



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
July 30, 2018

Mr. Steven T. Cherry
Executive Director
The New Heritage Towers, Inc.
200 Veterans Lane
Doylestown, Pennsylvania 18901

RE: Wesley Enhanced Living Doylestown
License #: 127180

Dear Mr. Cherry:

As a result of the Department's Bureau of Human Services Licensing inspection on June 26, 2018 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 "Kenneth L. Wilson".

Kenneth L. Wilson
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 12718 - 06/26/2018 - Braswell, Natasha
 PCH Name: WESLEY ENHANCED LIVING DOYLESTOWN

1. REGULATION 55 Pa.Code §2600

2600.141(a)(2) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following: (2) Medical diagnosis including physical or mental disabilities of the resident, if any.

2a. DESCRIPTION OF VIOLATION

The medical evaluation for Resident # 1, dated 11-14-17 does not include the mental health diagnosis of Major Depression Disorder. This diagnosis is present on the resident's admission record.

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.

It is the utmost priority for Wesley Enhanced Living Doylestown to ensure compliance with all regulatory agencies and promote the highest quality of care to our residents.

All charts have been audited and corrected so that all diagnosis are consistently documented and care planned on the face sheet, DME, and RASPs.

Going forward, all charts will be equipped with a "Diagnosis Flow Sheet" (See Attachment A), to ensure accurate documentation and support planning of all diagnoses. This will start at time of admission and be updated by nursing staff whenever a new diagnosis is prescribed.

This will be audited monthly by the PCHA

This audit will be maintained and documented for Department review. K.W. 7/27/18

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) *Martine Minninger PCHA* Date *7/26/18*

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

The above plan of correction is approved as of _____ (Date) The above plan of correction was approved by _____ (Initials)	Plan of correction implementation status as of _____ (Date) <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: 12718 - 06/26/2018 - Braswell, Natasha
 PCH Name: WESLEY ENHANCED LIVING DOYLESTOWN

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 Gabapentin 3X daily according to a doctor's order. From 5-1-18 to 5-10-18 the resident received the medication 2X daily.

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.

It is the utmost priority for Wesley Enhanced Living Doylestown to ensure compliance with all regulatory agencies and promote the highest quality of care to our residents.

This was a medication error that was discovered, corrected, and reported to DHS on 5/11/18 by WEL staff.

Going forward, PC staff will perform a monthly change over process when MARs are delivered by pharmacy to ensure accuracy. All MARs will be compared against the Physician Order Sheets to check for any errors to be corrected prior to the first of the month.

This will be monitored by nursing staff during monthly cart audits.

These audits will be documented and maintained for Department review.
K.W. 7/27/18

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Marlene Munnings, RCHA* Date *7/26/18*

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: 12718 - 06/26/2018 - Braswell, Natasha
 PCH Name: WESLEY ENHANCED LIVING DOYLESTOWN

1. REGULATION 55 Pa.Code §2600
 2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION
 The support plan for Resident #1 does not address how the home will assist with meeting the mental health 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.

It is the utmost priority for Wesley Enhanced Living Doylestown to ensure compliance with all regulatory agencies and promote the highest quality of care to our residents.

All charts have been audited and corrected so that all diagnosis are consistently documented and care planned on the face sheet, DME, and RASPs.

Going forward, all charts will be equipped with a "Diagnosis Flow Sheet" (See Attachment A), to ensure accurate documentation and support planning of all diagnoses.

This will be audited monthly by the PCHA

These audits will be documented and maintained for Department review.

K.W. 7/27/18

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Martine Munninger PCHA* Date *7/26/18*

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