



Sent via e-mail slachman@wel.org
Sent via e-mail efelicetti@wel.org
December 24, 2019

Ms. Suzanne H. Lachman
Executive Director
Evangelical Manor, Inc.
8401 Roosevelt Boulevard
Philadelphia, Pennsylvania 19152

RE: Wesley Enhanced Living Pennypack Park
License #: 176380

Dear Ms. Lachman:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on November 21, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Shawn Parker

Shawn Parker
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Name: WESLEY ENHANCED LIVING PENNYPACK PARK

License Number: 17638

Address: 8401 ROOSEVELT BOULEVARD,, PHILADELPHIA, PA 19152

County: PHILADELPHIA

Region: SOUTHEAST

Additional Contact

Name: Eileen Felicetti

Phone: 2156245800

Email: efelicetti@WEL.ORG

Facility Name

Name: EVANGELICAL MANOR, INC

Address: 8401 ROOSEVELT BOULEVARD, PHILADELPHIA, PA, 19152

Contract (if applicable)

Type: Other

Date: 01/01/1900

Issued By: COPA

Staffing

Resident Support Staff: 0

Total Daily Staff: 33

Waking Staff: 25

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Date and Department Representative

11/21/2019 - On-Site: Michele Swisher, Youn Chung

Resident Demographics (as of Date of Inspection)

Gender Distribution

License Capacity: 50

Residents Served: 31

Count of Dementia Care Units

In Home: No

Area:

Capacity:

Residents Served:

Reside

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 31

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 2

Have Physical Disability: 0

Regulation 2600.65f

2600.

- 65.f. Training topics for the annual training for direct care staff persons shall include the following:
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
 5. Personal care service needs of the resident.
 6. Safe management techniques.

Violation Description

Direct care staff person A did not receive training in instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, personal care service needs of the resident, safe management techniques during training year January 2018 to December 2018.

Plan of Correction

(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.)

Staff A

All staff is scheduled for all mandatory training done at our learning center for the 2020 year. See attached list.

Home did provide training schedule for staff for 2020 calendar year. Staff person A will be trained in topics missed in regulation 2600.65f within 30 days receipt of accepted POC. Documentation will be kept by home and made available for Department review. The administrator will review all staff current training and records to ensure all direct care staff has received the required training on all topics in accordance with regulation 2600.65(f) during the 2019 training year. SP 12-24-19

Documentation

Eileen Felicetti
Signature

Eileen Felicetti RCHA 12/19/19
Printed Name and Title Date

Approval

The above plan of correction is approved as of 12-24-19 Plan of correction implementation status as of 12-24-19
(Date) (Date)

The above plan of correction was approved by SP Fully Implemented
(Initials) [Redacted]

Not Implemented

Number of the Chapter's violation:

Regulation:

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.

Description of Violation:

Staff person A did not receive training in emergency preparedness procedures and recognition and response to crises and emergency situations during 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.)

All staff is scheduled for mandatory training for the 2020 year

Home did provide training schedule for staff for 2020 calendar year. Staff person A will be trained in topics missed in regulation 2600.65g within 30 days receipt of accepted POC. Documentation will be kept by home and made available for Department review. The administrator will review all staff current training and records to ensure all direct care staff has received the required training on all topics in accordance with regulation 2600.65g during the 2019 training year. SP 12-24-19

Agency Representative:

[Handwritten Signature]
Signature

Eileen Felicetti, PCHH 12/19/19
Printed Name and Title Date

DEPARTMENT OF HEALTH & HUMAN SERVICES - PENNSYLVANIA DEPARTMENT OF HEALTH

The above plan of correction is approved as of 12-24-19
(Date)

Plan of correction implementation status as of 12-24-19
(Date)

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

Fully Implemented
 Not Implemented

[Redacted]

[Redacted]

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

[Redacted]

There was an unlabeled, undated package of what appears to be frozen waffles in the freezer in the kitchen area.

[Redacted]

(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.)

One package of frozen waffles were observed in the freezer, unopened and not exposed to potential freezer burn. Waffles were not labeled/dated and that was corrected immediately on 11.21.2019 in the presence of the surveyor. No other items identified.

Within 30 days of receipt of the accepted plan of correction, Administrator or designee shall check all food storage areas, including refrigerators and freezers to ensure all food items are labeled and dated. Any outdated or spoiled food will be disposed of. Documentation to be kept for Department review.

SP 12-24-19

[Redacted]

[Handwritten Signature]
Signature

Elzen Felicitas PCHA 12/19/19
Printed Name and Title Date

[Redacted]

The above plan of correction is approved as of 12-24-19
(Date)

Plan of correction implementation status as of 12-24-19
(Date)

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

Fully Implemented
 Not Implemented

107.d. Procedure Emergency Management Agency Submission

Regulations

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been submitted to the local emergency management agency since 9/24/18.

