**Department of Human Services**
**Bureau of Human Service Licensing**

May 27, 2021

[redacted], PERSONAL CARE ADMINISTRATOR
WAVERLY HEIGHTS LTD
P.O.BOX 179, 1400 WAVERLY ROAD
GLADWYNE, PA 19035

RE: WAVERLY HEIGHTS
P.O.BOX 179, 1400 WAVERLY ROAD
GLADWYNE, PA, 19035
LICENSE/COC#: 12782

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/08/2021, 04/28/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[redacted]

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:** *WAVERLY HEIGHTS* **License #:** *12782* **License Expiration Date:** *06/08/2021*
**Address:** *P.O.BOX 179, 1400 WAVERLY ROAD, GLADWYNE, PA 19035*
**County:** *MONTGOMERY* **Region:** *SOUTHEAST*

## Administrator

**Name:** [redacted] **Phone:** [redacted] **Email:**

## Legal Entity

**Name:** *WAVERLY HEIGHTS LTD*
**Address:** *P.O.BOX 179, 1400 WAVERLY ROAD, GLADWYNE, PA, 19035*
**Phone:** [redacted] **Email:**

## Certificate(s) of Occupancy

**Type:** *C-1* **Date:** *02/10/1992* **Issued By:** *COPA*

## Staffing Hours

**Resident Support Staff:** *0* **Total Daily Staff:** *53* **Waking Staff:** *40*

## Inspection

**Type:** *Full* **Notice:** *Unannounced* **BHA Docket #:**
**Reason:** *Renewal* **Exit Conference Date:** *04/28/2021*

## Inspection Dates and Department Representative

*04/08/2021 - On-Site:* [redacted]
*04/28/2021 - On-Site:* [redacted]

## Resident Demographic Data as of Inspection Dates

### General Information

**License Capacity:** *82* **Residents Served:** *45*

### Secured Dementia Care Unit

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

### Hospice

**Current Residents:** *1*

### Number of Residents Who:

**Receive Supplemental Security Income:** *0* **Are 60 Years of Age or Older:** *45*
**Diagnosed with Mental Illness:** *0* **Diagnosed with Intellectual Disability:** *0*
**Have Mobility Need:** *8* **Have Physical Disability:** *0*

## Inspections / Reviews

**04/08/2021 - Full**

**Lead Inspector:** [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *05/21/2021*

**5/21/2021 - POC Submission**

**Lead Reviewer:** [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *06/22/2021*

**5/27/2021 - Document Submission**

**Lead Reviewer:** [redacted] **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 04/24/21, Resident #1 did not have multivitamin available for resident on April 24, 2021 and April 25, 2021. The home did not submit an incident report to the Department. The home did not report this incident to the department until 04/26/21.*

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

*The nursing staff were in-serviced on the Personal Care reportable incident policy and associated regulations, with an emphasis on medication errors. To prevent a re-occurring violation, effective 04/28/21, a missed medication report will be run each shift to ensure any issues are addressed appropriately and timely. Nursing staff were in-serviced on the missed medication report as well. Associated in-services and policies are attached.*

**Completion Date:** *05/14/2021*

**Document Submission** **Implemented**

*Missed medication reports are run by each shift and will continue on an ongoing basis. A completed missed medication report is attached for reference.*

## 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 #2's medical evaluation did not include health status.*

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

*n human error, the box indicating health status on resident #2's medical evaluation was overlooked. To prevent a re-occurring violation, effective immediately, the Personal Care Administrator, or designee, will conduct a monthly audit on any Pre-admission forms, DME's and/or RASP's that were completed each month to ensure all required field are complete. Associated audit form is attached.*

**Completion Date:** *05/20/2021*

**Document Submission** **Implemented**

*Two monthly audits have been completed and are attached for reference.*

## 186c - Change in Medications

**1. Requirements**

2600.

