



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 23 2015

Ms. Kathy Baptiste, Administrator
Stapeley Hall
6300 Greene Street
Philadelphia, Pennsylvania 19144

RE: Wesley Enhanced Living at Stapeley
License #: 140170

Dear Ms. Baptiste:

As a result of the Department of Human Services' licensing inspection on January 5, 2015 and January 6, 2015 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 February 16, 2015 to February 16, 2016 was issued on November 13, 2014. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones
Director

Enclosure
License Inspection Summary

VIOLATION REPORT
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: Kathy 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 City of Phila. L&I	I-2 06/08/1998 City of Phila. L&I	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 67	Working Staff: 50
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 01/05/2015: Keppel, Autumn; McIlvain, Shawn 01/06/2015: Keppel, Autumn; McIlvain, Shawn		
Off-Site Inspection Dates and Inspectors, if Applicable 01/07/2015: Keppel, Autumn 01/09/2015: Keppel, Autumn 01/16/2015: Keppel, Autumn; McIlvain, Shawn		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 79 Number of Residents Served: 51 Secured Dementia Care Unit In Home: Yes Area: Bridges Secured Dementia Unit Capacity, if Applicable: 18 Number of Residents Served in Secured Dementia Care Unit, if applicable: 13 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: 51 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 16 Have a Physical Disability: 3	

Violation Report: 14017 - 01/06/2015 - Keppel, Autumn
 PCH Name: WESLEY ENHANCED LIVING AT STAPELEY

1. REGULATION 55 Pa.Code §2600

2600.61(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

On 1/5/2016 Direct care staff person A does not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry.

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.

To prevent future violations we have updated our New Hire Checklist (which is used by HR to track the collection of required paperwork and documents for new hires.)

The update to the form reflects that we have to collect for direct care staff in Personal Care one of the following:

- HS diploma
- GED

The HR Department is responsible to ensure this compliance. This checklist is used for all new hires to ensure we collect all necessary documentation.

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 <u>2/24/15</u> (Date)		Plan of correction implementation status as of <u>2/24/15</u> (Date)
The above plan of correction was approved by  (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 Report: 14017 - 01/05/2015 - Keppel, Autumn
 PCH Name: WESLEY ENHANCED LIVING AT STAPELEY

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
 - The commode, in room #219, had dried fecal matter around the rim and on the inside leg.
 - A dark brown/black substance was observed outside on a patio cushion and bench; and on the floor in front of the 2nd floor elevator in Bridges.

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 commode in room 219 was immediately cleaned as well as the patio area on Bridges. The daily cleaning checklist has been revised to reflect all outside areas. They will be inspected more frequently throughout the day. Housekeeping will be responsible to ensure that this task gets done.

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 Date
 (Required on EVERY Page) *K. M. [Signature]* 2/16/15

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The above plan of correction is approved as of <u>2/24/15</u> (Date)	Plan of correction implementation status as of <u>3/24/15</u> (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

Violation Report: 14017 - 01/05/2015 - Keppel, Autumn
 PGH Name: WESLEY ENHANCED LIVING AT STAPELEY

1. REGULATION 55 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 bathroom in room # 402 has two mats on the floor that are not slip resistant; presenting a falling/slipping hazard.

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 mats in 402 were immediately removed. The resident was educated about the danger of non slip mats. Housekeeping has updated their cleaning check list to include mats. if discovered a PC staff will immediately be notified. PC staff will also make checking of mats part of their duty routine.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/16/2014
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Signature of Legal Entity Representative
 (Required on EVERY Page) *R. Baptista*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *R. Baptista* Date *2/16/15*

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The above plan of correction is approved as of *2/26/15*
 (Date)

Plan of correction implementation status as of *2/26/15*
 (Date)

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

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

Violation Report: 14017 - 01/05/2015 - Keppel, Autumn
 PCH Name: WESLEY ENHANCED LIVING AT STAPELEY

1. REGULATION 68 Pa.Code §2800
 2800.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION
 The vent, located in the 2nd floor kitchenette, was covered in dust and debris.

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 vent was cleaned and it will now be cleaned on a weekly basis by housekeeping.

