



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

APR 15 2016

Ms. Linda M. Sterthous, Executive Director  
Martins Run, Inc.  
100 Halcyon Drive  
Media, Pennsylvania 19063

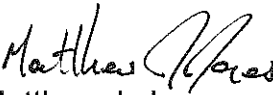
RE: Wesley Enhanced Living Main Line Personal Care  
License #: 182800

Dear Ms. Sterthous:

As a result of the Department of Human Services' annual licensing inspection on January 11, 2016 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,

  
Matthew J. Jones  
Director

Enclosure  
License Inspection Summary



Violation Report: 18280 - 01/11/2016 - Colon, Lissette  
 FCH Name: WESLEY ENHANCED LIVING MAIN LINE PERSONAL CARE

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 1/11/16, there were two bags of frozen french fries not labeled or dated inside the main kitchen freezer.

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 regulation 103(e)  
 PCA or designee will conduct twice daily audits with kitchen supervisor to ensure all food is properly labeled and dated.  
 Will be fully implemented by 2/17/2016  
 See attached audit sheet.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Tamara Johnson L.P.N PCA*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Tamara Johnson L.P.N PCA* Date *2/9/16*

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

The above plan of correction is approved as of *2/17/16*  
 (Date)

Plan of correction implementation status as of *2/17/16*  
 (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: 18280 - 01/11/2016 - Colon, Lissette  
 PCH Name: WESLEY ENHANCED LIVING MAIN LINE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600  
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION  
 On 1/11/16, Resident #1's "as needed" Amoxicillin 500mg caps were not available 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.

Plan of correction for regulation 185(a)

PCA or designee will conduct monthly medication audits to ensure all medications ordered are on site. One dose PRN medications will be written as such by physician. (Amoxicillin 500mg cap to be given by mouth 1 hour prior to dental appointment then discontinued.) Nursing staff along with physicians and NP will be in-serviced on how to write one time dose medication orders. Will be fully implemented by 2/20/2016

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Tamara Johnson C.P.N PCA*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Tamara Johnson C.P.N PCA* Date *2/9/16*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of <i>2/17/16</i> (Date)  The above plan of correction was approved by <i>[Signature]</i> (Initials)	Plan of correction Implementation status as of <i>2/17/16</i> (Date) <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
--	--