



February 20, 2020

Ms. Robyn B. Kulp
Executive Director
Maple Village
2815 Byberry Road
Hatboro, Pennsylvania 19040

RE: Wesley Enhanced Living Upper Moreland
License #: 127910

Dear Ms. Kulp:

As a result of the Department's Bureau of Human Services Licensing annual inspection on August 28, 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.

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", written over a white background.

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: WESLEY ENHANCED LIVING UPPER MORELAND
Address: 2815 BYBERRY ROAD,, HATBORO, PA 19040
County: MONTGOMERY Region: SOUTHEAST

License Number: 12791

Administrator

Name: *Sis Wichterman* Phone: 2156750103 Email: RKULP@WEL.ORG

Legal Entity

Name: MAPLE VILLAGE
Address: 2815 BYBERRY ROAD, HATBORO, PA, 19040

Certificate(s) of Occupancy

Type: C-2 LP Date: 01/30/2000 Issued By: Commonwealth of PA/Dept of LI

Staffing Hours

Resident Support Staff: 27 Total Daily Staff: 58 Waking Staff: 44

Inspection

Type: Full BHA Docket #: Notice: Unannounced
Reason: Renewal

Inspection Dates and Department Representative

08/28/2019 - On-Site: Sabrina Freeman

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 52 Residents Served: 27

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 27
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 4 Have Physical Disability: 0

132e - Fire Drill Sleeping Hours

Regulations

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The homes last two overnight fire drills were conducted on:

- 1/22/19 at 12:35AM
- 8/2/19 at 6:39AM

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.)

Fire & Life Safety Solutions, the contractor who conducts our drills was contacted regarding this violation. The company representative will provide to the PCHA a yearly schedule for review including dates and times. All drills will be scheduled with enough time to reschedule to meet the regulation if needed. An overnight drill will be scheduled at least every six months. PCHA and Facilities Manager will review monthly schedule before the end of each month to ensure continued compliance.

The administrator will monitor the fire drill record on a monthly basis to ensure a sleeping hour fire drill is conducted at least every six months..... SP 02-19-2020

Legal Entity Representative

Sis Wichterman
Signature

Sis Wichterman PCHA 10-11-19
Printed Name and Title Date

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

The above plan of correction is approved as of
(Date)

02-19-2020
(Date)

Plan of correction implementation status as of
(Date)

02-19-2020
(Date)

The above plan of correction was approved by

SP
(Initials)

Fully Implemented
 Not Implemented

141a 1-10 Medical Evaluation Information

Regulations

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #1's medical evaluation was incomplete. Section 7 of the medication addendum documented, "see attached records." There was no attachment to the medical evaluation nor was the residents medications in the resident's record as the record had been thinned.

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

Any attachment to the Medical Evaluation form will remain attached to the form. In the event the attachment is needed in the physician orders section of the chart, a copy will be made for that purpose. No DME is thinned from charts, thus preventing this issue in the future. PCHA will continue routine chart audits to ensure any attachment is present.

The administrator will develop and implement a tracking system to ensure medical evaluations are completed in accordance with regulation 2600.141(a)..... SP 02-19-2020

Legal Entity Representative

[Handwritten Signature]
Signature

Sis. Wichterman
Printed Name and Title

10-11-19
Date

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

The above plan of correction is approved as of
(Date)

02-19-2020
(Date)

Plan of correction implementation status as of
(Date)

02-19-2020
(Date)

The above plan of correction was approved by

SP
(Initials)

Fully Implemented
 Not Implemented