



Ms. Suzanne H. Lachman
Executive Director
Evangelical Manor, Inc.
8401 Roosevelt Boulevard
Philadelphia, Pennsylvania 19152

RE: Wesley Enhanced Living Pennypack Park
License #: 176380

Dear Ms. Lachman:

As a result of the Department's Bureau of Human Services Licensing annual inspection on October 17, 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 (relating to Personal Care Homes) 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.

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.

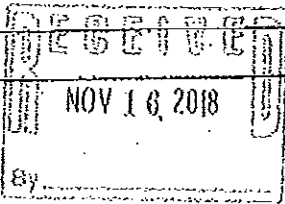
Sincerely,

A handwritten signature in black ink that reads "J. Rowe". The signature is written in a cursive, flowing style.

Jacqueline L. Rowe
Director

Enclosure
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2000

PCH Name: WESLEY ENHANCED LIVING PENNYPACK PARK		License Number: 17030
Address: 8401 ROOSEVELT BOULEVARD, PHILADELPHIA, PA 19162		County: Philadelphia
Administrator: Mrs. Eileen Follostli		Region: SOUTHEAST
Legal Entity Name: EVANGELICAL MANOR INC		
Legal Entity Address: 8401 ROOSEVELT BOULEVARD, PHILADELPHIA, PA 19162		
Certificate(s) of Occupancy Other 12/07/1982 Dpt. of L&I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 39	Working Staff: 29
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 10/17/2018: Carrion, David		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 80 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: 0 Number of Hospice Residents in past year: 0	Number of Residents who: 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: 0 Have a Physical Disability: 0	

Violation Report: 17038 - 10/17/2018 - Oarrion, David POH Name: WESLEY ENHANCED LIVING PENNYPACK PARK	
1. REGULATION 88 Pa.Code §2800 2800.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.	
2a. DESCRIPTION OF VIOLATION Live feed cameras are located at the entrance of the home and also in the 2nd floor common area of the building. There are no signs indicating images are being recorded or the residents are subject to video recording.	
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.	
<p>A sticker was placed on the front door notifying that there is video surveillance.</p> <p>Attached is a photo.</p> <p>Administrator or designee will ensure cameras only capture common areas. Residents and visitors will be alerted of areas under surveillance. Photo of surveillance / camera monitoring poster posted by home received on 11/19/18.</p> <p>SP 05-20-19</p>	
<p>Submit Head documentation reviewed @ 11/19/18</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>E. Felicetti</i> PCHA	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Eileen Felicetti</i>	Date <i>11/16/18</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>05-20-19</u> (Date)	Plan of correction implementation status as of <u>05-20-19</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: 17838 - 10/17/2018 - Carlton, David
 POH Name: WESLEY ENHANCED LIVING PENNYPACK PARK

1. REGULATION 68 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
 The ceiling in room # 310 was stained with what appeared to be water marks, and was in need of repair.

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.

Inspected by director of facilities.
 There were no water marks or water damage.
 There is a stress crack across the ceiling that was repaired prior to resident moving in. That crack resurfaced and will be repaired prior to December 1st 2018. All supplies have been ordered.
 Attached is a photo of the current crack in the ceiling.

Administrator or designee will ensure floors, walls, ceilings, windows, doors, and other surfaces are clean, in good repair, and free of hazards. Home sent in photo of repaired ceiling on 11/19/18. Daily walkthroughs to be conducted to ensure compliance.

SP 05-20-19

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Eileen Felceth* Date *11/16/18*

