



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 18 2017

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

RE: Wesley Enhance Living Main Line Personal Care
License #: 1182800

Dear Ms. Sterthous:

As a result of the Department of Human Services' annual licensing inspection on January 9, 2017 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: 18280 - 01/09/2017 - Gray, Dean
 PCH Name: WESLEY ENHANCED LIVING MAIN LINE PERSONAL CARE

1. REGULATION 66 Pa.Code §2800
 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 by the resident.

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.

**Contracts will required residents signature on day of admission.
 Admissions Coordinator/Designee, will have resident sign contracts to ensure 100% compliance. Completed**

In addition PCA/Nursing Supervisor will conduct audit on admission documentation with in twenty-four hours of resident's admission to ensure 100% compliance. Completed

The administrator is responsible for continued compliance

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>JANISA WILSON</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>JANISA JOHNSON PCA</i>	<i>2/6/17</i>

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

The above plan of correction is approved as of <u>2/7/17</u> (Date)	Plan of correction implementation status as of <u>2/7/17</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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: 10280 - 01/09/2017 - Gray, Dean
 PCH Name: WESLEY ENHANCED LIVING MAIN LINE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2000.41(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.

**Contracts will required residents signature on day of admission.
 Admissions Coordinator/Designee, will have resident sign contracts to ensure 100% compliance. Completed**

In addition PCA/Nursing Supervisor will conduct audit on admission documentation with in twenty-four hours of resident's admission to ensure 100% compliance. Completed

staff will be trained on requirements of 41(e) within 30 days receipt of accepted POC @

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Tamara Johnson</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Tamara Johnson CPN PCA</i>			Date <i>2/6/17</i>

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The above plan of correction was approved by <i>[Signature]</i> (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: 18280 - 01/09/2017 - Gray, Dean
 PCH Name: WESLEY ENHANCED LIVING MAIN LINE PERSONAL CARE

1. REGULATION 65 Pa.Code §2800
 2800.85(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
 The trash can in the kitchenette area does not have 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.

Violation corrected during inspection.

Dining staff will be in-serviced on all required regulations pertaining to dining. PCA/Dining Supervisor will conduct monthly audits on dining room. Will be completed by 2/10/2017.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Tamara Johnson

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

Tamara Johnson LPN PCA

Date

2/6/17

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 (Date)

Plan of correction implementation status as of 2/7/17
 (Date)

The above plan of correction was approved by

[Signature]
 (Initials)

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