



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 13 2016

Mr. Ken Beiler, Executive Director
Stapeley Hall
6300 Greene Street
Philadelphia, Pennsylvania 19144

RE: Wesley Enhanced Living at Stapeley
License #: 140170

Dear Mr. Beiler:

As a result of the Department of Human Services' annual licensing inspection on August 4, 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 "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 14017 - 08/04/2016 - Colon, Lisselle
 PCH Name: WESLEY ENHANCED LIVING AT STAPELEY

1. REGULATION 58 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 8/4/16, the following food items in the main kitchen was not labeled or dated,
 - A bag of chicken fingers, fish filets, burgers, and french fries
 - A box of chicken steaks and chip steaks

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.

103(e) the following items were discarded:

- 1 bag of chicken fingers
- 1 bag of fish filets
- 1 bag of burgers
- 1 bag of French fries
- A box of chicken Steaks and chip steaks

To prevent this violation from reoccurrence of violation all food shall be labeled and dated. Staff has been in-serviced. The chef and dining manager will monitor that proper procedure is followed on a daily basis.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/05/2015	
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		Plan of correction implementation status as of	
9/1/16 (Date)		9/1/16 (Date)	
The above plan of correction was approved by		<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	
(Initials)			

Violation Report: 14017 - 08/04/2016 - Colon, Lissette
 PCH Name: WESLEY ENHANCED LIVING AT STAPELEY

1. REGULATION 55 Pa.Code §2600
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
 On 8/4/16, there was no thermometer in the Bridges kitchenette 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.

103(f) this violation occurred because a temporary refrigerator was placed, while maintenance was being done on the original unit. Upon realization that a thermometer was not in placed one was placed in immediately. To prevent this violation from occurring, the freezer and refrigerator will be checked weekly by PC aide and will be monitored by PC administrator and dining manager.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>K. M. Baptiste</i>	<i>R. Administrator</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Kathy Baptiste</i>	<i>8/29/16</i>

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Violation Report: 14017 - 08/04/2016 - Colon, Lissette
 PCH Name: WESLEY ENHANCED LIVING AT STAPELEY

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 # 1 dated 3/8/16, does not include the following elements,
 - Height, Pulse Rate, and Temperature
 - Special Health and Dietary Needs
 - Body Positioning/Movement

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.

141(a) (2) The medical evaluation form for resident #1 was sent to the PCP to include height, Pulse and temperature, special health and dietary needs and for body positioning/Movement to be indicated. To prevent reoccurrence of the violation all medical evaluation will be reviewed by nurse and if the medical evaluation is not completed, it will be returned to physician or PA or CRNP to be corrected. This will be monitored by Marketing, Nurse Supervisor and PC administrator.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kathy Baptiste</i>	Date <i>8/29/16</i>
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Violation Report: 14017 - 08/04/2016 - Colon, Lissette
 PCH Name: WESLEY ENHANCED LIVING AT STAPELEY

1. REGULATION 56 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Resident # 2's medications were discontinued on the following dates, however, on 8/4/16 the medications were still inside the medication cart,

- Acetaminophen 325 mg and Acetaminophen 500mg tablets discontinued in June 2016
- SMZ/TMP 800-160 tablets discontinued on 6/13/16
- Debrox Drops discontinued on 1/22/16

Resident # 3's medications were discontinued on the following dates, however, on 8/4/16 the medications were still inside the medication cart,

- Bupropion 150 mg tablets discontinued on 4/7/2016
- Losartan POT 25mg tablets discontinued on 4/7/2016
- Donepezil 10mg tablets discontinued on 5/27/2016

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.

183(d) All of the discontinued medication was removed from the cart immediately. A system was established for review of carts by 11-7 staff, for verification that any D/C orders are to be off the cart. This will automatically appear on a weekly basis and on the EMAR system for compliance. This will be done for all residents on a weekly basis. PC Supervisor and PC administrator will monitor for compliance. We also have the pharmacy looking into why the automatic fills had d/c meds since the system is a live system.

