



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 24 2017

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


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

Dear Ms. Sterthous:

As a result of the Department of Human Services' licensing inspection on 9/19/16 which we conducted on-site inspections] 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,



Roslyn Brewer
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

PCH Name: WESLEY ENHANCED LIVING MAIN LINE PERSONAL CARE		License Number: 18280
Address: 100 HALCYON DRIVE, MEDIA, PA 19063		County: Delaware
Administrator: Tamara Johnson		Region: SOUTHEAST
Legal Entity Name: MARTINS RUN INC		
Legal Entity Address: 100 HALCYON DRIVE, MEDIA, PA 19063		
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 28	Waking Staff: 21
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 09/19/2016: Kazimer, Lauren		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 50 Number of Residents Served: 27 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 27 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 1 Have a Physical Disability: 0	

Violation Report: 18280 - 09/19/2016 - Kazimer, Lauren
 PCH Name: WESLEY ENHANCED LIVING MAIN LINE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION
 On 8/26/16, an allegation of abuse against resident #1 was reported to the home and was not reported to the local area agency on aging or the State Department of Aging.

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 15(a)

PCA has conducted an in-service with all appointed designee's on 2600.15(a). In-service included location of binder (on the unit) with step by step instructions.

If suspected abuse of a resident served in the home

PCA or appointed designee's shall immediately complete a PB-22 and fax to the (COSA)

Delaware County Area Agency of Aging along with a phone call.

Was fully implemented 9/19/2016.

Going forward steps on how/when to report to Delaware County Area Agency of Aging will be attached to yearly in-services. See Attached

The administrator will ensure the process is followed. RB

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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) <i>Tamara Johnson L.P.N PCA</i>	Date <i>10/4/16</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *10/4/16*
 (Date)

Plan of correction implementation status as of *10/4/16*
 (Date)

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

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