



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 07 2017

Ms. Maureen Heckler,
Executive Director
Maris Grove, Inc.
500 Maris Grove Way, First and Third Floors
Glen Mills, Pennsylvania 19342

RE: Maris Grove
License #: 134660

Dear Ms. Heckler:

As a result of the Department of Human Services' annual licensing inspections on December 12, 2016 and December 13, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 13466 - 12/12/2016 - Freeman, Sabrina
 PCH Name: MARIS GROVE

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

The contract for resident # 1 was not signed.

The contract for resident # 2 was not signed.

The contract for resident # 4 was not signed.

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 contracts for Residents #1, #2, and #4 were reviewed with the residents and responsible parties and signed effective 12/21/16.
- The Health Care Counselor/designee will review admissions agreements of all current residents to ensure proper signatures have been obtained. Admissions staff will be in-serviced on proper procedures in reviewing and signing future admission agreements. Date of completion: 1/13/17.
- The Health Care Counselor/designee will review all new admission agreements monthly for the next three months to verify all necessary signatures were obtained. Any discrepancies will be reported to the Administrator immediately and corrective actions implemented. Results of the monthly audits will be reported to our Performance Improvement and Safety Committee monthly for three months to monitor for progress towards improvement. Date of completion: 1/18/17.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Regulred on EVERY Page)

Beverly Duffy

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

Beverly Duffy

Date 1-3-17

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

The above plan of correction is approved as of

1/9/17
 (Date)

Plan of correction implementation status as of

1/9/17
 (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: 13466 - 12/12/2016 - Freeman, Sabrina
 PCH Name: MARIS GROVE

1. REGULATION 55 Pa.Code §2600
 2600.25(c)(4) - The contract shall specify the party responsible for payment.

2a. DESCRIPTION OF VIOLATION
 The contract for resident # 1 does not specify the party responsible for payment.
 The contract for resident # 4 does not specify the party responsible for payment.

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 contracts for Residents #1 and #4 were reviewed and responsible parties were verified and noted on their respective admission agreements. Date of completion: 12/21/16.
- The Health Care Counselor/designee will review admissions agreements of all current residents to ensure proper signatures have been obtained. Admissions staff will be in-serviced on proper procedures in reviewing and signing future admission agreements. Date of completion: 1/13/17.
- The Health Care Counselor/designee will review all new admission agreements monthly for the next three months to verify all necessary signatures were obtained. Any discrepancies will be reported to the Administrator immediately and corrective actions implemented. Results of the monthly audits will be reported to our Performance Improvement and Safety Committee monthly for three months to monitor for progress towards improvement. Date of completion: 1/18/17.

Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Regulred on EVERY Page) <i>Beverly Duffly</i>	
Printed Name and Title of Legal Entity Representative (Regulred on EVERY Page) <i>Beverly Duffly</i>	Date <i>1-3-17</i>

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The above plan of correction is approved as of 1/19/17
 (Date)

Plan of correction implementation status as of 1/19/17
 (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: 13466 - 12/12/2016 - Freeman, Sabrina
 PCH Name: MARIS GROVE

1. REGULATION 55 Pa.Code §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.

Resident # 2's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Resident # 4'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.

- Residents #1, #2, and #4 were given copies of their resident rights along with complaint procedures, and signed on 12/21/16 acknowledging their receipt. Date of completion: 12/21/16.
- The Personal Care Manager/designee will review current admission agreements to ensure that all residents have acknowledged they have received both resident rights and complaint procedures. Date of completion: 1/13/17.
- The Health Care Counselor/designee will review all new admission agreements monthly for the next three months to verify all necessary signatures were obtained. Any discrepancies will be reported to the Administrator immediately and corrective actions implemented. Results of the monthly audits will be reported to our Performance Improvement and Safety Committee monthly for three months to monitor for progress towards improvement. Date of completion: 1/18/17.

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

Signature of Legal Entity Representative (Regulred on EVERY Page) *Beverly Duffy*

Printed Name and Title of Legal Entity Representative (Regulred on EVERY Page) *Beverly Duffy*

Date *1-3-17*

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The above plan of correction is approved as of *1/14/17*
 (Date)

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

Plan of correction implementation status as of *1/18/17*
 (Date)

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

Violation Report: 13466 - 12/12/2016 - Freeman, Sabrina
 PCH Name: MARIS GROVE

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Staff member A did not receive training in new population during training year 2015.