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

Signature of Legal Entity Representative (Required on EVERY Page) *K. M. Baptiste*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *K. M. Baptiste* Date *2/16/2015*

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The above plan of correction is approved as of <u>3/24/15</u> (Date)	Plan of correction implementation status as of <u>3/24/15</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></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 Report: 14017 - 01/05/2015 - Keppe, Autumn
 PCH Name: WESLEY ENHANCED LIVING AT STAPELEY

1. REGULATION 55 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
 On 1/6/2015, unlabeled/undated open cereal bags were found in the 2nd floor kitchenette cabinet.

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 bags of cereal was removed from the kitchenette area. Dining no longer orders bulk bags of cereal all cereals are now individually packaged for one-time serving. Dining will ensure that this process continues.

How
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 future occur

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 2/15/16

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The above plan of correction is approved as of 2/24/15
 (Date)

Plan of correction implementation status as of 2/24/15
 (Date)

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

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

Violation Report: 14017 - 01/06/2015 - Keppel, Autumn
 PCH Name: WESLEY ENHANCED LIVING AT STAPELEY

1. REGULATION 65 Pa.Code §2600
 2600.131(f) - Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

2a. DESCRIPTION OF VIOLATION
 On 1/6/2014, The fire extinguisher on the SDU patio door was missing an inspection tag.

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 inspection tag was replaced. Environmental services has started a book that has duplicates of the tags in it, The tags on the SDU has also been taped down.

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *K. Baptiste* Date *2/18/15*

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The above plan of correction is approved as of *3/24/15*
 (Date)

Plan of correction implementation status as of *3/24/15*
 (Date)

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

- Fully Implemented
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Violation Report: 14017 - 01/05/2015 - Koppel, Autumn
 PCH Name: WESLEY ENHANCED LIVING AT STAPELEY

1. REGULATION 55 Pa.Code §2000

2000.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION

- On 1/8/2015, resident #2's Nasonex discontinued on 12/31/12 was located in the medication cart drawer.

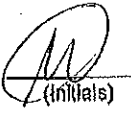
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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 medication was removed from the med cart. Any new admissions meds will be renewed for expired dates prior to being placed on the cart. The admitting nurse will be responsible for this.

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
K. Koppala		2/16/15
K. Baptiste		

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Violation Report: 14017 - 01/05/2015 - Keppel, Autumn
 PCH Name: WESLEY ENHANCED LIVING AT STAPELEY

1. REGULATION 55 Pa.Code §2600
 2600.186(b) - Prescription medications shall be used only by the resident for whom the prescription was prescribed.

2a. DESCRIPTION OF VIOLATION
 On 1/08/15, resident # 4's Tylenol 325 mg was located in the medication drawer belonging to Resident #3.

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 medication was placed in the next slot.
 A request has been submitted to the pharmacy for name alert labels. Having found any resident having the same name will have a name alert sign clearly displayed. If not displayed pharmacy will be immediately notified. This will be done by PC Staff!

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *K. Baptista*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *K. Baptista* Date *2/16/15*

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 (Date)

Plan of correction implementation status as of *3/24/15*
 (Date)

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

- Fully Implemented
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- Not Implemented

Violation Report: 14017 - 01/05/2015 - Keppel, Autumn
 FCH Name: WESLEY ENHANCED LIVING AT STAPELEY

1. REGULATION 55 Pa.Code §2600
 2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The medication administration record for resident # 3 does not include Eucerene cream.

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 # 3 does not have an order for Eucerene cream. This is an over the counter for dry skin. Because this resident reside on an SDU staff placed it in the cart, so it can be locked and the resident will not have access to it. Staff has been instructed to keep it locked in her closet instead of cart.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *K. Baptiste* Date *2/16/15*

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The above plan of correction is approved as of *3/24/15* (Date) Plan of correction implementation status as of *3/24/15* (Date)

- Fully implemented
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- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 14017 - 01/06/2015 - Keppel, Autumn
 PCH Name: WESLEY ENHANCED LIVING AT STAPELEY

1. REGULATION 55 Pa.Code §2600
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION
 The support plan dated 4/24/14 was not signed by resident # 5.

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.

A review was made of all charts to make certain all support plans are signed or there is a refusal identified. Going forward all support plans will be reviewed by PCA prior to being placed on the chart.

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
<i>K. [Signature]</i>		<i>2/16/15</i>
<i>K. [Signature]</i>		

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