186.c. Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, e cept for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

**Description of Violation**

*On April 22, 2021, the home received a Doctor's order for resident #1 for PreserVision Areds 2. Two tabs by mouth 3 times per week. The home did not place a medication change label on the bottle which read take two soft gels daily, 1 in the morning, 1 in the evening with meals or as directed by physician.*

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

*At the time of administration, all nursing staff responsible for med administration will ensure the medication is abeled with the residents name and room number and that the instructions on the container match the associated physician order. If the administration instructions differ from the physician order, a label stating 'Directions have changed refer to MAR' will be placed on the medication container. The label will be initialed by the nurse at the time of application. To prevent a re-occurring violation, medication cart audits will continue to take place on a weekly basis. The associated policy and audit forms have been updated to include further guidance regarding medication abels. All nursing staff have been in-serviced - please see attached.*

**Completion Date:** *05/14/2021*

**Document Submission** **Implemented**

*Cart audits are underway and ongoing. Completed weekly audit attached for reference.*

## 187d - Follow Prescriber's Orders

**1. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

**Description of Violation**

*Resident #1 is prescribed Multivitamin, Take 1 tablet by mouth daily at 9am. However, resident 1 was not administered Multivitamin Tablet on April 24 and April 25 at 9am because medication was not available in the home.*

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

*Resident #1 prefers to order [redacted] own multivitamin via an online source. The resident was informed well in advance that [redacted] medication was running low and [redacted] informed the nursing staff [redacted] had placed an order and was awaiting t's arrival. When asked [redacted] did not want the nursing staff to order the medication through the in-house pharmacy. t was reviewed with the resident the importance of prescribed medications being present for administration as directed by the physician. [redacted] expressed understanding and stated [redacted] would modify how [redacted] tracks and orders the medication to ensure it is available as ordered. In the event resident #1 is unable to obtain [redacted] medication off-site, the on-site pharmacy would be utilized. To prevent a re-occurring violation, Medication cart audits will continue to be held on a weekly basis along with open communication with any resident who utilizes an off-site resource for medications. Med cart audit policy and forms are attached for reference.*

**Completion Date:** *05/20/2021*

**Document Submission** **Implemented**

*Cart audits are underway and ongoing. Completed weekly audit attached for reference.*

## 188b - Medication Error Reporting

**1. Requirements**

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

**Description of Violation**

*Resident 1 is prescribed Multivitamin Tablet . However, resident 1 was not administered Multivitamin Tablet on April 24 and April 25 at 9am. The medication error was not reported to the resident's designated person and prescriber until April 26 at 1pm.*

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

*The nursing staff were in-serviced on regulation 2600.188.b regarding medication errors. To prevent a re-occurring iolation, effective 04/28/21, a missed medication report will be run each shift to ensure any issues are addressed appropriately and timely. Nursing staff were in-serviced on the missed medication report as well. Associated in-services and policies are attached.*

**Completion Date:** *05/14/2021*

**Document Submission** **Implemented**

*Missed medication reports are run by each shift and will continue on an ongoing basis. A completed missed medication report is attached for reference.*

## 251b - Record Entries Legible

**1. Requirements**

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

**Description of Violation**

*On Resident #2's Medical Assessment (DME) dated 12/24/20, the blood pressure and weight information were crossed off without proper notation.*

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

*Nursing staff were in-serviced on entries in resident records and regulatory requirements were reviewed for 2600.251.b. Monthly form audits, conducted by the Personal Care Administrator or designated representative, will ensure that any form corrections made were done so in accordance with this regulation. Associated in-service attached.*

**Completion Date:** *05/31/2021*

**Document Submission** **Implemented**

*Two monthly audits have been completed and are attached for reference.*

## 252 - Record Content

**1. Requirements**

2600.

252. Content of Resident Records - Each resident's record must include the following information:

3. A photograph of the resident that is no more than 2 years old.

## 252 - Record Content *(continued)*

**Description of Violation**

*Resident 2's record does not include a photograph of the resident that is no more than 2 years old.*

*Resident 3's record does not include a photograph of the resident that is no more than 2 years old.*

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

*Effective 04/08/21, all resident photos (with the exception of one resident who initially refused) were re-taken and added to each residents electronic medical record with a date indicated in the lower right corner of the photo. At east bi-annually, each resident's photo will be updated, electronically dated and added to the resident's medical record. To prevent a re-occurring violation the Personal Care Administrator, or designee, will perform a quarterly audit to ensure all resident photos are present and up to date. Associated policy and audit form attached for reference.*

**Completion Date:** *04/08/2021*

**Document Submission** **Implemented**

*Completed Photo Audit is attached for reference.*