

Department of Human Services
Bureau of Human Service Licensing

October 1, 2021

[REDACTED] ADMINISTRATOR

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 [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/17/2021, 07/06/2021, 07/14/2021, 07/16/2021 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

August 13, 2021

[REDACTED] ADMINISTRATOR

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 [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 06/17/2021, 07/06/2021, 07/14/2021, 07/16/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations 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:** 03/11/2022
Address: 500 MARIS GROVE WAY, 1ST AND 3RD FLOORS, GLEN MILLS, PA 19342
County: DELAWARE **Region:** SOUTHEAST

Administrator

Name: [REDACTED] **Phone:** 6103874630 **Email:** [REDACTED]

Legal Entity

Name: MARIS GROVE INC
Address: 500 MARIS GROVE WAY, GLEN MILLS, PA, 19342
Phone: 6103874630 **Email:** [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 121 **Working Staff:** 91

Inspection

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 06/17/2021

Inspection Dates and Department Representative

06/17/2021 - On-Site: [REDACTED]
07/06/2021 - Off Site: [REDACTED]
07/14/2021 - Off-Site: [REDACTED]
07/16/2021 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 66 **Residents Served:** 64

Secured Dementia Care Unit

In Home: Yes **Area:** Memory Care **Capacity:** 22 **Residents Served:** 21

Hospice

Current Residents: 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: 64

Diagnosed with Mental Illness: 3

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 57

Have Physical Disability: 0

Inspections / Reviews

06/17/2021 Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 08/07/2021

8/13/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 08/16/2021

10/1/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: Not Required

187b - Date/Time of Medication Admin.**1. Requirements**

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident 1 is prescribed Xidra 5% eye drops in a dropperette, single use drop dispenser, both eyes two times daily. On 4/27/21, at 9:00 am resident 1's medication administration record was initialed by staff person A as administered; however this medication was not available in the home.

Resident 1 is prescribed Xidra 5% eye drops in a dropperette, single use drop dispenser, both eyes two times daily. On 4/28/21, and 4/29/21, at 9:00 pm, resident 1's medication administration record was initialed by staff person B as administered; however this medication was not available in the home.

Resident 1 is prescribed Xidra 5% eye drops in a dropperette, single use drop dispenser, both eyes two times daily. On 4/28/21, 4/29/21, and 4/30/21, at 9:00 am, resident 1's medication administration record was initialed by staff person C as administered; however this medication was not available in the home.

Resident 1 is prescribed Latanopross 0.005 % eye drops, (1 drop) drops both eyes, every one day. On 5/2/21, at 8:24 am, resident 1's medication administration record was initialed by staff person B as administered; however this medication was not available in the home.

187b - Date/Time of Medication Admin. (continued)

Plan of Correction

Accept

#1A

Deficiency: 2600.187.b. The information in subsection (a) 13 and (14) shall be recorded at the time the medication is administered. 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?

Staff who signed the medication administration record have been re-educated regarding appropriate medication administration and documentation procedures. Disciplinary action was initiated according to [REDACTED] policy and guidelines. In addition to this, staff meetings have been conducted to educate nurses and medication technicians of this regulation and a new procedure to help prevent future medication errors (please see enclosed documentation). A staff medication competency assessment shall be completed with each Care Associate/Medication technician in the program by the Staff Development Coordinator or Designee to ensure ongoing compliance. Goal is to complete all staff competencies by Sept 30th, 2021.

How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?

Nurses and Medication Technicians shall conduct resident medication cabinet audits daily for compliance. Any concerns will be addressed immediately by the nurse, PC Administrator, or designee.

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

Records shall be maintained from medication cabinet audits. Results of medication cabinet audits will be reported on in our monthly Quality Assurance/Performance Improvement meeting. Personal Care and Memory Care staff have been in-serviced on a new medication communication process to ensure medication concerns are communicated timely to a nurse, PC Administrator, or designee for appropriate follow up (please see enclosed documentation). A staff medication competency plan has been developed to help ensure ongoing compliance.

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 monthly through our facility Quality Assurance/Performance Improvement program. The Staff Development Coordinator or Designee will complete a bi-weekly medication competency with each Certified Medication Technician in the Personal Care program to ensure a thorough and accurate understanding of medication administration, ordering, and documentation procedures. Goal for competency completion is September 30th 2021.

Completion Date: 09/30/2021

Document Submission

Implemented

Medication competencies for Certified Medication Technicians, as well as medication program in-service documents for our licensed DHS programs, have been uploaded for review.

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 Xidra 5% eye drops in a dropperette, single use drop dispenser, both eyes two times daily. On 4/27/21, at 9:00 am resident 1's medication administration record was initialed by staff person A as administered; however this medication was not available in the home.

Resident 1 is prescribed Xidra 5% eye drops in a dropperette, single use drop dispenser, both eyes two times daily. On 4/28/21, and 4/29/21, at 9:00 pm, resident 1's medication administration record was initialed by staff person B as administered; however this medication was not available in the home.

Resident 1 is prescribed Xidra 5% eye drops in a dropperette, single use drop dispenser, both eyes two times daily. On 4/28/21, 4/29/21, and 4/30/21, at 9:00 am, resident 1's medication administration record was initialed by staff person C as administered; however this medication was not available in the home.

Resident 1 is prescribed Latanopross 0.005 % eye drops, (1 drop) drops both eyes, every one day. On 5/2/21, at 8:24 am, resident 1's medication administration record was initialed by staff person B as administered; however this medication was not available in the home.

187d - Follow Prescriber's Orders (continued)

Plan of Correction

Accept

#2B

Deficiency: 2600.187.d. The home shall follow the directions of the prescriber.**What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?**

Missing medications were delivered on 5/1/2021 and 5/4/2021. Staff members were interviewed regarding missing medications and were re-educated regarding medication monitoring and ordering process. A new medication communication procedure has been established to ensure that staff members are properly communicating to a nurse when a resident is running low on a medication (please see attached documentation). A staff medication competency assessment shall be completed with each Care Associate/Medication technician in the program by the Staff Development Coordinator or Designee to ensure ongoing compliance. Goal is to complete all staff competencies by Sept 30th, 2021.

How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?

A plan has been implemented for nurses and medication technicians to conduct resident medication cabinet audits daily for compliance. Any concerns will be addressed immediately by the nurse, PC Administrator, or designee.

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

Records of medication cabinet audits shall be reviewed daily/weekly for compliance. Results of medication cabinet audits will be reported on in our monthly QAPI meeting. Personal Care and Memory Care staff have been in-serviced on a new medication communication process to ensure medication concerns are communicated timely to a nurse, PC Administrator, or designee as appropriate (please see enclosed documentation). A staff medication competency plan has been developed to help ensure ongoing compliance.

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 monthly through our facility Quality Assurance/Performance Improvement program. In-services completed during July, 2021 staff meetings. The Staff Development Coordinator or Designee will complete a bi-weekly medication competency with each Certified Medication Technician in the Personal Care program to ensure a thorough and accurate understanding of medication administration, ordering, and documentation procedures. Goal for competency completion is September 30th 2021.

Completion Date: 09/30/2021

Document Submission

Implemented

Medication competencies for Certified Medication Technicians, as well as medication program in-service documents for our licensed DHS programs, have been uploaded for review.