

Department of Human Services  
Bureau of Human Service Licensing

August 23, 2021

[REDACTED], 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 [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 06/24/2021, 06/25/2021, 06/28/2021 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,  
[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 - PUBLIC**

**Facility Information**

Name: *WESLEY ENHANCED LIVING AT STAPELEY* License #: *14017* License Expiration Date: *09/10/2021*  
Address: *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: *Other* Date: *05/24/2007* Issued By: *City of Philadelphia, L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *77* Waking Staff: *58*

**Inspection**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal, Complaint* Exit Conference Date: *06/28/2021*

**Inspection Dates and Department Representative**

06/24/2021 - On-Site: [REDACTED]  
06/25/2021 - On-Site: [REDACTED]  
06/28/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *79* Residents Served: *54*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Bridges* Capacity: *30* Residents Served: *23*

**Hospice**

Current Residents: *1*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *54*  
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *23* Have Physical Disability: *0*

Inspections / Reviews

06/24/2021 - Full

Lead Inspector: [REDACTED]y

Follow-Up Type: *POC Submission*

Follow-Up Date: *08/06/2021*

8/23/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *09/02/2021*

## 41c - Rights Poster

## 1. Requirements

2600.

- 41.c. The Department's poster of the list of resident's rights shall be posted in a conspicuous and public place in the home.

## Description of Violation

*On 06/28/21, the Department's resident's rights poster was not posted in a conspicuous and public place in the home.*

## Plan of Correction

Accept

*The Rights poster was rehung on bulletin board, in order to prevent it from being taken down again it was placed in a frame. PC administrator to monitor on a monthly basis to assure it is still hung.*

**Completion Date:** 06/24/2021

## 53a - Qualifications

## 1. Requirements

2600.

- 53.a. The administrator shall have one of the following qualifications:
1. A license as a registered nurse from the Department of State.
  2. An associate's degree or 60 credit hours from an accredited college or university.
  3. A license as a licensed practical nurse from the Department of State and 1 year of work experience in a related field.
  4. A license as a nursing home administrator from the Department of State.
  5. For a home serving 8 or fewer residents, a general education development diploma or high school diploma and 2 years direct care or administrative experience in the human services field.

## Description of Violation

*On 6/28/21, the home was serving 52 of residents. Staff person A [REDACTED] could not provide a license from the Pennsylvania Department of State as a registered nurse, or a licensed practical nurse with one year of work experience in a related field, an associate's degree, 60 or more credits from an accredited college or university, or a license as a nursing home administrator from the Department of State*

## Plan of Correction

Accept

*When the home converted from paper files to E-files these documents were not uploaded. The home is attempting to locate these documents, while I work in getting copies. All other employee files were audited by HR to assure that all employees had all necessary qualification. All proper qualifications will be in place by 8/27/2021.*

**Completion Date:** 08/27/2021

## 63a - First Aid/CPR Training

## 1. Requirements

2600.

- 63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

## Description of Violation

*On 06/21/21, from 11:00 PM to 7:00 AM, 52 residents were present in the home. During this time only 1 staff persons was present in the home who was certified in first aid, obstructed airway techniques and CPR.*

**63a - First Aid/CPR Training (continued)****Plan of Correction****Accept**

*An audit was conducted to identify any staff members who CPR card was or near expiring. All staff members will be scheduled to attend CPR class one month prior to the expiration of the card. All staff members cards are current and one person waiting to attend class on 9/1/2021.*

*This will be ongoing.*

**Completion Date:** 09/01/2021

**88a - Surfaces****1. Requirements**

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

**Description of Violation**

*Stairwell #4 has tiles torn up and presents as a tripping hazard; specifically at the 2nd and 3rd floor landings.*

*The ceiling tiles in the closet of room 327 are dirty and warped from water damage.*

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

*The ceiling tile was replaced. Semi annual inspection will be conducted by the maintenance department by checking random rooms. this will be ongoing.*

**Completion Date:** 06/24/2021

**89b - Hot Water Temperature****1. Requirements**

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

**Description of Violation**

*On 06/28/21, at 3:20 PM, the hot water temperature at the bathroom sink in room 320 measured 129.0 degrees Fahrenheit and at 4:01 PM the temperature measured 128.4 degrees Fahrenheit.*

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

*all necessary adjustments was made to mixing valve. Maintenance to conduct daily check of water temperature. A log will be kept of the temps.*

**Completion Date:** 06/28/2021

**102k - No Common Towel****1. Requirements**

2600.

