



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**January 11, 2019**

Ms. Anne Anderson  
Associate Executive Director  
Maris Grove, Inc  
500 Maris Grove Way  
Glen Mills, Pennsylvania 19342

RE: Maris Grove  
First and Third Floors  
License #: 134660

Dear Ms. Anderson:

As a result of the Department's Bureau of Human Services Licensing Incident inspection on August 29, 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.

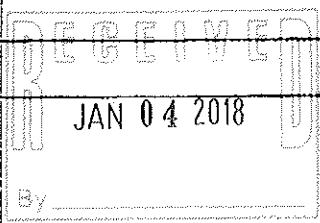
Sincerely,

A handwritten signature in black ink, appearing to read "Ayus Adelanwa".

Ayus Adelanwa  
Workload Manager

Enclosure  
Violation Report

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

PCH Name: MARIS GROVE		License Number: 13466
Address: 500 MARIS GROVE WAY, GLEN MILLS, PA 19342		County: Delaware
Administrator: Beverly Duffy		Region: SOUTHEAST
Legal Entity Name: MARIS GROVE INC		
Legal Entity Address: 500 MARIS GROVE WAY, GLEN MILLS, PA 19342		
Certificate(s) of Occupancy I-1 06/09/2009 Concord Township		
Staffing Hours Resident Support: 62                      Total Daily Staff: 154                      Waking Staff: 116		
Type of Inspection: Partial                      BHA Docket Number:                      Notice: Unannounced		
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 08/29/2018: Freeman, Sabrina		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers:                      Random Indicators:		
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 66 Number of Residents Served: 62 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: 3 Number of Hospice Residents in past year: 8	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 61 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 30 Have a Physical Disability: 0	

Violation Report: 13466 - 08/29/2018 - Freeman, Sabrina  
 PCH Name: MARIS GROVE

**1. REGULATION 55 Pa.Code §2600**  
 2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

**2a. DESCRIPTION OF VIOLATION**  
 On 7/25/18, an allegation of abuse was made against staff person A regarding resident #1. The home did not implement a plan of supervision or suspend staff person A. Staff person A was suspended on the day of the allegation; however, the home determined that no abuse had taken place and the allegation was unsubstantiated. Staff person A was allowed to return to work the next day on 7/26/18 before the Department investigated. Staff person A was allowed to return to work without a Department approved supervision 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.*

Responses to the cited violations do not constitute an admission of agreement by the facility of the truth of the facts alleged or conclusion set forth in the statement of violations report. The plan of correction is prepared solely as a matter of compliance with the state law.

The administrator or designee will report to the Department of Human Services any allegations of abuse and will implement a plan for supervision or notice of suspension. The administrator or designee will conduct an investigation and will submit the final report of findings to the Department of Human Services. The administrator or designee will await approval from the Department of Human Services before the employee is able to return to work.

At the time an allegation of abuse is reported, the administrator or designee will initiate the Abuse Investigation Checklist (see attached form A). The investigation will be conducted and at the conclusion of the investigation the administrator or designee will send the final report to the Department of Human Services. Pending the outcome of the investigation, the administrator or designee will await approval for the employee to return to work and will sign off on the Abuse Investigation.

The administrator or designee will conduct a monthly audit, in the next three consecutive months, of all abuse allegations sent to the Department of Human Services to ensure that the Abuse Investigation Checklist is used. All negative findings will be reported during the Quality Assurance Meeting. The administrator or designee will conduct additional auditing as needed.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Beverly Duffly</i>	Date <i>1-3-19</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>1/11/19</u> (Date)	Plan of correction Implementation status as of <u>1/11/19</u> (Date)
The above plan of correction was approved by <u>AAA</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: 13466 - 08/29/2018 - Freeman, Sabrina  
 PCH Name: MARIS GROVE

1. REGULATION 55 Pa.Code §2600  
 2600.15(c) - The home shall immediately submit to the Department's personal care home regional office a plan of supervision or notice of suspension of the affected staff person.

2a. DESCRIPTION OF VIOLATION  
 On 7/25/18, an allegation of abuse was made against staff person A regarding resident #1. The home did not submit a plan of supervision or notice of suspension to the Department. Staff person A was allowed to return to work on 07-26-18.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
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The administrator or designee will report to the Department of Human Services any allegations of abuse and will implement a plan for supervision or notice of suspension. The administrator or designee will conduct an investigation and will submit the final report of findings to the Department of Human Services. The administrator or designee will await approval from the Department of Human Services before the employee is able to return to work.

At the time an allegation of abuse is reported, the administrator or designee will initiate the Abuse Investigation Checklist (see attached form A). The investigation will be conducted and at the conclusion of the investigation the administrator or designee will send the final report to the Department of Human Services. Pending the outcome of the investigation, the administrator or designee will await approval for the employee to return to work and will sign off on the Abuse Investigation.

The administrator or designee will conduct a monthly audit, in the next three consecutive months, of all abuse allegations sent to the Department of Human Services to ensure that the Abuse Investigation Checklist is used. All negative findings will be reported during the Quality Assurance Meeting. The administrator or designee will conduct additional auditing as needed.

**The Administrator or a designee will send the plan of supervision or notice of suspension to the department.**

1/11/19 A.A.A

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Beverly Duffy* Date *1-3-19*

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The above plan of correction was approved by <u>A.A.A</u> (Initials)		

Violation Report: 13466 - 08/29/2018 - Freeman, Sabrina  
PCH Name: MARIS GROVE

**1. REGULATION 55 Pa.Code §2600**  
2600.16(d) - The home shall submit a final report, on a form prescribed by the Department, to the Department's personal care home regional office immediately following the conclusion of the investigation.

**2a. DESCRIPTION OF VIOLATION**  
The home submitted an Initial incident report on 7/26/18. The home did not submit a final report to the Department, nor inform the Department that staff person A returned to work.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
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At the time an allegation of abuse is reported, the administrator or designee will initiate the Abuse Investigation Checklist (see attached form A). The investigation will be conducted and at the conclusion of the investigation the administrator or designee will send the final report to the Department of Human Services. Pending the outcome of the investigation, the administrator or designee will await approval for the employee to return to work and will sign off on the Abuse Investigation.

The administrator or designee will conduct a monthly audit, in the next three consecutive months, of all abuse allegations sent to the Department of Human Services to ensure that the Abuse Investigation Checklist is used. All negative findings will be reported during the Quality Assurance Meeting. The administrator or designee will conduct additional auditing as needed.

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Printed Name and Title of Legal Entity Representative  
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Date *1-3-19*

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