



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 23 2016

Ms. Suzanne H. Lachman, Executive Director
Evangelical Manor, Inc.
8401 Roosevelt Boulevard
Philadelphia, Pennsylvania 19152

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

Dear Ms. Lachman:

As a result of the Department of Human Services' annual licensing inspection on March 28, 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,

A handwritten signature in black ink, appearing to read "Jay Bausch".

Jay Bausch
Deputy Secretary

Enclosure
License Inspection Summary

Violation Report: 17638 - 03/28/2016 - Colon, Lisselle
 PCH Name: WESLEY ENHANCED LIVING AT EVANGELICAL MANOR

1. REGULATION 55 Pa.Codo §2600

2600.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

Resident #1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

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.

2600.41(e) The Personal care Administrator or Designee will review all new admission paperwork within the first 2 days of admission to ensure Resident rights and complaint procedure are signed off on by the Resident indicating the resident . the payer and the Personal care administrator or designees acknowledging that the resident has received the resident rights and complaint procedures.an audit will be done by the Pc administrator .and Pc staff . completion -date on going quarterly

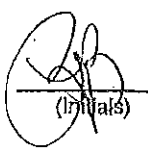
Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page)



Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Pam Coursey	Date 4-12-16
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DEPARTMENT USE ONLY | HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>4/13/16</u> (Date)	Plan of correction Implementation status as of <u>4/13/16</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: 17638 - 03/28/2016 - Colon, Lissette
 PCH Name: WESLEY ENHANCED LIVING AT EVANGELICAL MANOR

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 3/28/16, the following food items were found in the main kitchen freezer not labeled or dated;

- two bags of bread sticks
- two bags of french fries
- three waffles
- tomatoes wrapped in plastic wrap
- one bag of puree eggs
- one bag of puree turkey

On 3/28/16, inside the main kitchen refrigerator was 5lbs of ground beef not labeled or dated.

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...

Violation: On 3/28/16, the following food items were found in the main kitchen freezer not labeled or dated;

- 2 bags of breadsticks
- 2 bags of French fries
- 3 waffles
- Tomatoes wrapped in plastic
- One bag of puree eggs
- One bag of puree eggs
- 5lbs of ground beef not labeled in the refrigerator

Plan of Correction: Immediate in servicing of all kitchen staff by the Dining Manager that all food items are to be labeled with the items name, the date the item is stored and use by dates.

Monitoring: This is to be monitored by management and staff on an ongoing basis.

wesley RB

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Pam Coursey</i>	Date <i>4/12/16</i>
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The above plan of correction is approved as of 4/13/16
 (Date)

Plan of correction Implementation status as of 4/13/16
 (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: 17638 - 03/28/2016 - Colon, Lissette
 PCH Name: WESLEY ENHANCED LIVING AT EVANGELICAL MANOR

1. REGULATION 66 Pa.Code §2600
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION
 There was five trays of puree food located in the freezer open and unsealed.

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.

Regulation 2600.103(g): Food shall be stored in closed or sealed containers

Violation: There were five trays of puree food located in the freezer open and unsealed.

Plan of Correction: Immediate in servicing of the kitchen staff by the Dining Manager of the proper storage of food. Puree trays will be wrapped and dated properly. Freezer safe labels will be ordered and used to ensure labels adhere to the containers.

Monitoring: This is to be ongoing in the kitchen for all cooks, staff, and management to ensure that all food is safely stored and prepared. *weekly BB*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Patricia Courbsey</i>	<i>4/12/16</i>

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The above plan of correction is approved as of 4/19/16
 (Date)

Plan of correction implementation status as of 4/19/16
 (Date)

The above plan of correction was approved by *BB*
 (Initials)

- Fully Implemented
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Violation Report: 17638 - 03/28/2016 - Colon, Lissette
 PCH Name: WESLEY ENHANCED LIVING AT EVANGELICAL MANOR

1. REGULATION 55 Pa.Code §2600

2600.126(a) - A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

2a. DESCRIPTION OF VIOLATION

The inspection for the home's boilers expired on 1/8/16. There was no documentation indicating the boiler was recently inspected.

