

Department of Human Services  
Bureau of Human Service Licensing

October 7, 2021

[REDACTED], PERSONAL CARE MANAGER  
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/COCC#: 13466

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/12/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Claire Mendez

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services  
Bureau of Human Service Licensing

August 16, 2021

[REDACTED], PERSONAL CARE MANAGER  
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 07/12/2021 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,  
Claire Mendez

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:** 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-2 **Date:** 12/31/2009 **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:** 07/21/2021

**Inspection Dates and Department Representative**

07/12/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 66 **Residents Served:** 63

**Secured Dementia Care Unit**

**In Home:** Yes **Area:** SDCU **Capacity:** 22 **Residents Served:** 21

**Hospice**

**Current Residents:** 3

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0 **Are 60 Years of Age or Older:** 63  
**Diagnosed with Mental Illness:** 3 **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 58 **Have Physical Disability:** 0

**Inspections / Reviews**

07/12/2021 Partial

**Lead Inspector:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 08/16/2021

Inspections / Reviews *(continued)*

8/16/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *Document Submission*

Follow-Up Date: *10/01/2021*

10/7/2021 Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

**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 Metformin 1000 mg 1 pill by mouth 2 times daily. However, this medication was not administered to Resident # 1 on 7/1/21 to 7/3/21 for 9:00 A.M. and 5:00 P.M. because the medication was not available in the home.*

*Resident # 1 is prescribed Omeprazole 20 mg 1 pill by mouth 2 times daily. However, this medication was not administered to Resident # 1 on 7/6/21 at 5:00 P.M. and 7/7/21 to 7/8/21 for 8:00 A.M. and 5:00 P.M. because the medication was not available in the home.*

*Resident # 1 is prescribed Aspercreme 4 % patch placed daily. However, this medication was not administered to Resident # 1 on 7/7/21 because the medication was not available in the home.*

## 187d - Follow Prescriber's Orders (continued)

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

*Personal Care Plan of Correction  
August, 2021*

#1

*Deficiency: 2600.187.d The home shall follow the directions of the prescriber. 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?*

*Unavailable medications were delivered on 7/3/2021 and 7/8/2021. 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. All staff competencies will be completed 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 the 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. All staff competencies will be completed by Sept 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.*