

Department of Human Services  
Bureau of Human Service Licensing

April 23, 2021

██████████ EXECUTIVE DIRECTOR  
STAPELEY HALL  
6300 GREENE STREET  
PHILADELPHIA, PA 19144

RE: WESLEY ENHANCED LIVING AT  
STAPELEY  
6300 GREENE STREET  
PHILADELPHIA, PA, 19144  
LICENSE/COC#: 14017

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/16/2020, 10/19/2020, 11/05/2020, 11/13/2020, 11/16/2020, 12/01/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Claire Mendez

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

**Name:** WESLEY ENHANCED LIVING AT STAPELEY      **Licen e #:** 14017      **Licen e Expiration Date:** 09/10/2021  
**Addr e :** 6300 GREENE STREET, PHILADELPHIA, PA 19144  
**County:** PHILADELPHIA      **Region:** SOUTHEAST

**Administrator**

**Name:** [REDACTED]      **Phone:** 2158440700      **Email:** [REDACTED]

**Legal Entity**

**Name:** STAPELEY HALL  
**Address:** 6300 GREENE STREET, PHILADELPHIA, PA, 19144  
**Phone:** 2158440700      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-2 LP      **Date:** 06/06/1998      **Issued By:** City of Philadelphia

**Staffing Hours**

**Re ident Support Staff:** 0      **Total Daily Staff:** 87      **Waking Staff:** 65

**Inspection**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Complaint      **Exit Conference Date:** 12/01/2020

**Inspection Dates and Department Representative**

10/16/2020 - Off-Site: [REDACTED]  
10/19/2020 - Off-Site: [REDACTED]  
11/05/2020 Off Site [REDACTED]  
11/13/2020 - Off-Site: [REDACTED]  
11/16/2020 - Off-Site: [REDACTED]  
12/01/2020 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 79      **Residents Served:** 62

**Secured Dementia Care Unit**

**In Home:** Yes      **Area:** Bridges      **Capacity:** 30      **Residents Served:** 22

**Hospice**

**Current Re ident :** 0

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

## Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 62

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 25

Have Physical Disability: 1

## Inspections / Reviews

## 10/16/2020 Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 12/11/2020

## 12/16/2020 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 12/18/2020

## 12/30/2020 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow Up Date 01/15/2021

## 4/23/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow Up Type: Not Required

## 44e - Complaint Submission

## 1. Requirements

2600.

- 44.e. Within 2 business days after the submission of a written complaint, a status report shall be provided by the home to the complainant. If the resident is not the complainant, the resident and the resident's designated person shall receive the status report unless contraindicated by the support plan. The status report must indicate the steps that the home is taking to investigate and address the complaint.

## Description of Violation

*On 10/2/2020, a written complaint regarding Resident #1's medications, visiting practices, and entry into the resident's room was filed in the home. The home did not provide the resident and the resident's designated person with a status report indicating the steps the home was taking to investigate and address the complaint.*

## Plan of Correction

Do Not Accept

*See attached*

**Completion Date:** 12/11/2020

**Update - 12/16/2020**

*Please enter your plan in the above Sanswrite boxes, not an attachment.*

*Please enter a plan to address the deficiency including steps taken immediately, and ongoing plans.*

## Plan of Correction

Directed

*I was not aware of any complaints submitted to the home on 10/02/2020, the first knowledge of the complaint was on 10/19/20. Once i obtained the notice, i took the proper channels to rectify the concerns. I have provided the department with proof that my email address is incorrect. It is very difficult to comply with a complaint that i was not aware of. Although residents are given phone number and email address, the home can't control human error which is the case in this situation. The department itself has proven that human error occurs, because my email address wasn't correct on SansWrite.*

*In this weeks communication to the residents and families my email address will be written with the proper spelling, in every admission package my business card will also be included. There is also a phone listing that residents and families has access to at the front desk with all employees including me with contact info including email.*

*DPOC 12/30/2020 CM: Within 15 days of the receipt of the Plan of Correction, the administrator will develop a policy so that complaints received from any source to any staff member of the home are routed to the attention of the administrator within 1 calendar day.*

**Completion Date:** 12/24/2020

## Document Submission

Implemented

*Any complaints received from any WEL staff will be sent to PC administrator to ensure investigation and resolution of the complaint. Staff has been educated to send and call the administrator immediately once a complaint is received, this will be done within 1 calendar day.*

## 44f Written Decision

## 1. Requirements

2600.

44f - Written Decision (continued)

44.f. Within 7 days after the submission of a written complaint, the home shall give the complainant and, if applicable, the designated person, a written decision explaining the home's investigation findings and the action the home plans to take to resolve the complaint. If the resident is not the complainant, the affected resident shall receive a copy of the decision unless contraindicated by the support plan. If the home's investigation validates the complaint allegations, a resident who could potentially be harmed or his designated person shall receive a copy of the decision, with the name of the affected resident removed, unless contraindicated by the support plan.

**Description of Violation**

*On 10/2/2020, a written complaint regarding Resident #1's medications, visiting practices, and entry into the resident's room was filed in the home. The home did not provide the complainant with a written decision explaining the home's investigation findings and actions taken to resolve the complaint until 10/26/2020.*

**Plan of Correction**

**Do Not Accept**

*See attached*

**Completion Date:** 12/11/2020

**Update - 12/16/2020**

*Please enter your plan in the above Sanswrite boxes, not an attachment.*

*Please enter a plan to address the deficiency including steps taken immediately, and ongoing plans.*

**Plan of Correction**

**Directed**

*The home shall respond to complaints within 7 days of the submission of the complaint. The home will do its due diligence in investigating the complaint, by interviews, record review or any other means to address the concern and send back a response to the resident and or appropriate person.*

*DPOC 12/30/20 CM: Within 15 days of the receipt of the Plan of Correction, the Administrator will develop a tracking system to address responses to complaints in accordance with 2600.44.f.*

*Ongoing: The administrator or designee will review all complaints at Quality Assurance Meetings.*

**Completion Date:** 12/24/2020

**Document Submission**

**Implemented**

*A tracking system has been developed to assure the timeliness of any complaints received by the home. The tracker includes date the complaint was received and also date the status report was given to the complainant. The administrator or designee will review all complaints at QA meetings.*