



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

NOV 07 2018

Ms. Tamara Johnson  
Personal Care Administrator  
Martins Run, Inc.  
100 Halcyon Drive  
Media, Pennsylvania 19063

RE: Wesley Enhanced Living Main Line Personal Care  
License #: 182800

Dear Ms. Johnson:

As a result of the Department's Bureau of Human Services Licensing annual inspection on July 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.

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](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: 18280 - 07/26/2018 - Freeman, Sabrina  
 PCH Name: WESLEY ENHANCED LIVING MAIN LINE PERSONAL CARE

1. REGULATION 56 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 1/30/18, the home received a complaint from resident #1's family member that resident #1's rights were violated by staff person A. The home conducted an in-house investigation and as a result terminated staff person A. However, the home failed to submit an incident report to the Department until 2/1/18.

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.

Any requirements that fall under 2600.16 must be reported to DHS within 24 hours. If investigation is not completed PCA/Designee must still report within the 24 hour deadline. Follow up of the investigation will also be reported to DHS.

All investigations will require two-step process. This will be ensured by PCA. Completed.

Staff will be trained on reportable incident requirements within 30 days receipt of approved plan of correction

Repeat Violation: No      Date(s) of Previous Violation(s):      SP 11-1-18

Signature of Legal Entity Representative (Required on EVERY Page) *Tamara Johnson*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Tamara Johnson*      Date *9/24/18*

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

The above plan of correction is approved as of 9/24/18 (Date)      Plan of correction implementation status as of 11-1-18 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by SP (Initials)

Violation Report: 18280 - 07/26/2018 - Freeman, Sabrina

PCH Name: WESLEY ENHANCED LIVING MAIN LINE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600  
2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION  
On 7/26/18, the home did not have the Influenza poster posted in the facility.

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.

All Federal, State and local laws, ordinances and regulations will be placed in a glass casing with lock and key.

PCA/Designee will do monthly audit to ensure home remains 100% compliances. Completed.

The administrator will ensure the poster is posted in a public place in the facility as required by the Influenza awareness act

SP. 11-18

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Tamara Johnson*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *TAMARA Johnson*      Date *2/24/18*

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

The above plan of correction is approved as of <u>9/24/18</u> (Date)	Plan of correction implementation status as of <u>11-1-18</u> (Date)
The above plan of correction was approved by <u>SP</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: 18280 - 07/26/2018 - Freeman, Sabrina  
 PCH Name: WESLEY ENHANCED LIVING MAIN LINE PERSONAL CARE

1. REGULATION 65 Pa.Code §2600

2600.161(d) - A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

Resident #2 is lactose intolerant. The kitchen's Resident Speciality List did not document or indicate resident #2's special dietary needs.

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.*

On resident's admission date dining services will receive paper and email request alerting resident's dietary needs, this process will also take place with any new dietary changes.

PCA/Designee will ensure this process is completed to ensure 100% compliances. Completed.

Home will Audit resident records to ensure all residents dietary needs are met. Audit to be completed within 30 days receipt of Approved Plan of correction.

Repeat Violation: No	Date(s) of Previous Violation(s):	SP/11-1-18
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Signature of Legal Entity Representative (Required on EVERY Page)	TAMARA J Johnson
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	TAMARA JOHNSON	Date	9/24/18
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 9/24/18  
 (Date)

Plan of correction implementation status as of SP  
 (Date)

The above plan of correction was approved by SP  
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented