



**Sent via e-mail meredith.feher@whltd.org**  
**Sent via e-mail nicole.stroman@whltd.org**  
**October 29, 2019**

Ms. Meredith Feher  
Sr. VP Health Care Services  
Waverly Heights, LTD  
1400 Waverly Road  
P.O. Box 179  
Gladwyne, Pennsylvania 19035

RE: Waverly Heights  
License #: 127820

Dear Ms. Feher:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Office of Long-term Living) review on October 9, 2019 of the above facility, we have determined that your submitted plan of correction is:

Fully implemented and in compliance. Continued compliance must be maintained.

If you need assistance, please contact me at 610-270-1137.

Sincerely,

*Shawn Parker*

Shawn Parker  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# Violation Report

## Facility Information

**Name:** WAVERLY HEIGHTS

**License Number:** 12782

**Address:** P.O. BOX 179, 1400 WAVERLY ROAD,, GLADWYNE, PA 19035

**County:** MONTGOMERY

**Region:** SOUTHEAST

## Administrator

**Name:** Nicole Stroman

**Phone:** 6106458600

**Email:** nicole.stroman@WHLTD.com

## Legal Entity

**Name:** WAVERLY HEIGHTS LTD

**Address:** P.O. BOX 179, 1400 WAVERLY ROAD, GLADWYNE, PA, 19035

## Certificate(s) of Occupancy

**Type:** C-1

**Date:** 02/10/1992

**Issued By:** COPA

## Staffing Hours

**Resident Support Staff:** 0

**Total Daily Staff:** 54

**Waking Staff:** 41

## Inspection

**Type:** Full

**BHA Docket #:**

**Notice:** Unannounced

**Reason:** Renewal

## Inspection Dates and Department Representative

10/09/2019 - On-Site: Michele Swisher, Natasha Braswell

## Resident Demographic Data as of Inspection Dates

### General Information

**License Capacity:** 82

**Residents Served:** 47

### 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:** 47

**Diagnosed with Mental Illness:** 0

**Diagnosed with Intellectual Disability:** 0

**Have Mobility Need:** 7

**Have Physical Disability:** 0

*Nicole Stroman* PC Admin  
10/25/19

65e - 12 Hours Annual Training

Regulations

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

- 1. Staff person orientation shall be included in the 12 hours of training for the first year of employment.

Description of Violation

Direct care staff person A received only 5.5 hours of annual training in training year January 2018 to December 2018.

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.)

Regulation 2600.65 (e)

At the time of survey, a technical error was discovered regarding the electronic documentation of the training hours for staff person A for the training year January 2018 to December 2018. This error resulted in there being no record of the online training staff person A had completed in 2018. At the time of survey the training courses for 2018 were reset and made available to staff person A, who will be complete with this course work by 11/8/19.

To prevent a re-occurring violation, effective 10/25/19, quarterly audits will be conducted by the Personal Care Administrator, or designee, to ensure all Personal Care direct care staff are up to date with their training, that no technical errors have occurred, and that each staff member has completed the required training hours at the completion of the training year (attachment #1). This audit will take place on an ongoing basis.

Please see attached.....

Legal Entity Representative

*[Handwritten Signature]*

Signature

*Nicole J. Strouman* <sup>PC admin</sup>

Printed Name and Title

*10/25/19*

Date

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

The above plan of correction is approved as of 10-28-19  
(Date)

Plan of correction implementation status as of 10-28-19  
(Date)

The above plan of correction was approved by SP  
(Initials)

Fully Implemented  
 Not Implemented

2600.65 e

Administrator or designee will ensure all direct care staff persons receive 12 hours annual training related to their job duties. Within 30 days receipt of accepted plan of correction all direct care staff persons files will be audited to record annual training received in 2019. All direct care staff will receive at least 12 hours training in 2019. Training schedule will be kept in each staff members file for review. Audits and monitoring conducted by home will be made available for Department review. Home did verify Staff member A recieved required number hours of training and training audit sheet.

SP 10-28-19

85a - Sanitary Conditions

Regulations

2600.  
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 10/9/19 at approximately 1:30pm, a box used to store Resident #1's glucometer had dried red-brown smears on the exterior of the box. .

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.)

Regulation 2600.85 (a)

The glucometer box inspected by the surveyor was housing an old glucometer of Resident #1 and was not in use at the time of survey. The glucometer and box for Resident #1, in use at the time of survey, appeared sanitary and remains in this condition.

To ensure sanitary conditions are maintained moving forward audits will be conducted by the Personal Care administrator, or designee, on a quarterly basis. In addition, an in-service is underway for all Personal Care nurses. The in-service reviews the applicable regulation as well as a review of glucometer set-up, performing a test, control test procedure, use of memory and cleaning and disinfecting of the device (attachments #2 and 3 ). The completion date for the nursing in-service is 11/8/19. Effective immediately, the full manual for the glucometers in use are located in each nursing care base for reference as needed.

Please see attached....

Legal Entity Representative

*[Handwritten Signature]*  
Signature

*Nicole J Stroman* <sup>PC admin</sup>  
Printed Name and Title  
10/25/19  
Date

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Fully Implemented  
 Not Implemented

2600.85a

The administrator or designee shall ensure sanitary conditions are maintained in the home. Home provided glucometer audit sheet. Quarterly audits and staff in-service will be made available for Department review.

SP 10-28-19

185a - Implement Storage Procedures

Regulations

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.

Description of Violation

On 10/5/19 the glucose reading on Resident #1's MAR is 280 at 1pm. There is no reading in Resident #1's glucometer that matches this date time.

On 10/5/19 the glucose reading on Resident #1's MAR is 202 at 6pm. There is no reading in Resident 1's glucometer that matches this date and time.

On 10/7/19 Resident #1's MAR has a glucose reading of 158 at 6pm. Resident #1's glucometer has a reading of 258 on 10/7/19 at 5:02 pm.

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.)

Regulation 2600.185 (a)

At the time of survey nursing staff on duty were re-educated on the applicable regulation regarding CDC guidelines for glucometer use. The 10/7/19 glucose reading of 158 on the MAR of Resident #1 appears to have been a transcription error, as the correct insulin dose was administered in accordance with the glucometer reading of 258.

To prevent a re-occurring violation, an in-service is underway for all Personal Care nurses to review the applicable regulation, a review of glucometer set-up, performing a test, control test procedure, use of memory and cleaning and disinfecting of the device (attachments #2 and 3 ). The completion date for the nursing in-service is 11/8/19. Effective immediately, the full manual for the glucometers in use are located in each nursing care base for reference as needed.

Please see attached.....

Legal Entity Representative

*[Handwritten Signature]*  
Signature

*Nicole J Stroman* <sup>PC admin</sup>  
Printed Name and Title  
*10/25/19*  
Date

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(Initials)

Fully Implemented  
 Not Implemented

2600.185a

Administrator or designee will ensure the home has developed and implemented procedures for safe storage, access, security, distribution and use of medications and medical equipment. Home provided verification of glucometer audit logs and blood glucose testing training documentation. Staff trainings and in-service to be made available for Department review.

SP 10-15-19