

Department of Human Services
Bureau of Human Service Licensing

March 10, 2021

[REDACTED], 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 [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/11/2021, 02/12/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Shawn Parker

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 DOYLESTOWN **Licence #:** 12718 **Licence Expiration Date:** 07/05/2021
Address: 200 VETERANS LANE, DOYLESTOWN, PA 18901
County: BUCKS **Region:** SOUTHEAST

Administrator

Name: [REDACTED] **Phone:** 2678951146 **Email:** [REDACTED]

Legal Entity

Name: THE NEW HERITAGE TOWERS INC
Address: 200 VETERANS LANE, DOYLESTOWN, PA, 18901
Phone: 2678951146 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 06/08/2001 **Issued By:** Dept L/I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 60 **Waking Staff:** 45

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 02/12/2021

Inspection Dates and Department Representative

02/11/2021 - On-Site: [REDACTED]
02/12/2021 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 75 **Residents Served:** 55

Secured Dementia Care Unit

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

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 55
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 1
Have Mobility Need: 5 **Have Physical Disability:** 2

Inspections / Reviews

02/11/2021 - Full

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow-Up Date: *03/05/2021*

3/8/2021 POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/15/2021*

3/10/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

28e - Death of a Resident

1. Requirements

2600.

- 28.e. In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § § 10226.101—10226.107). The home shall keep documentation of the refund in the resident's record.

Description of Violation

Resident #1 passed away on [REDACTED] Resident #1's personal belongings were removed on from the his/her room on 7/31/20; however, Resident #1's refund wasn't issued on 9/30/20.

Plan of Correction

Accept

The Personal Care Administrator will utilize the Discharged Resident Refund Log (Attachment A) to track when a Resident is discharged. The Personal Care Administrator will email the Business Manager, the Manager of Financial Reporting, and the DT Billing Specialist on the day of discharge to ensure the resident's refund is issued within 30 days of the discharge date.

Completion Date: 03/05/2021

Document Submission

Implemented

The Personal Care Administrator is utilizing the Discharged Resident Refund Log (Attachment A) to track when a Resident is discharged. The Personal Care Administrator will email the Business Manager, the Manager of Financial Reporting, and the DT Billing Specialist on the day of discharge to ensure the resident's refund is issued within 30 days of the discharge date.

66b - Training Plan Content

1. Requirements

2600.

- 66.b. The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:
1. The name, position and duties of each direct care staff person.
 2. The required training courses for each staff person.
 3. The dates, times and locations of the scheduled training for each staff person for the upcoming year.

Description of Violation

The home's staff training plan does not include job titles/positions of staff persons.

Plan of Correction

Accept

The Training Plan was updated and now includes the job titles/positions of the staff persons (Attachment B).

Completion Date: 03/05/2021

Document Submission

Implemented

The Training Plan is updated and now includes the job titles/positions of the staff persons (Attachment B).

Completion Date: 03/05/2021

109b - Rabies Vaccination

1. Requirements

2600.

- 109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

109b - Rabies Vaccination (*continued*)**Description of Violation**

On 2/11/21 and 2/12/21, 2 felines were present at the home. The home does not have a current certificate of rabies vaccination for the two felines.

Plan of Correction**Accept**

The two felines were vaccinated (Attachment C1 and C2). One feline (Sunny) was vaccinated on 2/23/2021 and the other feline (Mr. Whitey) was vaccinated on 3/2/2021. To ensure compliance with 2600.109b, the Personal Care Administrator will utilize the Pet Vaccination Log (Attachment C3).

Completion Date: 03/05/2021

Document Submission**Implemented**

All Pets' Vaccinations are current. The Personal Care Administrator is utilizing the Pet Vaccination Log (Attachment C3).

124 - Notice to Fire Department

1. Requirements

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The homes notice to the fire department, did not document the location of the bedrooms, give a description of the general layout of the home, and the total capacity of the home.

Plan of Correction**Accept**

A revised letter to the Fire Marshall which includes the location of the bedrooms, floor plans of the layout of the home and the total capacity of the home was mailed on 3/5/2021 (Attachments D1 through D9).

Completion Date: 03/05/2021

Document Submission**Implemented**

The Fire Marshall acknowledged receipt of the revised Fire Letter (Attachment I).

185a - Implement Storage Procedures

1. Requirements

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 #2's glucometer device readings on 2/7/2021 at 11:30am was 108; however, MAR had an entry reading measuring 140.

Resident #2's glucometer device readings on 2/9/2021 at 4:30pm was 119; however, MAR had an entry reading measuring 174.

Resident #2's glucometer device readings on 2/11/2021 at 11:30am was 175; however, MAR had an entry reading measuring 179.

185a - Implement Storage Procedures (*continued*)**Plan of Correction****Accept**

On 2/24/2021, the Personal Care Staff was educated on 2600.85a (Attachment E1). Additionally, effective 2/24/2021, the Personal Care Staff is utilizing the attached **B**lood Glucose Flow Sheet (Attachment E2) for each Resident with a physician's order for blood glucose monitoring.

Completion Date: 02/24/2021

Document Submission**Implemented**

Staff is educated on 2600.85a (Attachment E1). Also, the Personal Care Staff is utilizing the attached Blood Glucose Flow Sheet (Attachment E2).

191 - Resident Right to Refuse

1. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #3, admitted [REDACTED] has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction**Accept**

On 2/15/2021, the Personal Care Administrator educated Resident #3 on the resident's right to refuse medication if the resident believes there may be a medication error. Attachment F is the document utilized to educate Resident #3. Resident #3's signature is not included on this document for privacy purposes. The signed document is in Resident's #3's contract.

Completion Date: 02/15/2021

Document Submission**Implemented**

Resident #3 is now educated on the resident's right to refuse medication if the resident believes there may be a medication error.

224a - Preadmission Screen Form

1. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #2 was admitted to the home on [REDACTED]; however, the resident's preadmission screening form was completed on 8/20/2020.

Plan of Correction**Accept**

The Personal Care Administrator will utilize the New Admission Checklist (Attachment G) to ensure that the Pre-Screening is completed prior to the Resident's admission.

Completion Date: 03/05/2021

Document Submission**Implemented**

The Personal Care Administrator is utilizing the New Admission Checklist.

253a - Record 3 Years

1. Requirements

2600.

253.a. The resident's entire record shall be maintained for a minimum of 3 years following the resident's discharge from the home or until any audit or litigation is resolved.

Description of Violation

The home destroyed 7 resident records for individuals who have been discharged under 3 years.

Plan of Correction**Accept**

The Personal Care Administrator and the Personal Care Administrative Assistant will use the Resident Record Destruction Log (Attachment H) to ensure that records are destroyed a minimum of 3 years following the resident's discharge from Personal Care or until any audit or litigation is resolved.

Completion Date: 03/05/2021

Document Submission**Implemented**

The Personal Care Administrator and the Personal Care Administrative Assistant are utilizing the Resident Record Destruction Log (Attachment H).