



September 27, 2019

Ms. Tamara Johnson, PCA  
Director of Wellness  
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 8, 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 (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](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 "Kevin Hancock". The signature is fluid and cursive.

Kevin Hancock  
Deputy Secretary  
Office of Long-term Living

Enclosure  
Violation Report

# Violation Report

## Facility Information

**Name:** WESLEY ENHANCED LIVING MAIN LINE PERSONAL CARE  
**Address:** 100 HALCYON DRIVE, MEDIA, PA 19063  
**County:** DELAWARE

**License Number:** 18280

**Region:** SOUTHEAST

## Administrator

**Name:** Tamara Johnson

**Phone:** 6103537660

**Email:** MDESTEFON@WEL.ORG

## Legal Entity

**Name:** MARTINS RUN INC

**Address:** 100 HALCYON DRIVE, MEDIA, PA, 19063

## Certificate(s) of Occupancy

**Type:** C-2 LP

**Date:** 04/11/1996

**Issued By:** CWOP/Dept of LI

## Staffing Hours

**Resident Support Staff:** 29

**Total Daily Staff:** 59

**Waking Staff:** 44

## Inspection

**Type:** Full

**BHA Docket #:**

**Notice:** Unannounced

**Reason:** Renewal

## Inspection Dates and Department Representative

07/08/2019 - On-Site: Sabrina Freeman

## Resident Demographic Data as of Inspection Dates

### General Information

**License Capacity:** 59

**Residents Served:** 29

### Secured Dementia Care Unit

**In Home:** No

**Area:**

**Capacity:**

**Residents Served:**

### Hospice

**Current Residents:** 0

### Number of Residents Who:

**Receive Supplemental Security Income:** 0

**Are 60 Years of Age or Older:** 29

**Diagnosed with Mental Illness:** 0

**Diagnosed with Intellectual Disability:** 0

**Have Mobility Need:** 1

**Have Physical Disability:** 0

101j7 - Lighting/Operable Lamp

Regulations

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #1 does not have a bedside lamp.

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.)

Plan of Correction (POC) for Regulation 101j7

Two push button lights were added to the top and bottom of resident's day bed. Daily checks will be completed to ensure lights are charged.

Resident and staff were both in-serviced on how to operate lights.

PCA and or designate will also ensure this will be an ongoing daily measure to ensure proper lighting. See attached photo.

Was fully implemented July 8<sup>th</sup> 2019

Legal Entity Representative

*Tamara Johnson*  
Signature

Tamara Johnson  
Printed Name and Title

8/26/19  
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of

08-26-19  
(Date)

Plan of correction implementation status as of

08-26-19  
(Date)

The above plan of correction was approved by

SP  
(Initials)

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