



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to STAPELEY HALL
LEGAL ENTITY

To operate WESLEY ENHANCED LIVING AT STAPELEY
NAME OF FACILITY OR AGENCY

Located at 6300 GREENE STREET, PHILADELPHIA, PA 19144
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 79
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 30

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from September 10, 2019 until September 10, 2020,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **140170**

Robert E. Robinson
ISSUING OFFICER

[Signature]
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility



September 10, 2019

Ms. Kathy Baptiste
PC Administrator
Stapeley Hall
6300 Greene Street
Philadelphia, Pennsylvania 19144

RE: Wesley Enhanced Living at Stapeley
License #: 140170

Dear Ms. Baptiste:

As a result of the Department's Bureau of Human Services Licensing annual inspection on May 30, 2019 and June 4, 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.

A regular license is being issued based on the enclosed violation report. Your license is enclosed.

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 AT STAPELEY*
Address: *6300 GREENE STREET, PHILADELPHIA, PA 19144*
County: *PHILADELPHIA* Region: *SOUTHEAST*

License Number: *140171*

Administrator

Name: *KATHY BAPTISTE* Phone: *2158440700* Email: *KBEILER@WEL.ORG*

Legal Entity

Name: *STAPELEY HALL*
Address: *6300 GREENE STREET, PHILADELPHIA, PA, 19144*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *06/06/1998* Issued By: *CITY OF PHILADELPHIA*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *84* Waking Staff: *63*

Inspection

Type: *Full* BHA Docket #: Notice: *Unannounced*
Reason: *Renewal,Incident*

Inspection Dates and Department Representative

05/30/2019 - On-Site: Natasha Braswell, Youn Hie Chung
06/04/2019 - On-Site: Natasha Braswell, YOUN HIE CHUNG

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *79* Residents Served: *59*

Secured Dementia Care Unit

In Home: *Yes* Area: *BRIDGES* Capacity: *30* Residents Served: *22*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *59*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *25* Have Physical Disability: *7*

WESLEY ENHANCED LIVING AT STAPELEY

140171

42b - Abuse

Regulations

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 5-23-19, at 3:00 pm, while having lunch resident #1 was grabbed and hit in the back by resident #2 unprovoked [REDACTED]

[REDACTED] Resident #2 admitted to hitting resident #1, but stated she didn't know why she lost it but she lost it and was sorry. Resident #1, stated that resident #2 hit her in the back while she was standing about to sit down. Resident #1, stated she fell and hurt her arm and tried to hit resident #2 back but staff intervened and took her out of the dining room. Resident #1 was assessed by the nurse and had no injuries, but her arm and back was hurting. [REDACTED]

Repeat Violation: 8/16/18

42b. Following the incident, Resident # 2 was referred back to psych, there was adjustment made to medication regiment. Resident # 2 RASP has been updated to reflect new diagnosis. I cannot state that the home will be able to prevent something against all norms of human behavior that this resident displayed, but we will continue to assure that we do our very best, that all our residents remain safe while in our community. Since resident #1 was not injured as defined by regulation #42 "The infliction on a resident by staff or other residents." We therefore do not accept this deficiency. *Within 30 days of approved plan of correction all staff will be trained on how to identify signs of agitation and de-escalation techniques. 8/9/19* MJ

Legal Entity Representative


Signature

Kathy Baptiste PC Admin 7/26/19
Printed Name and Title Date

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

The above plan of correction is approved as of

8/9/19
(Date)

Plan of correction implementation status as of

8/9/19
(Date)

The above plan of correction was approved by

MJ
(Initial)

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

WESLEY ENHANCED LIVING AT STAPELEY

140171

64c - Annual Training

Regulations

2600.

64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

The administrator only completed 19.75 hours of the required 24 hours annual training.

Plan of Correction (POC)

64c Administrator shall have 24 hours of Training. For the year 2018 only 19.75 hours were approved. Going forward prior to taking any Training the administrator will check with DHS to make certain they are approved by the department. For the current year the PC administrator will be sure to complete, the 24 required hours and make sure to make up the 4.25 hours as well.

Maintain documentation of trainings for Department review. 8/9/19 *MCJ*

Legal Entity Representative

K. Baptiste
Signature

Kathy Baptiste PC Admin 7/24/19
Printed Name and Title Date

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

The above plan of correction is approved as of

8/9/19
(Date)

Plan of correction implementation status as of

8/9/19
(Date)

The above plan of correction was approved by

MCJ
(Initials)

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

WESLEY ENHANCED LIVING AT STAPELEY

140171

85a - Sanitary Conditions

Regulations

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 6-4-19, at 3:50 pm, Staff person C acknowledged, the glucometer for resident #3 was broken. The glucometer of resident # 4 was utilized to check the blood sugars of resident # 3.

Plan of Correction (POC)

85.a Sanitary Conditions shall be maintained

On 6/20/2019 all staff was re-in-service by Patricia Trymbiski Board Certified in Advanced Diabetes Management. In addition any diabetic that we have in the facility an extra glucometer has been ordered and is currently on the cart for them, for back up.

Immediately, resident #4's glucometer will be disposed and resident's #3 and #4 will be ordered new glucometers. All glucometers will be labeled to identify the specific resident it belongs to. The back up glucometer will be locked away and only opened when needed as an replacement and labeled accordingly for the resident it belongs to. 8/9/19 *MJ*

Legal Entity Representative

[Handwritten Signature]
Signature

Kathy Baptiste
Printed Name and Title

PC Admin 7/24/19
Date

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

The above plan of correction is approved as of

8/9/19
(Date)

Plan of correction implementation status as of

8/9/19
(Date)

The above plan of correction was approved by

MJ
(Initials)

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

WESLEY ENHANCED LIVING AT STAPELEY

140171

183a - Original Containers and Injections

Regulations

2600.

183.a. Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration. Assistance with insulin and epinephrine injections and sterile liquids shall be provided immediately upon removal of the medication from its container.

Description of Violation

On 6-4-19, at 2:30 pm, the Ultram tablets for resident #5 were placed into six baggies of twenty by the home for counting purposes. The original container had twenty loose tablets.

183.a Future Scripts was contacted regarding the quantity of the pills that are sent regarding controlled substances. Since they are required to send what the physician orders and what the plan requires, they are not able to deviate. What will happen going forward, when a control drug is sent that has a high count, Future Scripts will send it directly to the pharmacy Stapeley has a contract with for repackaging. The pharmacy currently being used is Partners Pharmacy. Partner's will return the medication to Stapeley in blister cards.

Legal Entity Representative

Kathy Baptiste
Signature

Kathy Baptiste R Admin 7/24/19
Printed Name and Title Date

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

The above plan of correction is approved as of

8/9/19
(Date)

Plan of correction implementation status as of

8/9/19
(Date)

The above plan of correction was approved by

MB
(Initials)

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