



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]
Mailing Date: November 27, 2017

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

RE: Wesley Enhanced Living at Stapeley
License #: 140170

Dear Ms. Baptiste:

As a result of the Department of Human Services' licensing inspection on September 13, 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.

Sincerely,

A handwritten signature in cursive script that reads "Roslyn Brewer".

Roslyn Brewer
Regional Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 14017 - 09/13/2017 - Brewer, Roslyn
 PCH Name: WESLEY ENHANCED LIVING AT STAPELEY

1. REGULATION 65 Pa.Code §2600
 2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.16 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION
 On 9/4/17 resident # 1 tripped over a bag of laundry that was left in the walkway. The resident was sent to the hospital for rib fractures and for pain. The home failed to submitted an incident report to the Department until 9/7/17.

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.

The home will report any potential injuries going forward regardless if an actual injury has occurred. The home will not wait for the final dx to occur. 11/3/2017 K. @ Baptiste

16-Moving forward the administrator will ensure the 24 hours reporting process is followed. RB

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>K. @ Baptiste</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Kathy Baptiste</i>	<i>11/3/2017</i>

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

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

Violation Report: 14017 - 09/13/2017 - Brewer, Roslyn
 PCH Name: WESLEY ENHANCED LIVING AT STAPELEY

1. REGULATION 55 Pa.Code §2600
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 On 9/4/17 a bag of laundry was left in Resident #1s, bedroom walkway posing a tripping hazard.

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 entire staff who has access to any resident's living space has been instructed on Trip hazards & Fall prevention.
 Please see copy of sign on sheet and materials. 11/3/2017 K. (m) Baptiste

88- Moving forward all staff will get a refresher quarterly
 In-service to maintain compliance with this regulation. RB

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

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Date 11/3/2017

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Violation Report: 14017 - 09/13/2017 - Brewer, Roslyn
 PCH Name: WESLEY ENHANCED LIVING AT STAPELEY

1. REGULATION 55 Pa.Code §2600
 2800.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION
 An assessment and support plan was completed for Resident #1 on 2/4/17. On 9/13/17 Resident #1s, support plan was not revised.

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.

No changes was made to resident #1 assessment and support plan. Resident is no longer at the facility. But care found the support plan of any resident will be updated to reflect the change in condition.
 11/3/2017 *[Signature]*

227-The resident care director /coordinator will audit change of condition to RASP during weekly meeting to ensure timely completion. This plan of correction will be reviewed monthly by the administrator to evaluate consistency in maintaining compliance with this regulation. *AB*

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kathy Baptiste* Date *11/3/2017*

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