



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 16 2017

Ms. Suzanne H. Lachman,
Executive Director
Evangelical Manor, Inc.
8401 Roosevelt Boulevard
Philadelphia, Pennsylvania 19152

RE: Wesley Enhanced Living Pennypack Park
License #: 176380

Dear Ms. Lachman:


As a result of the Department of Human Services' annual licensing inspection on March 20, 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,


Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: WESLEY ENHANCED LIVING PENNYPACK PARK		License Number: 17638									
Address: 8401 ROOSEVELT BOULEVARD, PHILADELPHIA, PA 19152		County: Philadelphia									
Administrator: Rhonda Forman		Region: SOUTHEAST									
Legal Entity Name: EVANGELICAL MANOR INC											
Legal Entity Address: 8401 ROOSEVELT BOULEVARD, PHILADELPHIA, PA 19152											
Certificate(s) of Occupancy <table border="0"> <tr> <td>Other</td> <td>Other</td> <td>Other</td> </tr> <tr> <td>12/17/1982</td> <td>12/17/1982</td> <td>12/17/1982</td> </tr> <tr> <td>Department of L & I</td> <td>Department of L & I</td> <td></td> </tr> </table>			Other	Other	Other	12/17/1982	12/17/1982	12/17/1982	Department of L & I	Department of L & I	
Other	Other	Other									
12/17/1982	12/17/1982	12/17/1982									
Department of L & I	Department of L & I										
Staffing Hours <table border="0"> <tr> <td>Resident Support: 0</td> <td>Total Daily Staff: 47</td> <td>Waking Staff: 35</td> </tr> </table>			Resident Support: 0	Total Daily Staff: 47	Waking Staff: 35						
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<table border="0"> <tr> <td>Type of Inspection: Full</td> <td>BHA Docket Number:</td> <td>Notice: Unannounced</td> </tr> </table>			Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced						
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced									
Reason(s) for Inspection(s) Renewal											
On-Site Inspections Dates and Department Representatives On-Site 03/20/2017: Freeman, Sabrina; Weaver, Tina											
Off-Site Inspection Dates and Inspectors, if Applicable 											
Other Details <table border="0"> <tr> <td>Partial or Full Triggers:</td> <td>Random Indicators:</td> </tr> </table>			Partial or Full Triggers:	Random Indicators:							
Partial or Full Triggers:	Random Indicators:										
Resident Demographic Data as of Inspection Dates											
Licensed Capacity: 50 Number of Residents Served: 36 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: 36 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 11 Have a Physical Disability: 0										

Violation Report: 17638 - 03/20/2017 - Freeman, Sabrina
 PCH Name: WESLEY ENHANCED LIVING PENNYPACK PARK

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
 On 3/20/17, at 2:38 pm, brown matter was observed on the right side of the toilet seat in room #312.

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.

2600.85(a) The Direct Care Staff will monitor all residents' rooms daily, which includes checking each bathroom, ensure that resident rooms have no evidence of conditions that are unsanitary. Room #312 had immediate attention at the time of survey and the toilet seat was cleaned/disinfected. Immediate in-services of all Personal Care staff have been conducted to review their job description which includes light housekeeping. Room audits will be conducted by staff, Personal Care Nurse and Personal Care Administrator. Weekly environmental staff will continue to clean resident rooms including bathrooms. Monitoring: Personal Care Administrator, Personal Care Nurse and staff will be working on an ongoing basis. Will report updates at Quality Improvement meetings.
 Completion: 04.01.17 and on-going
 Attachment: 2 pages - In-service content and sign in sheet

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Rhonda Forman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Rhonda Forman, Personal Care Administrator	Date 04.21.2017
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>4/24/17</u> (Date)	Plan of correction implementation status as of <u>4/24/17</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: 17638 - 03/20/2017 - Freeman, Sabrina
 PCH Name: WESLEY ENHANCED LIVING PENNYPACK PARK

1. REGULATION 55 Pa.Code §2600
 2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION
 The home's written emergency procedures have not been submitted to the municipal emergency management agency since 3/28/16.

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.

2600.107(d) The Personal Care Administrator will ensure annually that a copy of the facility updated written emergency procedures be submitted to the Philadelphia County Office of Emergency Management. The emergency procedures were submitted by email to the office on 03.20.17 attention: [REDACTED] a confirmation of receipt was obtained and provided to the survey team during the survey.

Monitoring: Personal Care Administrator

Completion: 03.20.17

Attachment: 1 page - Copy of receipt email from [REDACTED], Philadelphia OEM dated 03.20.17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) Rhonda Forman

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Rhonda Forman, Personal Care Administrator	Date 04.21.2018
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The above plan of correction is approved as of 4/24/17 (Date)

Plan of correction implementation status as of 4/24/17 (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: 17638 - 03/20/2017 - Freeman, Sabrina PCH Name: WESLEY ENHANCED LIVING PENNYPACK PARK	
1. REGULATION 55 Pa.Code §2600 2600.131(f) - Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.	
2a. DESCRIPTION OF VIOLATION The fire extinguisher, located in the homes' van, has not been inspected by a fire safety expert since July 2015.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
2600.131 The facility does/shall maintain fire extinguishers that are inspected and approved annually by a fire safety expert. The fire extinguisher in the van was removed from the vehicle in the presence of the surveyor on 03.20.17. Fire extinguishers will continue to be inspected monthly and annually as required. Completion: 03.20.17 and on-going Monitoring: Facility Operations Director and Personal Care Administrator	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Rhonda Forman</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Rhonda Forman, Personal Care Administrator	Date 04.21.2017
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>8/15/17</u> (Date)	Plan of correction implementation status as of <u>8/15/17</u> (Date)
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: 17638 - 03/20/2017 - Freeman, Sabrina
 PCH Name: WESLEY ENHANCED LIVING PENNYPACK PARK

1. REGULATION 55 Pa.Code §2600
 2600.171(c) - The home shall maintain current copies of the following documentation for each of the home's vehicles used to transport residents:
 (1) Vehicle registration.
 (2) Valid driver's license for each vehicle operator.
 (3) Vehicle insurance.
 (4) Current inspection.
 (5) Commercial driver's license for vehicle operator if applicable.

