



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 01 2019

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 annual inspection on January 9, 2019 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.

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.

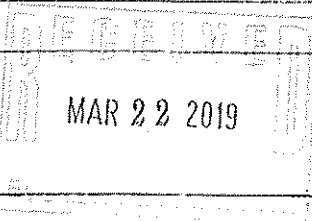
Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
Violation Report

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

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| PCH Name: WESLEY ENHANCED LIVING DOYLESTOWN | | License Number: 12718 |
| Address: 200 VETERANS LANE, DOYLESTOWN, PA 18901 | | County: Bucks |
| Administrator: Marline Minninger | | Region: SOUTHEAST |
| Legal Entity Name: THE NEW HERITAGE TOWERS INC | | |
| Legal Entity Address: 200 VETERANS LANE, DOYLESTOWN, PA 18901 | | |
| Certificate(s) of Occupancy C-2 LP 06/08/2001 COPA L&I | |  |
| Staffing Hours | | |
| Resident Support: 0 | Total Daily Staff: 60 | Working Staff: 45 |
| Type of Inspection: Full | BHA Docket Number: | Notice: Unannounced |
| Reason(s) for Inspection(s) Renewal | | |
| On-Site Inspections Dates and Department Representatives On-Site 01/09/2019: Gillespie, Denise; Gray, Dean | | |
| Off-Site Inspection Dates and Inspectors, If Applicable | | |
| Other Details | | |
| Partial or Full Triggers: N/A | | Random Indicators: N/A |
| Resident Demographic Data as of Inspection Dates | | |
| Licensed Capacity: 75 ✓ Number of Residents Served: 54 ✓ 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: 12 | Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 54 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 6 Have a Physical Disability: 6 | |

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| Violation Report: 12718 - 01/09/2019 - Gillospia, Denise PCH Name: WESLEY ENHANCED LIVING DOYLESTOWN |
| 1. REGULATION 55 Pa.Code §2600 2600.54(a) - Direct care staff persons shall have the following qualifications: (1) Be 18 years of age or older, except as permitted in § 2600.54(b). (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry. (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety. |
| 2a. DESCRIPTION OF VIOLATION Direct care Staff Person A does not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry. |
| 3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i> |

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 employee has obtained a non-US Bachelors of Science in Nursing in 2010, as well as non-US continuing education in Nursing Practice, and IV certification. He was deemed eligible (in the US) to take the NCLEX, dated 11/2/18. These credentials all exceed a High School Diploma. However, to satisfy DHS requirements, a waiver of regulation regarding direct staff person education was submitted to BHSL.

Going forward, regardless of degree of education, WEL Doylestown will submit a waiver request at time of hire for ALL non-US education recipients.

This will be monitored by the PC Administrative Assistant for all new hires as well as monitored monthly by HR and/or the PC Administrator through employee file audits.

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| 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) <i>Martine Minninger PCHA</i> | | | Date <i>3/21/19</i> |
| DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE! | | | |
| The above plan of correction is approved as of <u>4/12/19</u> (Date) | | Plan of correction implementation status as of <u>4/12/19</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 | |

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| Violation Report: 12718 - 01/09/2019 - Gillespie, Denise PCH Name: WESLEY ENHANCED LIVING DOYLESTOWN |
| 1. REGULATION 65 Pa.Code §2600 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. |
| 2a. DESCRIPTION OF VIOLATION On 1/9/19 at 1:58PM, resident # 1's glucometer was not set to the correct date and time. The glucometer was set at 9/9/18 at 7:56 AM |
| 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. |

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At WEL Doylestown, all residents who require glucose monitoring supply their own monitors. Unfortunately this resident's monitor was an older model and difficult to set-up with date and time. This in no way has affected the actual blood sugar monitoring or the health and wellbeing of this resident. Since inspection, WEL has ordered her a new monitor that has the accurate date and time.

Compliance will be monitored monthly by PC nursing staff and/or PC Administrator through monthly cart audits.

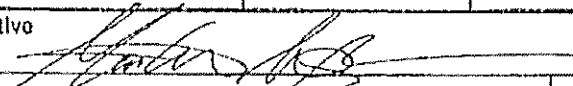
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| The above plan of correction was approved by | AAA (Initials) | <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented | |

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| Violation Report: 12718 - 01/00/2019 - Gillespie, Denise PCH Name: WESLEY ENHANCED LIVING DOYLESTOWN | |
| 1. REGULATION 65 Pa.Code §2600 2600.187(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 a signature on 1/1/19, 1/2/19, 1/3/19, 1/5/19, and 1/8/19 for the medication hydrocortin cream. The physician ordered the hydrocortin cream to be applied to Resident #1's legs and feet once daily. | |
| 3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i> | |

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After inspection, MARs were update and administered medications were signed for. All staff were re-educated about documentation in the MARs and double checking after every med pass to ensure everything is properly completed and signed for. This is also done during initial Med Training, as well as quarterly and again, annually during Practicum Observations and MAR reviews.

Going forward, all MARs will be audited nightly by the night shift Lead Aide who will notate any missing documentation and provide appropriate follow-up. Compliance will be monitored monthly by the PC Administrator

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| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Martine Minnoway PCAAA | | | Date 3/21/19 | |
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