

Department of Human Services  
Bureau of Human Service Licensing

September 21, 2020

STEVEN CHERRY , EXECUTIVE DIRECTOR  
THE NEW HERITAGE TOWERS INC  
200 VETERANS LANE  
DOYLESTOWN, PA 18901

RE: WESLEY ENHANCED LIVING  
DOYLESTOWN  
200 VETERANS LANE  
DOYLESTOWN, PA, 18901  
LICENSE/COC#: 12718

Dear Mr. CHERRY ,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/22/2020, 07/29/2020, 08/04/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Mia Johnson

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY - PUBLIC**

**Facility Information**

Name: *WESLEY ENHANCED LIVING DOYLESTOWN* License #: *12718* License Expiration Date: *07/05/2021*  
 Address: *200 VETERANS LANE, DOYLESTOWN, PA 18901*  
 County: *BUCKS* Region: *SOUTHEAST*

**Administrator**

Name: *Martine Minninger* Phone: *2678951146* Email: *mminninger@wesleyenhancedliving.org,*

**Legal Entity**

Name: *THE NEW HERITAGE TOWERS INC*  
 Address: *200 VETERANS LANE, DOYLESTOWN, PA, 18901*  
 Phone: *2678951146* Email: *SCHERRY@WEL.ORG*

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *06/08/2001* Issued By: *COPA LABOR & INDUSTRY*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *51* Waking Staff: *38*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint* Exit Conference Date: *08/07/2020*

**Inspection Dates and Department Representative**

*07/22/2020 - Off-Site: Natasha Braswell*  
*07/29/2020 - On-Site: Natasha Braswell*  
*08/04/2020 - Off-Site: Natasha Braswell*

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *75* Residents Served: *47*

**Secured Dementia Care Unit**

In Home: *No* Area: Capacity: Residents Served:

**Hospice**

Current Residents: *3*

**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: *4* Have Physical Disability: *1*

## Inspections / Reviews

## 9/4/2020 - POC Submission

Lead Reviewer: *Mia Johnson*Follow-Up Type: *POC Submission*Follow-Up Date: *09/09/2020*

## 9/8/2020 - POC Submission

Lead Reviewer: *Mia Johnson*Follow-Up Type: *Document Submission*Follow-Up Date: *09/11/2020*

## 9/21/2020 - Document Submission

Lead Reviewer: *Mia Johnson*Follow-Up Type: *Not Required*

## 141a 1-10 Medical Evaluation Information

## 1. Requirements

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

*The resident's medical evaluation did not include medical information pertinent to diagnosis and treatment.*

## Plan of Correction

Accept

*Residents medication addendum was completed but it was unfortunately not noted in section 3 of the DME. Section 3 has been corrected to note "see medication addendum", see attached.*

*PCHA will conduct monthly chart audits to ensure compliance with this regulation*

**Completion Date:** 09/04/2020

## Document Submission

Implemented

*Resident's DME was completed, however, the MD did not complete section 3 "pertinent information relating to diagnosis". This information was found on the medication addendum. PC staff corrected the DME to state "See Medication Addendum", see attached. PCHA will conduct monthly chart audits to ensure compliance with this regulation.*

## 141b2 - Medical Evaluation Changes

## 1. Requirements

2600.

- 141.b.2. A resident shall have a medical evaluation: If the medical condition of the resident changes prior to the annual medical evaluation.

## Description of Violation

*Resident #1's medical evaluation completed on 10/8/19, was not updated to include the wound care the resident is receiving or the need to wear compression stockings and boots.*

## Plan of Correction

Accept

*Resident #1 acquired a small wound in May 2020 that required bi-weekly wound care treatments and was done by Southeastern Home Health Services as ordered by her MD. There were no significant changes to her overall medical condition, however, her MD saw her to follow up on the progress of her wound. Please see medical evaluation attachment.*

*Going forward, for minor medication changes such as this that do not effect the residents overall health status, PC will attach evaluation notes/consultation forms to the DME as an "update" to the annual DME.*

*PCHA will monitor compliance during monthly chart audits.*

**Completion Date:** 07/22/2020

141b2 - Medical Evaluation Changes *(continued)***Document Submission****Implemented**

*Resident #1 acquired a small wound in May 2020 that required bi-weekly wound care treatments and was done by Southeastern Home Health Services as ordered by her MD. There were no significant changes to her overall medical condition, however, her MD saw her to follow up on the progress of her wound. Please see medical evaluation attachment.*

*Going forward, for minor medication changes such as this that do not effect the residents overall health status, PC will attach evaluation notes/consultation forms to the DME as an "update" to the annual DME. For all significant changes to the residents overall health, PC staff will obtain a new, updated DME from the residents MD.*

*PCHA will monitor compliance during monthly chart audits.*

## 227c - Support Plan Revision

**1. Requirements**

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

**Description of Violation**

*Resident #1's support plan dated 8/15/19 was not updated to include the services being provided for wound care.*

**Plan of Correction****Accept**

*Residents RASP was updated immediately updated to include information regarding her wound and how we were meeting that need, i.e. visiting wound nursing services.*

*PCHA will conduct monthly chart audits to ensure that RASP updates are being completed timely. Please see RASP update attachment*

**Completion Date:** 07/22/2020

**Document Submission****Implemented**

*Residents RASP was updated immediately updated to include information regarding her wound and how we were meeting that need, i.e. visiting wound nursing services.*

*PCHA will conduct monthly chart audits to ensure that RASP updates are being completed timely. Please see RASP update attachment*