



**Sent via e-mail [anne.anderson@erickson.com](mailto:anne.anderson@erickson.com)  
Sent via e-mail [nicole.zdunowski@erickson.com](mailto:nicole.zdunowski@erickson.com)  
April 10, 2020**

Ms. Anne Andersen  
Associate Executive Director  
Maris Grove, Inc.  
500 Maris Grove Way  
Glen Mills, Pennsylvania 19342

RE: Maris Grove  
First and Third Floors  
License #: 134660

Dear Ms. Andersen:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on November 18 and 19, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

*Mia Johnson*

Mia Johnson  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

## Violation Report

### Facility Information

Name: *MARIS GROVE*License Number: *13466*Address: *500 MARIS GROVE WAY,, 1ST AND 3RD FLOORS,, GLEN MILLS, PA 19342*County: *DELAWARE*Region: *SOUTHEAST*

### Administrator

Name: *Nicole Zdunowski*Phone: *6103874630*Email: *Nicole.Zdunowski@erickson.com*

### Legal Entity

Name: *MARIS GROVE INC*Address: *500 MARIS GROVE WAY, GLEN MILLS, PA, 19342*

### Certificate(s) of Occupancy

Type: *I-1*Date: *06/09/2009*Issued By: *Concord Township*

### Staffing Hours

Resident Support Staff: *0*Total Daily Staff: *126*Waking Staff: *95*

### Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*Reason: *Renewal,Incident*

### Inspection Dates and Department Representative

*11/18/2019 - On-Site: Dean Gray, Denise Gillespie**11/19/2019 - On-Site: Dean Gray, Denise Gillespie*

### Resident Demographic Data as of Inspection Dates

#### General Information

License Capacity: *66*Residents Served: *65*

#### Secured Dementia Care Unit

In Home: *Yes*Area: *Memory Care*Capacity: *22*Residents Served: *27*

#### Hospice

Current Residents: *12/16*

#### Number of Residents Who:

Receive Supplemental Security Income: *0*Are 60 Years of Age or Older: *65*Diagnosed with Mental Illness: *3*Diagnosed with Intellectual Disability: *0*Have Mobility Need: *67*Have Physical Disability: *1*

MARIS GROVE

13466

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

Resident #1 is prescribed Anti-Diarrheal (loperamide) 2 mg tablet 1 tablet oral, Mucinex 600 mg tablet, extended release - 1 tablet extended release 12 hr oral and Clonazepam 0.5 mg tablet - 0.5 tablet oral as needed. On 11/19/19 these medication(s) were not available in the home.

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.)

See attachment # 1A.

Legal Entity Representative

*Nicole Zdurowski*  
Signature

*Nicole Zdurowski, PC Administrator* 12/19/19  
Printed Name and Title Date

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The above plan of correction is approved as of 4/9/20 Plan of correction implementation status as of 4/9/20  
(Date) (Date)

Fully Implemented

The above plan of correction was approved by *MZ*  
(Initials)

Not Implemented



## Personal Care Plan of Correction

December, 2019

#1A

**Deficiency: 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.** *Responses to the cited deficiencies do not constitute an admission of agreement by the facility of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. The plan of correction is prepared solely as a matter of compliance with federal and/or state law.*

**What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?** Resident #1's unavailable PRN medications were immediately reordered by DCS in order to comply with regulation 2600.185(a).

**How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?**

100% of the Personal Care and Memory Care medication cabinets were audited by PC Administrator, Memory Care Manager, and Wellness Manager on 11/20/19 to ensure PRN medications were available as ordered. Staff will be in-serviced on appropriate medication storage procedures in order to maintain compliance with 2600.185(a). Target date to complete in-servicing for all staff will be Jan 31, 2020.

**What measures will be put into place or what system changes will you make to ensure that the deficient practice does not recur?**

Staff shall receive periodic in-servicing on appropriate medication storage procedures in order to maintain compliance with 2600.185(a). Personal Care Administrator or designee will audit medication cabinets for compliance as part of our quality assurance-performance improvement program. Target date to complete in-servicing for all staff will be Jan 31, 2020.

**How the corrective action will be monitored to ensure that the deficient practice will not recur i.e. what quality assurance programs will be established?**

PC Administrator or designee will conduct a monthly audit of resident medication cabinets to ensure PRN medications are available as prescribed. Negative findings will be reported monthly in the Performance Improvement meeting with continued auditing to be determined based on the findings.

MARIS GROVE

13466

187b - Date/Time of Medication Admin.

Regulations

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #1 is prescribed Artificial Tears (polyvinyl alcohol) 1.4% eye drops - (2 drops) both eyes two times daily. On 11/18/19, resident #1's medication administration record indicates the medication was administered as prescribed; however, on 11/17/19 and 11/19/19 the Non-PRN Medication Notes indicate the eye drops were not available.

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.)

See attachment #2B.

Legal Entity Representative

*Nicole Zdzunowski*  
Signature

*Nicole Zdzunowski, PC Administrator* 12/19/19  
Printed Name and Title Date

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The above plan of correction is approved as of 4/9/20  
(Date)

Plan of correction implementation status as of 4/9/20  
(Date)

Fully Implemented

The above plan of correction was approved by *MJ*  
(Initials)

Not Implemented

**#2B**

**Deficiency: 2600.187(b) The information in subsection (a) (13) and (14) shall be recorded at the time the medication is ordered.** *Responses to the cited deficiencies do not constitute an admission of agreement by the facility of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. The plan of correction is prepared solely as a matter of compliance with federal and/or state law.*

**What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?**

Provider modified Resident #1's prescription eye drop order due to pharmacy no longer carrying this medication. New medication was received on 11/22/2019. The staff who documented on the EMR were interviewed and disciplinary processes were initiated per Erickson policy.