2a. DESCRIPTION OF VIOLATION
 The home does not have a copy of a valid driver's license for staff person A. The license expired 07/24/09.

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.


2600:171(c) The facility does/shall maintain current copies of all items required. A valid license was obtained and provided to the surveyor on 03.21.17, within 11 hours of the time the team exited the community. The Safe Driving Program has been updated and one of the functions will be focusing on maintaining updated copies of all driver licenses for any employee who is deemed a vehicle operator.
 Human Resources will report on the Safe Driving Program monthly as part of the zero deficiency report to the Personal Care Administrator, who will report at Quality Improvement meetings.
 Monitoring: Human Resources, Facility Operations Director and Personal Care Administrator
 Completion: 03.21.2017
 Attachment: 2 pages - copy of Employee A current driver's license; copy of receipt from surveyor acknowledging receipt of license on 03.21.17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Rhonda Forman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Rhonda Forman, Personal Care Administrator	Date 04.21.2017
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Violation Report: 17638 - 03/20/2017 - Freeman, Sabrina
 PCH Name: WESLEY ENHANCED LIVING PENNYPACK PARK

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 medication administration record for Resident #1 lists ProAir HFA Aerosol 108 MCG/ACT, every 4 hours PRN and Benzonatate 200mg every 3 hours PRN. The labels state ProAir HFA every 6 hours PRN and Benzonatate 200 mg every 6 hours.
 - The label for Resident #2's Albuterol Sulfate Aerosol Powder Breath Activated 108 MCG/ACT was not legible.

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.
 2600.184(a) The facility does/shall ensure that prescription medications have a pharmacy label that includes all of the items required. Personal Care Nurse and Personal Care Administrator will focus on reviewing resident physician orders to ensure that the label on each medication is identical to the physician's order and is legible including the following information:

- o Resident name
- o Name of medication
- o Date medication was issued
- o Prescription dosage and instruction for administration
- o The name of the prescriber

Resident #1 does not have an order for ProAir HFA Aerosol. A clarification order was immediately obtained for the administration of Benzonatate, copy of new order is attached.
 Resident #2, immediately a new label was obtained and the pharmacist applied the new label replacing the non-legible Albuterol Sulfate Aerosol Powder Breath Activated 108MCG/ACT. Copy of labels attached
 Dispensing system for medications is being converted to blister packs to prevent the ink from the label to fade. Full conversion is anticipated within 60 days.
 Medication cart audits will be conducted and updates will be presented at the Quality Improvement meeting.
 Monitoring: Personal Care Nurse, Personal Care Administrator and Personal Care Med Techs
 Completion: 03.21.17
 Attachment: 1 page -- copy of clarifying order for Resident #1; copy of legible labels for Resident #2

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) Rhonda Forman, Personal Care Administrator	Date 04.21.2017
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The above plan of correction is approved as of <u>2/15/17</u> (Date) The above plan of correction was approved by (Initials)	Plan of correction implementation status as of <u>2/15/17</u> (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 17638 - 03/20/2017 - Freeman, Sabrina PCH Name: WESLEY ENHANCED LIVING PENNYPACK PARK	
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 - Resident #1 is prescribed Acetaminophen 325mg, every 4 hours PRN and Ondansetron HCL 4mg, every 8 hours PRN. The medications were not available for administration on 3/20/17. - Resident #3 is prescribed Acetaminophen 500mg, PRN. The medication was not available for administration on 3/20/17.	
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.	
2600.185(a) Resident #1's Acetaminophen 325mg and Ondansetron HCL 4mg, both prn medications, were ordered and refilled on 03.20.17, with both medications delivered the same date. Resident #3's Acetaminophen 500mg, a prn medication was available at the time of survey. The medication fill date, per the label, is 03.18.17 and a copy follows as proof. A copy of this medication bottle was forwarded to the surveyor as proof of the medication availability. Staff who works 11-7 shift during each weekend will review each resident medication to ensure that each resident has at least a 7 day supply of all medication, including prn medications. All staff has been in-serviced on the form that is to be used during their audits. Any staff who works 7-3 on Monday morning is to fax the request for medication-refills to the pharmacy. Staff who work 7-3 shift and 3-11 shift will initial when any medication is delivered within the 48 hour window. All staff is to be monitoring Medication carts to ensure that any medications that were order are to be received within 48hrs. Any medications that have not been received will be followed-up on; Personal Care Med Techs or Personal Care Nurse will call pharmacy to follow up and ensure that the medication order was received. Medications are expected in the next scheduled delivery and will be noted on the audit sheet. Staff will inform Personal Care Administrator. Completion: 04.01.2017 Attachment: 2 pages - Copies of labeled bottle for Resident #3's Acetaminophen 500mg	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Rhonda Forman</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Rhonda Forman, Personal Care Administrator	Date 04.21.2017
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