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.

██████████ from CNA, Risk Control Specialist will be at Pennypack Park on Friday, 4.15.2106 to inspect the boiler to issue an updated certificate. CNA stated they are running behind with their inspections.

The administrator will start the process earlier to ensure the inspection of the furnace will be timely RB

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Ann Bursey</i>	<i>4/12/16</i>

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 (Date)

Plan of correction implementation status as of 4/19/16
 (Date)

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 (Initials)

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Violation Report: 17638 - 03/28/2016 - Colon, Lissette
 PCH Name: WESLEY ENHANCED LIVING AT EVANGELICAL MANOR

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
 The medical evaluation for resident #2, dated 6/10/15, does not include the Immunization History.

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.

2600.41(a)(2) The Administrator or Designee will audit all charts to assure that the Dme and Rasp have accurate information, all sections are completed and are in compliance with the regulation. Audit will be done by Personal care Administrator, the nurse and Pc staff
 Completion date - 4/30/2016. Immunization history of resident #2 was completed and signed by the physician Charts will be audited quarterly on regulation 41(a)(2) as part of our Quality Management Audit will be done by Pc staff, Nurse, monitored by Personal care administrator
 Completion date - on going.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/11/2015
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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **PAM COURSEY** Date **4/12/16**

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Violation Report: 17638 - 03/28/2016 - Colon, Lisselle
 PCH Name: WESLEY ENHANCED LIVING AT EVANGELICAL MANOR

1. REGULATION 55 Pa.Code §2600
 2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION
 Resident #1 has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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.

2600.191 Personal care Administrator or designee will educate new admission residents on the resident rights to refuse medication if they believe a medication error has occurred. Pc administrator or designee will review new admission paperwork to ensure resident rights and complaint procedures are signed by the resident, payer, and pc administrator audits will be done quarterly to ensure compliance with the regulation by the pc administrator, pc staff completion date -- on going

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Ann Coursey</i>	<i>4/12/16</i>

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 (Date)

Plan of correction implementation status as of *4/19/16*
 (Date)

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 (Initials)

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Violation Report: 17638 - 03/28/2016 - Colon, Lissette
 PCH Name: WESLEY ENHANCED LIVING AT EVANGELICAL MANOR

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

The most recent assessment for resident #3 was completed on August 6, 2014.

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.

2600 . 225 (c) In service being conducted by Pc administrator on regulation 225.(c) the pc staff are required to annually do a new assessment annually, change in condition , at the request of DHS upon cause to believe that an update is required the pc staff must review DME , RASP to ensure they are done as per the regulation and that all information is consistent with each form completion date – 4/30/2016 then quarterly - ongoing

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Date 4/12/16

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Violation Report: 17638 - 03/28/2016 - Colon, Lissette
 PCH Name: WESLEY ENHANCED LIVING AT EVANGELICAL MANOR

1. REGULATION 55 Pa.Code §2600

2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION

According to the home's assistant administrator, resident #3's 2015 support plan was completed. However, the date signed on the support plan by the assessor and the personal care aide that participated was altered, in which "white-out" was used to change the date of Aug 6, 2014 to Aug 6, 2016. The date signed by the resident remained the same, August 6, 2014. This implies the support plan for 2015 was never completed.


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.

2600.25.(b) In service being conducted by Pc administrator on regulation 25.(b)the pc staff are required to make all entries in the residents record permanent, legible dated and signed by the staff person making the entry. white out cannot be used at anytime in a resident record . Audit will be done by pc administrator and pc staff completion date - 4/30/2016 then quarterly on going

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
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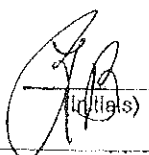
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Pam Coursey	4/12/16

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