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.)

The facility is in compliance based on the language of 2600 107.d.; the regulation states that the procedures will be reviewed, updated and submitted annually to the local emergency management agency. The procedures were reviewed and updated, as identified by the manual. Annually can mean once per year, which the facility is in compliance with, as the plan was submitted in 2019.

Administrator or designee will ensure emergency procedures are reviewed, updated, and submitted annually to the local emergency management agency in accordance with regulation 2600.107d. Home will verify emergency procedures were submitted to local emergency management agency in 2019. Documentation to be made available for Department review.

SP 12-24-19

Legal Entity Representative

[Handwritten Signature]
Signature

Eileen Felice PCHA 12/19/19
Printed Name and Title Date

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The above plan of correction is approved as of 12-24-19
(Date)

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(Date)

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(Initials)

Fully Implemented
 Not Implemented

Violation

Regulation

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's most recent medical evaluation was completed on 4/2/19. The resident's previous medical evaluation was completed on 3/1/18.

Plan of Correction

(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.)

Starting immediately the due dates for all DME/RASPs will be entered into outlook calendar with reminders to ensure they are always completed within the regulation 2600.141.b.1

Home did verify DME/RASP tracking sheet. Within 30 days accepted POC, the administrator or designated staff person will review all resident records to ensure an in-person medical evaluation has been completed for all residents within the past year and the medical evaluation is completed accurately and, in its entirety, including all required information. Any incomplete medical evaluations will be returned to the physician for completion or new in-person medical evaluations will be scheduled and completed.

SP 12-24-19

Approved by (Signature)


Signature


Eileen Felicia, PCHA 12/19/19
Printed Name and Title Date

Implementation of Plan of Correction

The above plan of correction is approved as of 12-24-19
(Date)

Plan of correction implementation status as of 12-24-19
(Date)

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

Fully Implemented

 Not Implemented

Regulation

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 11/21/19 at approximately 1:00 pm, one small round white tablet was found loose in the medication drawer of medication cart #1.

On 11/21/19 at approximately 1:00 pm, one small round yellow tablet and 1/2 of a small round white tablet were found loose in the medication drawer of medication cart #2.

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.)

All medication carts will be checked nightly by DCS. All medication carts will also be checked weekly by the nurse on duty. Attached are to audit tools to be used.

Home sent in verification of audit tools. Audit results to be made available for Department review. Administrator or designee will ensure all medications are properly packaged and stored and that there are no unpackaged or loose medications in the medication cart.

SP 12-24-19

Legal Entity Representative

[Signature]
Signature

Dileen Felicetti PCHA 12/19/19
Printed Name and Title Date

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(Initials)

Fully Implemented
 Not Implemented

Section 2600.190(a) - Medication Administration

2600.190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Staff person A, who has not successfully completed the Department-approved medications administration annual practicum since 9/21/18, administered medications to residents on 11/2/19, 11/3/19, 11/5/19, 11/6/19 and multiple other dates.

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.)

Staff A did complete the practicum but the form could not be located at the time of inspection. The form has since been found-mis filed. Starting immediately all training forms will now be scanned in to the computer by human resources in addition to their paper file.

Only staff persons who have met the requirements of regulation 2600.190(a) shall be permitted to administer medications and the required documentation of training is in the staff person's record. Documentation of qualifications of any person administering medications in the home shall be kept. The administrator shall review all staff person training records to ensure all staff persons administering medications are qualified to administer medications in accordance with regulation 2600.190(a) and the documentation is present in the staff person's record. Home did provide of staff members updated medication training.

SP 12-24-19

Signature Required

[Signature] Deleen Felicetti 12/19/19
Signature Printed Name and Title Date

Plan of Correction Implementation Status

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(Date) (Date)
The above plan of correction was approved by SP Fully Implemented
(Initials) Not Implemented

225c - Additional Assessment

Regulations

2600.

225.c. The resident shall have additional assessments as follows:

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident 1's current assessment was completed on 4/1/19. However, the resident's previous assessment was completed on 2/8/18.

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.)

Starting immediately all DME/RASPs will be added with reminders to the outlook calendar to ensure they are completed in accordance with the regulation. Audit tool attached.

Home did verify DME/RASP tracking sheet. Within 30 days accepted POC, the administrator or designated staff person will review all resident records to ensure RASP are up to date.

SP 12-24-19

Legal Entity Representative

[Handwritten Signature]

Signature

Eileen Felicity

Printed Name and Title

12/19/19

Date

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Fully Implemented

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

[Redacted Signature]

Not Implemented