**How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?**

A house audit of EMR documentation was initiated on 11/20/19 to identify any discrepancies in medication administration documentation on PC and Memory Care.

**What measures will be put into place or what system changes will you make to ensure that the deficient practice does not recur?**

Personal Care Administrator or designee will conduct routine audits of resident electronic medical records (EMR) as part of our QAPI process to ensure ongoing compliance. Staff are to be routinely in-serviced on appropriate medication administration and documentation procedures in accordance with PC regulations. Target date to complete in-servicing for all staff will be Jan 31, 2020.

**How the corrective action will be monitored to ensure that the deficient practice will not recur i.e. what quality assurance programs will be established?**

PC Administrator or designee will conduct a monthly audit of resident electronic medication records to ensure ongoing compliance. Negative findings will be reported monthly in the Performance Improvement meeting with continued auditing to be determined based on the findings.

MARIS GROVE

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187d - Follow Prescriber's Orders

Regulations

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed Artificial Tears (polyvinyl alcohol) 1.4% eye drops - (2 Drops) Drops Both Eyes two times daily. However, this medication was not administered to resident #1 on 11/17/19 at 5:00 pm and 11/19/19 at 9:00 am because the medication was not available in the home.

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.)

See attachment #3C.

Legal Entity Representative

*Nicole Zdanowski*  
Signature

*Nicole Zdanowski, PC Administrator* 12/19/19  
Printed Name and Title Date

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(Date)

Plan of correction implementation status as of 4/9/20  
(Date)

Fully Implemented

The above plan of correction was approved by *MJ*  
(Initials)

Not Implemented



#3C

**Deficiency: 2600.187(d) The home shall follow the directions of the prescriber.**

*Responses to the cited deficiencies do not constitute an admission of agreement by the facility of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. The plan of correction is prepared solely as a matter of compliance with federal and/or state law.*

**What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?**

Care staff have been educated on facility processes for re-ordering medications in a timely manner. Staff are encouraged to escalate any unresolved, missing medications to their nurse, PC Administrator or designee immediately. Staff will be routinely in-serviced on best practices to ensure all resident medication orders are in compliance. Target date to complete in-servicing for all staff will be Jan 31, 2020.

**How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?**

PC Administrator and Wellness Manager conducted an audit of PC resident orders on 11/20/19 to ensure compliance. Medication cabinets were checked to verify all medications were available to be administered as ordered. Any missing medications identified were immediately addressed by DCS or nurse as appropriate. PC Administrator or designee will continue to monitor resident medication orders and medication storage in order to ensure ongoing compliance.

**What measures will be put into place or what system changes will you make to ensure that the deficient practice does not recur?**

Staff are to be in-serviced on processes for ordering medications, as well as medication storage and administration procedures to maintain compliance with 2600.187(d). PC Administrator or designee will monitor resident medication orders as part of our monthly Quality Assurance process. Any deficiencies identified will be immediately addressed with DCS and reviewed in our monthly quality assurance meeting. Target date to complete in-servicing for all staff will be Jan 31, 2020.

**How the corrective action will be monitored to ensure that the deficient practice will not recur i.e. what quality assurance programs will be established?**

PC Administrator or designee will conduct a monthly audit of resident medication orders and medication storage to ensure ongoing compliance. Negative findings will be reported monthly in the Performance Improvement meeting with continued auditing to be determined based on the findings.

MARIS GROVE

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231b - Medical Evaluation

Regulations

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident #2 was admitted to the Secure Dementia Care Unit (SDCU) on 01/07/19; however, the resident's most recent medical evaluation completed on 10/12/19 does not indicate the need for the resident to be served in a secured dementia care unit.

Resident #3 was admitted to the Secure Dementia Care Unit (SDCU) on 01/07/19; however, the resident's most recent medical evaluation completed on 09/12/19 does not indicate the need for the resident to be served in a secured dementia care unit.

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.)

See attachment #4D.

Legal Entity Representative

*Nicole Zdunowski*  
Signature

Nicole Zdunowski, PC Administrator  
Printed Name and Title

12/19/19  
Date

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The above plan of correction is approved as of 4/9/20  
(Date)

Plan of correction implementation status as of 4/9/20  
(Date)

Fully Implemented

The above plan of correction was approved by *MJ*  
(Initials)

Not Implemented

**#4D**

**Deficiency: 2600.231(b) A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secure dementia care unit.**

*Responses to the cited deficiencies do not constitute an admission of agreement by the facility of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. The plan of correction is prepared solely as a matter of compliance with federal and/or state law.*

**What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?**

Resident #2 and Resident #3's DMEs were updated as appropriate to reflect their need for a secure dementia neighborhood in accordance with 2600.231(b).

**How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?**

PC Administrator, Memory Care Manager, and Wellness Manager conducted a DME audit for all residents currently residing in the Memory Care Community on 11/20/19 to ensure documents were in compliance with 2600.231(b). Any discrepancies were brought to the attention of the facility medical provider for review.

**What measures will be put into place or what system changes will you make to ensure that the deficient practice does not recur?**

Memory Care Manager and Wellness Manager will work closely with the facility medical provider to ensure all initial and annual Memory Care DMEs are completed within 2600.231(b) guidelines.

**How the corrective action will be monitored to ensure that the deficient practice will not recur i.e. what quality assurance programs will be established?**

Memory Care Manager or designee will conduct a monthly audit of DMEs to ensure ongoing compliance. Negative findings will be reported monthly in the Performance Improvement meeting with continued auditing to be determined based on the findings. Target date for DME in-servicing for clinical staff on DME compliance will be Jan 15, 2020.