

Department of Human Services  
Bureau of Human Service Licensing

July 20, 2021

[REDACTED]  
MARTINS RUN, INC.  
100 HALCYON DRIVE  
MEDIA, PA 19063

RE: WESLEY ENHANCED LIVING MAIN  
LINE PERSONAL CARE  
100 HALCYON DRIVE  
MEDIA, PA, 19063  
LICENSE/COC#: 18280

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/29/2021, 06/29/2021 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 MAIN LINE PERSONAL CARE      **License #:** 18280      **License Expiration Date:** 09/11/2021  
**Address:** 100 HALCYON DRIVE, MEDIA, PA 19063  
**County:** DELAWARE      **Region:** SOUTHEAST

**Administrator**

**Name:** [REDACTED]      **Phone:** 610-353-7660      **Email:** [REDACTED]

**Legal Entity**

**Name:** MARTINS RUN, INC.  
**Address:** 100 HALCYON DRIVE, MEDIA, PA, 19063  
**Phone:** 6103537660      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** I-2      **Date:** 12/16/2010      **Issued By:** Township of Marple  
**Type:** R-3      **Date:** 04/17/2019      **Issued By:** Marple Township

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 28      **Waking Staff:** 21

**Inspection**

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Renewal      **Exit Conference Date:** 06/29/2021

**Inspection Dates and Department Representative**

06/29/2021 - On-Site: [REDACTED]  
06/29/2021 On Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 59      **Residents Served:** 28

**Secured Dementia Care Unit**

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

**Hospice**

**Current Residents:** 0

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 28  
**Diagnosed with Mental Illness:** 28      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 0      **Have Physical Disability:** 0

Inspections / Reviews

06/29/2021 - Full

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow-Up Date: *07/17/2021*

7/9/2021 POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/19/2021*

7/20/2021 - Document Submission

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

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff member A was hired on [REDACTED], however their criminal background check wasn't completed until 8/24/2020

Plan of Correction

Accept

PCA OR DESIGNEE WILL CONDUCT AN AUDIT ON FIRST DAY OF HIRE. TO ENSURE ALL REQUIRED HIRING PAPERWORK IS COMPLETED IN A TIMEELY MANNER.

Completion Date: 07/08/2021

Document Submission

Implemented

Attached you will find our most recent employee. Criminal History Check completed at the day of interview. [REDACTED] This will be ongoing.

[REDACTED]

184a - Labeling OTC/CAM

1. Requirements

**184a - Labeling OTC/CAM (continued)**

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

**Description of Violation**

*Resident #1 is prescribed Calcium 500mg +D3 Tab. The medication bottle reads take 1 tablet by mouth daily in the evening however the medication administration record reads take 1 tablet by mouth 1 time a day and shows it is administered at 9:00am.*

*Resident #3 is prescribed Metoprolol 50MG give 1 tab by mouth daily however the medication administration record reads Metoprolol 25mg give 1 tablet by mouth 1 time a day.*

**Plan of Correction****Directed**

*PCA OR DESIGNEE WILL START THE PROCESS TO TRANSFER TO ELECTRONIC MEDICAL RECORDS. AUDITS WILL BE CONDUCTED BI-WEEKLY TO ENSURE ACCURACY.*

*DPOC - SP - 07-09-2021*

*Audit to be completed by 07-19-2021 to ensure Prescribers orders match medication administration records (MAR's) and medication is being properly administered.*

*Completion Date: 08/08/2021*

**Document Submission****Implemented**

*Attached you will find the following.*

- 1. Bi-weekly chart check to ensure medications and MAR's are correct.*
- 2. New MAR from pharmacy with correct dose of Metoprolol.*
- 3. Picture of new computer for EMAR.*
- 4. Training assigned to all Medication staff.*
- 5. Incident Report from pharmacy*

*Training will be ongoing for current staff also new staff. EMAR will be in place fully by 8/8/2021*

**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 #1's glucometer was not calibrated to correct date and time. The glucometer read 6/29 9:39AM on 6/29 at 10:42AM*

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

*PCA OR DESIGNEE WILL CONDUCT WEEKLY AUDITS/CALIBRATION ON ALL GLUCOMETER TO ENSURE DATE AND TIME REMAIN CORRECT.*

*Completion Date: 07/08/2021*

**Document Submission****Implemented**

*Attached Audit sheet for 185a*



224a - Preadmission Screen Form (*continued*)**Plan of Correction****Directed**

*PCA OR DESIGNEE WILL CONDUCT MONTHLY AUDITS TO ENSURE ALL ADMISSION PAPERWORK IS COMPLETED AND SIGNED.*

*SP-07-08-2021*

*Preadmission screening forms will be audited by 07-19-2021 and completed to reflect needs of resident can be met in the home.*

**Completion Date:** *07/19/2021*

**Document Submission****Implemented**

*Attached, audit completed on all resident currently living in home to ensure all residents needs can be met. This will be ongoing monthly.*

## 252 - Record Content

**1. Requirements**

2600.

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

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.

**Description of Violation**

*Resident #1's record does not include a photograph of the resident that is no more than 2 years old.*

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

*PCA OR DESIGNEE WILL TAKE NEW PHOTOS OF ALL RESIDENT YEARLY. AUDIT SHEET WILL BE KEPT ON THE UNIT TO REVIEW MONTHLY.*

**Completion Date:** *07/30/2021*

**Document Submission****Implemented**

*Attached, audit sheet completed. All photos will be taken yearly to ensure updated prior to 2 years.*