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.

- Staff Member A was in-serviced on caring for residents receiving hospice services on 12/14/16. Date of Completion: 12/14/16.
- The Staff Development Coordinator performed an audit on all personnel and volunteer records to ensure all staff had received training on new resident groups. No other issues were identified. Date of Completion: 12/14/16.
- The Administrator or other designee will ensure that new population group training is being completed by auditing a random sample of personnel records on a monthly basis for three months. Findings from these audits along with any corrective actions will be reported to the Performance Improvement and Safety Committee for three months to monitor for progress towards improvement. Date of completion: 1/18/17

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Beverly Duffly			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
Beverly Duffly			1-3-17

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The above plan of correction was approved by <u>[Signature]</u> (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: 13466 - 12/12/2016 - Freeman, Sabrina
 PCH Name: MARIS GROVE

1. REGULATION 55 Pa.Code §2600
 2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
 Trash can on 3rd floor in the pantry was observed without a lid.

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 aforementioned can was immediately replaced with a trash can with a closed lid. Date of completion: 12/13/16.
- The Dining Services Manager completed an inspection on the pantries on the first and third floors to ensure all trash cans have a closed lid. Any cans without a functional lid were immediately replaced with cans with working lids. Date of Completion: 12/13/16.
- The Dining Services Manager and/or other designee will conduct regular inspections of all pantries and food prep areas to ensure all trash cans are covered as part of our monthly environmental rounds inspection. Any discrepancies will be reported to the Administrator immediately and corrective actions implemented. Results of these inspections will also be reported to the Performance Improvement and Safety Committee monthly for three months to monitor for progress towards improvement. Date of completion: 1/18/17.

Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Beverly Duffy</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Beverly Duffy</i>	Date <i>1-3-17</i>

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The above plan of correction was approved by <u><i>[Signature]</i></u> (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: 13466 - 12/12/2016 - Freeman, Sabrina
 PCH Name: MARIS GROVE

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

The pantry freezer on the 1st floor had a thermometer that exceeded 0 degrees fahrenheit. It read 10 degrees fahrenheit.
 The pantry freezer on the 3rd floor had a thermometer that exceeded 0 degrees fahrenheit. It read 10 degrees fahrenheit.

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 aforementioned freezer temperatures were adjusted to 0 degrees Fahrenheit and thermometers replaced to ensure reading accuracy. All food stored in the freezers was immediately discarded. Date of Completion: 12/14/16.
- The Dining Services Manager/designee will conduct daily audits of all temperature logs to ensure food is being stored at the proper temperatures. Date of Completion: 12/30/17
- The Dining Services Manager/designee will in-service dining staff on proper procedures for food storage and actions to take if temperatures are out of compliance. Date of Completion: 1/13/17.
- The Dining Services Manager/designee will audit freezer temperatures part of our monthly environmental rounds inspection. Any discrepancies will be reported to the Administrator immediately and corrective actions implemented. Results of these inspections will also be reported to the Performance Improvement and Safety Committee monthly for three months to monitor for progress towards improvement. Date of completion: 1/18/17

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Beverly Duffy</i>	Date <i>1-3-17</i>

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Violation Report: 13466 - 12/12/2016 - Freeman, Sabrina
 PCH Name: MARIS GROVE

1. REGULATION 55 Pa.Code §2600

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION

On 12-13-16 resident # 3's Milk of Magnesia 400mg was still in cart but has an expiration date of 09-30-16

On 12-13-16 resident # 3's Lidocaine ointment usp 5% was still in cart but has an expiration date of 07-06-16

On 12-13-16 resident # 3's Tears of Naturale 0.1% to 0.3% was still in cart but has an expiration date of 10-26-16

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.

- The Milk of Magnesia, Lidocaine, and Naturale Tears were removed from the resident's medicine cabinet and discarded according to DEP and federal and state regulations. Date of Completion: 12/14/16
- All medicine cabinets were inspected by the Personal Care Manager and Wellness Manager to ensure that no other expired medications were being stored. Any expired medications were discarded according to DEP and state and federal regulations. Date of completion: 12/14/16.
- The Staff Development Coordinator or designee will in-service the staff on medication administration procedures, including removal of expired medications. Date of completion: 1/13/17.
- The Personal Care Manager and/or the Wellness Manager will conduct weekly MAR to Medication Cabinet audits to verify medication is removed before expiration date. Any expired medication identified will be removed and discarded according to DEP, federal and state regulations. Results of audits will also be reported to the Performance Improvement and Safety Committee monthly for three months to monitor for progress towards improvement. Date of completion: 1/18/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Regulred on EVERY Page)