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page)	K. [Signature] <i>PC administrator</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Kathy Baptiste	8/29/16

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The above plan of correction is approved as of <u>8/11/16</u> (Date)	Plan of correction implementation status as of <u>9/1/16</u> (Date)
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Violation Report: 14017 - 08/04/2018 - Colon, Lissette
 PCH Name: WESLEY ENHANCED LIVING AT STAPELEY

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 8/4/16, Resident # 1's as needed Loperamide A-D 2mg tablets were not available in the home.
- On 8/4/16, Resident # 2's as needed Milk of Magnesia was not available in the home.
- On 8/4/16, Resident # 4's as needed Bisac-Evac Rectal Suppository and Ipratropium/Sol Albuter Inhaler was 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.

The medications were immediately corrected and the medication were recorded for resident #1,#2 and #4. The medications were listed on the MAR. The training will include the importance of knowing regulation 185a. The medication implementing procedures will be part of the administrators recuperation process monthly.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
<i>K. Buchste</i> PC Administrator			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
<i>Kathy Buchste</i>			<i>8/29/16</i>
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<i>[Signature]</i> (Initials)			

Violation Report: 14017 - 08/04/2016 - Colon, Lissette
 PCH Name: WESLEY ENHANCED LIVING AT STAPELEY

1. REGULATION 56 Pa.Code §2600
 2600.224(c) - The preadmission screening shall be completed by the administrator or designee.

2a. DESCRIPTION OF VIOLATION
 Resident # 3's preadmission screening form was completed, however it was not 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, include dates by which the steps will be completed.

224(C) The preadmission screen for resident # 3 was corrected, and we are in the process of auditing all screens to assure that they are completed entirely and include the date of completion. This will be done by 9/22/16. PC administrator will monitor this process.

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)	Date
Kathy Baptiste	8/29/16

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 (Date)

Plan of correction implementation status as of 9/1/16
 (Date)

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

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

Violation Report: 14017 - 08/04/2016 - Colon, Lissette
 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

On the following dates, resident #1, # 2, # 5, and resident # 6, did not sign their support plans,

- Resident # 1, support plan dated 04/21/16
- Resident # 2, support plan dated 10/31/15
- Resident # 5, support plan dated 10/31/15
- Resident # 6, support plan dated 06/16/16

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.

227(g) on the support plans of resident # 1, 2, 5, and 6 it was identified that the resident did not wish to participate. The licensing representative did suggest going forward that we date when the attempt was made. This will be an ongoing practice. We are reviewing all previous support plans that identifies that the resident "did not wish to participate" and asking if they wish to review or would like a copy. Please expect for those dates to be later than when the actual support plan was completed. Pc administrator will monitor.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/05/2015	
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Signature of Legal Entity Representative (Required on EVERY Page)	K. M. Baptiste PC adm
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Kathy Baptiste	8/21/16

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Violation Report: 14017 - 08/04/2016 - Colon, Lissette
 PCH Name: WESLEY ENHANCED LIVING AT STAPELEY

1. REGULATION 55 Pa.Code §2600

2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident # 3 admitted to the SDCU on [redacted] 15, had a medical evaluation that did not document the resident's need for SDCU care.

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.

231(b)The medical evaluation for resident #3 was corrected to reflect the need of an SDU unit. All Bridges residents charts are being audited to reflect that the resident has a need to be on an SDU. The nurse will assure that we are in compliance and to continue compliance PC administrator will verify all evaluations prior to being placed on the resident chart.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

K. [redacted] PC administrator

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Kathy Baptiste

Date

8/29/16

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The above plan of correction is approved as of

9/1/16
 (Date)

Plan of correction implementation status as of

9/1/16
 (Date)

The above plan of correction was approved by

[Signature]
 (Initials)

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