.
1st and 3rd Floors
500 Maris Grove Way
Glen Mills, Pennsylvania 19342

RE: Maris Grove
License #: 134660

Dear Ms. Cuart-Negron:

As a result of the Department of Human Services' licensing inspection on December 8, 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 March 11, 2015 to March 11, 2016 was issued on December 3, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones
Director _{st}

Enclosure
License Inspection Summary

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

PCH Name: Maris Grove		License Number: 13466
Address: 500 Maris Grove Way, Glen Mills, PA		County: Delaware
Administrator: Brenda Cuart-Negron		Region: SOUTHEAST
Legal Entity Name: MARIS GROVE INC		
Legal Entity Address: 500 MARIS GROVE WAY, GLEN MILLS, PA		
Certificate(s) of Occupancy I-2 06/09/2009 Concord Township		
Staffing Hours Resident Support: Total Daily Staff: 83 Waking Staff: 62		
Type of Inspection: Ind - Partial/Center head BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Indicator		
On-Site Inspections Dates and Department Representatives On-Site 12/08/2014: McHale, Christine		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: 132d Random Indicators: 254a, 103f, 29b9, 131c, 101i		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 66	Number of Residents who:	
Number of Residents Served: 57	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 57	
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: 26	
Number of Current Hospice Residents: 6	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 12		

Violation Report: 13466 - 12/08/2014 - McHale, Christine
 PCH Name: Maris Grove

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The home's designated evacuation time from 4/18/14 until 4/11/14 was ten minutes. The home's designated evacuation time from 4/11/14 until 12/9/14 was eleven minutes. The home's fire drill evacuation times are: 2/11/14 - twelve minutes and nineteen seconds; 3/13/14 - twelve minutes and nine seconds; 5/22/14 - eleven minutes and twelve seconds; 9/30/14 - eleven minutes and 44 seconds.

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.

Plan of correction for survey 12/8/14:

Violation:

The home's designated evacuation time from 4/18/13 to 4/11/14 was 10 minutes. The home's designated time from 4/11/14 until 12/9/14 was 11 minutes. The home's fire drill evacuation times exceeded the 11 minutes on four separate occasions.

Life Safety Consultant sent a revised letter on 12/9/14 to correct a typographical error on the 4/11/14 letter. The 12/9/14 revised letter correctly notes the evacuation time on 4/11/14 to be 13 minutes which is within the designated timeframe for the census and acuity.

PC administrator and/or General services supervisor will continue to monitor evacuation times on a monthly-basis to ensure compliance.

Results will be forwarded to Performance Improvement meetings monthly x 2 to ensure continued compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page) *Brenda Cuart-Neyron, AED, NHA, PC Admin*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Brenda Cuart-Neyron* Date *01/15/15*

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

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

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

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

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