102.k. Use of a common towel is prohibited.

**Description of Violation**

*There were unlabeled wash cloths and towels hanging in the shared bathroom of room 320.*

102k - No Common Towel (*continued*)**Plan of Correction****Accept**

*The towels were removed from the bathroom. Labels were re-placed clearly identifying each resident. Housekeeping will assure all labels remain in place on a weekly basis to assure compliance.*

**Completion Date:** 06/24/2021

## 103f - Refrigerator/Freezer Temps

**1. Requirements**

2600.

- 103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

**Description of Violation**

*There was no thermometer in the line prep refrigerator in the kitchen.*

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

*A stationary thermometer was placed in the cold storage prep refrigerator that can't not be removed. It is fastened to the unit. This was done to prevent this violation from occurring again.*

**Completion Date:** 07/01/2021

## 202 - Prohibitions

**1. Requirements**

2600.

202. The following procedures are prohibited:

1. Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited. This does not include the admission of a resident in a secured dementia care unit in accordance with § 2600.231 (relating to admission).
2. Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
3. Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
4. A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. A chemical restraint does not include a drug ordered by a physician or dentist to treat the symptoms of a specific mental, emotional or behavioral condition, or as pretreatment prior to a medical or dental examination or treatment.
5. Mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited. Mechanical restraints include geriatric chairs, handcuffs, anklets, wristlets, camisoles, helmet with fasteners, muffs and mitts with fasteners, poseys, waist straps, head straps, papoose boards, restraining sheets, chest restraints and other types of locked restraints. A mechanical restraint does not include a device used to provide support for the achievement of functional body position or proper balance that has been prescribed by a medical professional as long as the resident can easily remove the device.
6. A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited. A manual restraint does not include prompting, escorting or guiding a resident to assist in the ADLs or IADLs.

**Description of Violation**

*On 06/24/21, during the morning walk through, three chairs were observed at the entrance way of the dining room while staff cleaned and prepared the dining room for lunch. The chairs were placed at the entrance way to prevent residents from entering the dining room area.*

## 202 - Prohibitions (continued)

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

*The staff has been educated not to utilize chairs to block off the dining room while cleaning. We have temporarily have been using wet floor signs, while we look for something more permanent. This is only being done during the cleaning of the dining room for safety purposes. Our dining manager is looking for a long term solution and plan to have something in place by 8/16/2021*

**Completion Date:** 08/13/2021

## 231b - Medical Evaluation

**1. Requirements**

2600.

- 231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

**Description of Violation**

*Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]; however, the resident's medical evaluation listing a diagnosis of [REDACTED] and a need for the resident to reside in a Secured Dementia Care Unit was completed on [REDACTED]*

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

*A new medical evaluation will be redone for resident #1 by 8/13/2021. The physician was reeducated on timeliness of Medical evaluations. To prevent this from occurring, resident will not transfer from one level of care to another prior to receiving completed updated Medical evaluation form. PC Administrator will be responsible for compliance.*

**Completion Date:** 08/13/2021

## 231c - Preadmission Screening

**1. Requirements**

2600.

- 231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

**Description of Violation**

*Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED] However, the resident's written cognitive preadmission screening was completed on [REDACTED]*

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

*An updated pre screen will be conducted for resident #1 by [REDACTED] The physician was reeducated on the timeliness of a pre screen. To prevent this from occurring, resident will not transfer from one level of care to another prior to receiving completed Pre-screen.*

**Completion Date:** 08/13/2021

## 234a - Admission Support Plan

**1. Requirements**

2600.

- 234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

**234a - Admission Support Plan (continued)****Description of Violation**

Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]. However, the resident's initial support plan was completed on [REDACTED]. An additional support plan was completed on [REDACTED] but neither meet the 72 hour requirement for residents in an SDCU.

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

An updated support plan will be done for resident #1 by 8/13/2021. To prevent this from occurring LPN supervisor will review documents before placed in chart.

Completion Date: 08/13/2021