

Department of Human Services
Bureau of Human Service Licensing

October 6, 2020

ANNE ANDERSEN, ASSOCIATE EXECUTIVE DIRECTOR
MARIS GROVE INC
500 MARIS GROVE WAY
GLEN MILLS, PA 19342

RE: MARIS GROVE
500 MARIS GROVE WAY
1ST AND 3RD FLOORS
GLEN MILLS, PA, 19342
LICENSE/COC#: 13466

Dear Ms. Andersen,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/19/2020, 08/20/2020, 08/25/2020, 08/26/2020, 08/27/2020, 08/28/2020, 08/31/2020, 09/01/2020, 09/02/2020 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: *MARIS GROVE* License #: *13466* License Expiration Date: *03/11/2021*
 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*
 Phone: *610-387-4549* Email: *Anne.Andersen@erickson.com*

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *65* Waking Staff: *49*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *09/02/2020*

Inspection Dates and Department Representative

08/19/2020 - Off-Site: Dean Gray
08/20/2020 - Off-Site: Dean Gray
08/25/2020 - Off-Site: Dean Gray
08/26/2020 - Off-Site: Dean Gray
08/27/2020 - Off-Site: Dean Gray
08/28/2020 - Off-Site: Dean Gray
08/31/2020 - Off-Site: Dean Gray
09/01/2020 - Off-Site: Dean Gray
09/02/2020 - Off-Site: Dean Gray

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *66* Residents Served: *43*

Secured Dementia Care Unit

In Home: *Yes* Area: *Memory Care* Capacity: *22* Residents Served: *13*

Resident Demographic Data as of Inspection Dates (*continued*)

Hospice

Current Residents: *na*

Number of Residents Who:

Receive Supplemental Security Income: *0*Are 60 Years of Age or Older: *43*Diagnosed with Mental Illness: *4*Diagnosed with Intellectual Disability: *0*Have Mobility Need: *22*Have Physical Disability: *0*

Inspections / Reviews

08/19/2020 - Partial

Lead Inspector: *Dean Gray*Follow-Up Type: *POC Submission*Follow-Up Date: *09/18/2020*

9/18/2020 - POC Submission

Lead Reviewer: *Mia Johnson*Follow-Up Type: *Document Submission*Follow-Up Date: *10/01/2020*

10/6/2020 - Document Submission

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

16c - Written Incident Report

1. Requirements

2600.

- 16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 07/04/20, the home reported that resident #1 and resident #2 were "found by a caregiver in male resident's room with their pants down around their knees. Residents were standing a distance apart. They were not touching each other and no sexual contact was observed." When Licensing Representative interviewed staff person A who witnessed the incident, it was stated that the residents were engaged in sexual intercourse. The incident report submitted by the home did not provide an accurate description of events.

16c - Written Incident Report (continued)

Plan of Correction

Accept

Personal Care Plan of Correction

September, 2020

#1A

Deficiency: 2600.16(c) The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in 2600.15 (relating to abuse reporting covered by law). 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?

The care team will be re-educated on appropriate procedures for reporting and documenting incidents in the facility. Staff will be asked to verbally report all incidents to the Administrator, as well as provide written statements of witnessed events in the home. All statements will be obtained within a timely manner.

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 Manager or Designee will monitor all resident events to ensure proper documentation and reporting procedures are followed. Documentation requirements will be in accordance with the policies and procedures established by Erickson Living and The Department of Human Services.

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

Care staff will be in-serviced on proper reporting and documentation procedures and will be encouraged to comply with these procedures for all events. PC Administrator or designee will monitor incident reports to ensure appropriate reporting procedures are being followed. Witness statement forms will be made readily available to all staff.

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?

Compliance will be monitored through our facility Quality Assurance/Performance Improvement program. In-servicing to be completed by September 30th, 2020.

Completion Date: 09/30/2020

Document Submission

Implemented

Plan of correction in-servicing completed. Documents uploaded on 9/30/20.