



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]  
January 10, 2019

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
January 10, 2019

Ms. Robyn B. Kulp  
Executive Director  
Maple Village  
2815 Byberry Road  
Hatboro, Pennsylvania 19040

RE: Wesley Enhanced Living Upper Moreland  
License #: 127910

Dear Ms. Kulp:

As a result of the Department's Bureau of Human Services Licensing inspection on March 26, 2018 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa. Code Ch. 2600 must be maintained.

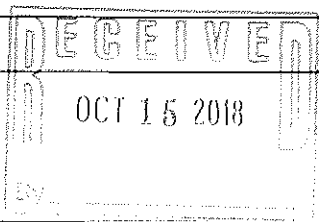
Sincerely,

A handwritten signature in cursive script that reads "Patricia Adams".

Patricia Adams  
Regional Licensing Director

Enclosure  
Violation Report

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

PCH Name: WESLEY ENHANCED LIVING UPPER MORELAND		License Number: 12791
Address: 2815 BYBERRY ROAD, HATBORO, PA 19040		County: Montgomery
Adminstrator: Florence Wichterman		Region: SOUTHEAST
Legal Entity Name: MAPLE VILLAGE		
Legal Entity Address: 2815 BYBERRY ROAD, HATBORO, PA 19040		
Certificate(s) of Occupancy C-2 LP 03/02/1999 Dept. of LI		
<b>Staffing Hours</b>		
Resident Support: 0	Total Dally Staff: 37	Waking Staff: 28
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Complaint		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 03/26/2018: Freeman, Sabrina		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b> 04/03/2018: Freeman, Sabrina		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 52 Number of Residents Served: 31 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: 1 Number of Hospice Residents in past year: 5	<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 31 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 6 Have a Physical Disability: 0	

Violation Report: 12791 - 03/26/2018 - Freeman, Sabrina  
 PCH Name: WESLEY ENHANCED LIVING UPPER MORELAND

**1. REGULATION 55 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 2600.15 (relating to abuse reporting covered by law).

**2a. DESCRIPTION OF VIOLATION**

Resident #1 was sent to the emergency room via 911 on 2/20/18 to AMH. Resident #1 expired in the hospital on [redacted] 18. The home failed to submit an incident report to the Department regarding resident #1's death.

**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.*

PCHA interpreted Regulation 2600-16 (c) (Reporting the death of a resident), as a reportable only when resident is in the Personal Care Home at the time of death. Resident #1 died while inpatient at Abington Jefferson Hospital.

Following the initial visit from Sabrina Freeman on 03/26/18, all staff will continue to notify PCHA of all deaths regardless of when notified and where the death occurs. PCHA will report all deaths to the Department.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Sis (Florence) Wichterman* Date *08-08-2018*

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

The above plan of correction is approved as of <i>1/10/19</i> (Date)  The above plan of correction was approved by <i>[Signature]</i> (Initials)	Plan of correction implementation status as of <i>1/10/19</i> (Date) <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
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Violation Report: 12791 - 03/26/2018 - Freeman, Sabrina  
 PCH Name: WESLEY ENHANCED LIVING UPPER MORELAND

1. REGULATION 55 Pa.Code §2600  
 2600.186(b) - Prescription medications shall be used only by the resident for whom the prescription was prescribed.

2a. DESCRIPTION OF VIOLATION  
 On 2/11/18 at 9:00pm, resident #1 was administered a Vicodin tablet prescribed for and belonging to resident #2.

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.*

Incident reported to Department (copy attached). Staff counseled on the “% checks when administering medications, Right Resident, Right Medication, Right dose, Right route of administration, and Right time of administration. Employee continues to have required Medication Administration Observations. Employee involved suggested a change to the dividers in the narcotic drawer of medication cart to now include name and room number of residents.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Florence Wichterman PCNA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>(Sis) Florence Wichterman</i>	Date <i>08-08-18</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: 12791 - 03/26/2018 - Freeman, Sabrina  
 PCH Name: WESLEY ENHANCED LIVING UPPER MORELAND

1. REGULATION 55 Pa.Code §2600  
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION  
 Resident #1 was prescribed Oxycod/APAP tab 5-325mg Percocet, 1 tablet by mouth every 12 hours at 9AM and 9PM. Resident #1 was not administered the 9PM Percocet on 02/11/18.

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.

Regulation 2600.187 (d) – Resident #1 was not administered medication due to having received the incorrect narcotic. It was contra-indicated to administer a second narcotic while observing resident for sign and symptoms of adverse effect from incorrect narcotic. Physician aware.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>(Sis) Florence Wichterman</i>	Date <i>0828-18</i>
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The above plan of correction was approved by <i>[Handwritten Initials]</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