Beverly Duffly

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

Beverly Duffly

Date *1-3-17*

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1/19/17
(Date)

Plan of correction implementation status as of

1/19/17
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

Violation Report: 13466 - 12/12/2016 - Freeman, Sabrina
 PCH Name: MARIS GROVE

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

The label for resident # 3's Ipratropium Bromide 0.5 mg and Albuterol Sulfate 3 mg Inhalation solution was not labeled, in an open package, did not contain residents name, the name of the medications, the date the prescription was issued, the prescribed dosage, or the instructions for administration.

The label for residents # 5's eye solution Brimonidine Tartrate dated 10-16-16 was in a medication bottle with a label that did not match. The medication bottle date was from 08-08-16 through 10-09-16.

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.

- The solutions identified for Residents #3 and #5 were discarded and replacements secured. Date of Completion: 12/14/16.
- All medicine cabinets were inspected by the Personal Care Manager and Wellness Manager to ensure that no other labeling issues were found. Date of completion: 12/14/16.
- The Staff Development Coordinator or designee will in-service the staff on medication administration procedures, including proper storage, labeling, and accuracy of Medication Administration Record (MAR). Date of completion: 1/13/17.
- The Personal Care Manager and/or the Wellness Manager will conduct weekly MAR to Medication Cabinet audits to verify medications are labeled appropriately and match the physician order. Any discrepancies will be reported to the Administrator immediately and corrective actions implemented. Results of audits will also be reported to the Performance Improvement and Safety Committee monthly for three months to monitor for progress towards improvement. Date of completion: 1/18/17

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

Signature of Legal Entity Representative
 (Regulred on EVERY Page) *Beverly Duffy*

Printed Name and Title of Legal Entity Representative
 (Regulred on EVERY Page) *Beverly Duffy*

Date *1-3-17*

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The above plan of correction is approved as of *1/12/17*
 (Date)

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

Plan of correction implementation status as of *1/12/17*
 (Date)

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

Violation Report: 13466 - 12/12/2016 - Freeman, Sabrina
 PCH Name: MARIS GROVE

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.

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

Resident # 4 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.

- Residents #1, #2, and #4 were educated on their right to refuse medications as well as responsible parties. Admission agreements were amended to reflect education. Date of completion: 12/21/16.
- The Health Care Counselor/designee will review current resident admission agreements to verify residents acknowledged that they have been educated on their right to refuse medications. Date of completion: 12/23/16.
- The Personal Care Manager or other designee will review all new admission agreements monthly for the next three months to ensure that the agreements reflect that the new residents are educated on their right to refuse medication. Any discrepancies will be reported the Administrator immediately and corrective actions implemented. Results of the monthly audits will be reported to our Performance Improvement and Safety Committee regularly as well as any corrective actions verified as completed. Date of completion: 1/18/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Beverly Dutton

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

Beverly Dutton

Date *1-3-17*

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Plan of correction implementation status as of

[Signature]
 (Date)

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[Signature]
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Violation Report: 13466 - 12/12/2016 - Freeman, Sabrina
 PCH Name: MARIS GROVE

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
 Resident # 1 did not sign the support plan.
 Resident # 3 did not sign the support plan.

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.

- Support plans were reviewed with Resident #1 and #3 as well as responsible parties and were signed and dated. Date of Completion: 12/21/16.
- The Personal Care Manager completed an audit of current resident support plans to ensure that resident participation was either acknowledged or noted otherwise if the resident was unable to do so. Date of Completion: 12/21/16.
- The Staff Development Coordinator will in-service licensed nursing staff on completing support plans with as much resident participation as possible as well as ensuring that they are signed by all appropriate parties at the time of review. Date of Completion: 1/13/17.
- The Personal Care Manager or other designee will audit all new support plans on a weekly basis to ensure that resident participation is noted on all plans for a period of three months. Findings of these audits will be reported to the Performance Improvement and Safety Committee as well any corrective actions taken. Date of Completion: 1/18/17.

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

Signature of Legal Entity Representative (Regulred on EVERY Page) *Beverly Duffy*

Printed Name and Title of Legal Entity Representative (Regulred on EVERY Page) *Beverly Duffy* | Date *1-3-17*

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