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Violation Report: 17038 - 10/17/2018 - Carrion, David PCH Name: WESLEY ENHANCED LIVING PENNYPACK PARK	
1. REGULATION 88 Pa. Code §2800 2800.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.	
2a. DESCRIPTION OF VIOLATION On 10/17/18, at 4:30pm, the temperature in walk-in freezer # 1 was 20 degrees fahrenheit. On 10/17/18, at 4:30pm, the temperature in walk-in freezer # 2 was 6 degrees fahrenheit.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) Includes 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.	
<p style="font-size: 1.2em;">In specked by maintainance and thermostat was not set properly. Thermostat corrected. Temperatures have been at proper range. Staff was notified to contact supervisor if temperatures in the freezers are greater than 0°F and temperatures in the refrigerators are greater than 40°F. Memo was placed in the front of the log book as a reminder. Attached: is the log for both freezers and the memo in the log book.</p>	
Administrator or designee (maintenance coordinator). Will ensure refrigerators and freezers are always at proper temperatures. SP 05-20-19	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Eileen Felicetti</i>	Date <i>11/16/18</i>
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Violation Report: 17838 - 10/17/2018 - Carlson, David PGH Name: WESLEY ENHANCED LIVING PENNYPACK PARK	
1. REGULATION 85 Pa. Code §2000 2600.185(b) - At a minimum, the procedures in § 2600.185(a) shall include: (1) Documentation of the receipt of controlled substances and prescription medications. (2) A process to investigate and account for missing medications and medication errors. (3) Limited access to medication storage areas. (4) Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply for a resident who self-administers medication without the assistance of a staff person and stores the medication in his/her room.	
2a. DESCRIPTION OF VIOLATION On 10/01/18 resident # 2's medication administration record was updated with a glucose reading of 120. However there was no reading in the glucometer. On 10/08/18 resident # 2's medication administration record was updated with a glucose reading of 140. However there was no reading in the glucometer.	
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.	
<p style="font-size: 1.2em; font-family: cursive;">All staff was reeducated in proper use of glucometers, Not showing or using other glucometer and proper documentation in the medication record.</p> <p style="font-size: 1.2em; font-family: cursive;">The wellness nurse now checks all glucometers weekly for proper use. She will also review all readings weekly.</p>	
Administrator or designee will ensure staff who handle glucometers and blood sugar readings are properly trained on regulation 2600.185 (b) and adhering to the regulation. Glucometer check sheet and staff training received 05-17-19. SP 05-20-19	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>[Signature]</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Blair Felicit</i>	Date <i>11/16/18</i>
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Violation Report: 17838 - 10/17/2018 - Carlton, David POH Name: WESLEY ENHANCED LIVING PENNYPACK PARK	
1. REGULATION 85 Pa.Code §2800 2800.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.	
2a. DESCRIPTION OF VIOLATION The medication administration record for resident #1 does not include Amoxicillin 500 mg to administered after dental visits. Resident #1 was given Synthroid tablets 88 mg (Levothyroxine Sodium) on 10/1/18, 10/5/18, and 10/12/18 at 8:30am. The medication was not initiated on the MAR by staff as administered.	
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. Resident #1 had an order for Amoxicillin to pre-medicate prior dental work. The order was recently discontinued and medication was not pulled from the cart. The medication was removed on 10/17/18. The medication carts are now checked daily by night shift staff. Staff was trained on checking the carts and the medication record for completeness. Resident #1 Synthroid was not signed out by the same staff member each time. A medication review was done with the pharmacist/observer and staff member. The staff member was also watched by LPN for 2 med passes and reviewed importance of proper procedure. see attached....	
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The administrator or a designee qualified to administer medications will complete an audit of all resident MARs and prescription orders to ensure all prescribed medications are properly documented on the MARs including a diagnosis or purpose and dose for the medication in accordance with regulation 2600.187(a),

SP 05-20-19

Violation Report: 17938 - 10/17/2018 - Gordon, David
 POH Name: WESLEY ENHANCED LIVING PENNYPACK PARK

1. REGULATION 66 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
 On 10/17/18, resident #3's, physician determined that the resident has dental, dietary, sensory, and physical needs. The resident's support plan does not address how the home will assist the resident in meeting those 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.

Resident #3 Support plan was updated and corrected with current diet orders. Diet orders were entered into the computer. Dietary staff and DCS were made aware RASP was reviewed by staff. All new rasp's will be reviewed by LRN and Administrator for completeness.

Attached

The administrator or a designee will ensure all resident assessment support plans (RASP) are up to date and address all the aspects of regulation 2600.227 (d). An audit on all resident RASP will be conducted to ensure compliance.

SP 05-20-19

Repeat Violation No.	Date(s) of Previous Violation(s)		
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Signature of Legal Entity Representative (Required on EVERY Page) *Eileen Felicetti RCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Eileen Felicetti* Date *11/16/18*

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