



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

**MAILING DATE: July 11, 2017**

Ms. Robyn B. Kulp  
Executive Director  
Maple Village  
2815 Byberry Road  
Hatboro, Pennsylvania 19040

RE: Wesley Enhanced Living Upper Moreland  
Certificate#:127910

Dear Ms. Kulp:

As a result of the Department of Human Services' licensing inspection on October 3, 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 cursive script that reads "Roslyn Brewer" followed by a stylized initial or mark.

Roslyn Brewer  
Regional Licensing Supervisor

Enclosure  
Licensing Inspection Summary

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

PCH Name: WESLEY ENHANCED LIVING UPPER MORELAND		License Number: 12791
Address: 2815 BYBERRY ROAD, HATBORO, PA 19040		County: Bucks
Administrator: Cheryl Kelly		Region: SOUTHEAST
Legal Entity Name: MAPLE VILLAGE		
Legal Entity Address: 2815 BYBERRY ROAD, HATBORO, PA 19040		
Certificate(s) of Occupancy		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 36	Waking Staff: 27
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 10/03/2016: Kazlmer, Lauren		
Off-Site Inspection Dates and Inspectors, If Applicable		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 52 Number of Residents Served: 32 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	<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 80 Years of Age or Older: 32 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 4 Have a Physical Disability: 0	

Violation Report: 12791 - 10/03/2016 - Kazimer, Lauren  
 PCH Name: WESLEY ENHANCED LIVING UPPER MORELAND

1. REGULATION 55 Pa.Code §2600  
 2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION  
 On 9/5/16, during the 11pm shift narcotic count, seven of resident #1's Oxycodone/APAP 5-325mg tablets were not stored in a locked area and discovered missing.

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.

- 1) The employee on duty was terminated immediately after the investigation was completed.
- 2) The employee involved was a Pool employee who was not consistently working in the department. Going forward Pool employees are required to work a minimum of 2 shifts per month not only to ensure they remain current with all policies & procedures but to maintain their position/employment.
- 3) The Drug Diversion Policy was reviewed with all staff. (Policy Attached)
- 4) Storing Medications at the Home per DLW's Student Manual - Administering Medications The Right Way was reviewed with all staff.

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>Cheryl Kelly PC Administrator</i>	Date <i>4/4/19</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of _____ (Date)  The above plan of correction was approved by _____ (Initials)	Plan of correction Implementation status as of _____ (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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