



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 1 6 2017

Ms. Kathias Jean-Baptiste,
Administrator
Stapeley Hall
6300 Greene Street
Philadelphia, Pennsylvania 19144

RE: Wesley Enhanced Living at Stapeley
License #: 140170

Dear Ms. Jean-Baptiste:

As a result of the Department of Human Services' annual licensing inspection on August 1, 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: 14017 - 08/01/2017 - Thomas, Tahesia
 PCH Name: WESLEY ENHANCED LIVING AT STAPELEY

1. REGULATION 55 Pa.Code §2600
 2600.5(a)(1) - The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to: Agents of the Department.

2a. DESCRIPTION OF VIOLATION
 ON 08/01/17, at 10:00 am, representatives of the Department requested access to staff records. Staff person A did not provide access to the records until 3:00 pm.

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.

2600.5(a) (1) Staff person A and her team have been educated about the importance of providing employee files in a timely manner to any agents of the department.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *K. Baptiste*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kathy Baptiste* Date *8/25/2017*

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

The above plan of correction is approved as of *8/29/17*
 (Date)

Plan of correction implementation status as of *8/30/17*
 (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: 14017 - 08/01/2017 - Thomas, Tahesia
 PCH Name: WESLEY ENHANCED LIVING AT STAPELEY

1. REGULATION 55 Pa.Code §2000
 2600.26(a) - The home shall establish and implement a quality management plan.

2a. DESCRIPTION OF VIOLATION
 The home was unable to located the their 2016 quality management 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.


2600.26(a) The Quality management plan will now be kept at a more centralized location; it will be accessible to any DHS representative upon request. PC and Activities staff will both be educated on the location of the Quality Management Plan. (Please see attached Quality Management Minutes for 2016)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Kathy Baptiste	8/25/17

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Violation Report: 14017 - 08/01/2017 - Thomas, Tahesia
 PCH Name: WESLEY ENHANCED LIVING AT STAPELEY

1. REGULATION 55 Pa.Code §2600
 2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION
 On 08/01/17, 62 residents were present in the home. During this time, only one staff person was present in the home certified in first aid, obstructed airway techniques and CPR.

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.

2600.63 (a) it is our normal practice that all employees employed by WEL are CPR and FA certified. We will continue with this practice. (Please see attached copies of current CPR & FA cards of our employees)

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Signature of Legal Entity Representative
 (Required on EVERY Page) *K. M. Baptiste*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kathy Baptiste</i>	Date <i>8/25/17</i>
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Violation Report: 14017 - 08/01/2017 - Thomas, Tahesia
 PCH Name: WESLEY ENHANCED LIVING AT STAPELEY

1. REGULATION 55 Pa.Code §2600
 2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

The home is unable to locate Direct Care Training for staff person B, hired on 07/27/09.

The home is unable to locate Direct Care Training for staff person C, hired on 08/11/15.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

2600.65(d) The policy of WEL for any employee offered employment will need to complete the direct care training prior to orientation. We do not allow for any employee to begin orientation prior to completion of the Direct Care Training course and competency. (Please see attached copies)

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Violation Report: 14017 - 08/01/2017 - Thomas, Tahesia
 PCH Name: WESLEY ENHANCED LIVING AT STAPELEY

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
 Residents # 1 and # 2' s glucometer were not calibrated to the correct month, day and year.

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) All Glucometers was check to reflect the correct month, day and year. All current residents MAR has been updated to reflect a weekly check of glucometers to assure the calibration are accurate. Going forward any resident that has accu checks ordered will also have an order for weekly calibration checks as well. (Please review the violation report dated 8/4/2016 this is not a repeat violation)

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/04/2016
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Violation Report: 14017 - 08/01/2017 - Thomas, Tahesia
 PCH Name: WESLEY ENHANCED LIVING AT STAPELEY

1. REGULATION 56 Pa.Code §2800
 2600.190(c) - A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

2a. DESCRIPTION OF VIOLATION
 The home does not have current medication administration training records for staff persons B, C, and D.

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.

2600.190(c) All WEL employee must successfully pass the department of Public Welfare Medication Administration Training; our employees are continuously followed by our trained trainers for continued compliance. (Please see the attached documents)

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Violation Report: 14017 - 08/01/2017 - Thomas, Tahesia
 PCH Name: WESLEY ENHANCED LIVING AT STAPELEY

1. REGULATION 55 Pa.Code §2600
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
 The preadmission screening form for resident #3, admitted [redacted] 17, does not include a determination that the home can meet the service needs of 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.

2600.224 The pre-screen for resident #3 was updated to reflect that the home can meet the resident service need. To prevent any further occurrence of the violation we have put in place systems to assure pre-screen forms are checked for completion prior to admission to our SDU. Monitored by PC Administrator

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Violation Report: 14017 - 08/01/2017 - Thomas, Tahesia
 PCH Name: WESLEY ENHANCED LIVING AT STAPELEY

1. REGULATION 55 Pa.Code §2600
 2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION
 Resident # 4 was admitted to the SDCU on [redacted] 17. The resident did not have a preadmission screening in collaboration with a physician or geriatric assessment team.

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.


2600.231(c) an updated pre-screen was completed for resident #4. To prevent any recurrence of the violation we have put in place systems to assure pre-admission forms are checked for completion prior to admission to our SDU.
 Monitored by PC administrator

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

Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Kathy Baptiste Date 8/25/2017

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