



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]
November 4, 2022

[REDACTED]
[REDACTED]

Maple Village
2815 Byberry Road
Hatboro, Pennsylvania 19040

RE: Wesley Enhanced Living Upper Moreland
License #: 12791

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on July 21, 2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]

[REDACTED]

Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC**

Facility Information

Name: *WESLEY ENHANCED LIVING UPPER MORELAND* License #: *12791* License Expiration Date: *02/27/2022*
Address: *2815 BYBERRY ROAD, HATBORO, PA 19040*
County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *MAPLE VILLAGE*
Address: *2815 BYBERRY ROAD, HATBORO, PA, 19040*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *01/31/2000* Issued By: *CWOPA L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *26* Waking Staff: *20*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *07/21/2021*

Inspection Dates and Department Representative

07/21/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *52* Residents Served: *26*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *26*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

07/21/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/09/2021*

Inspections / Reviews *(continued)*

8/11/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *08/20/2021*

65d - Initial Direct Care Training

1. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person A, hired on [REDACTED]/21, began providing unsupervised ADL services on [REDACTED]/21. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test.

Plan of Correction

Accept

Staff person completed community orientation, caregiver competencies, medication administration, and 1;1 on the job training with a co-worker prior to providing unsupervised ADL services. Training schedule [REDACTED]/21 to [REDACTED]/21 (documents available upon request). Staff person is [REDACTED]. [REDACTED] completed the Department-approved direct care training course [REDACTED] 2021.

Audit of new hire files will continue by HR Manager and PCHA.

Completion Date: 07/21/2021

SW 11.4.22 Implemented

126a - Furnace Inspection

1. Requirements

2600.

126.a. A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

Description of Violation

The last inspection of the furnace was conducted on 4/29/20.

Plan of Correction

Accept

Facilities Manager, [REDACTED] inspected boiler 02/16/2021 - The contracted company was not permitted in our community during Covid restrictions. [REDACTED] submitted a copy documentation to PCHA, including a detailed inspection with repairs (Inspection Report and invoice available). Any in-house inspections will be documented and reported to PCHA as well as added to the survey binder. Boiler will continue to be inspected yearly by either in-house or contracted company.

Completion Date: 08/02/2021

SW 11.4.22 Implemented

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 ordered to have blood glucose checks completed [REDACTED]. However, on [REDACTED]/21, there is no blood glucose reading on the resident's glucometer.

187d - Follow Prescriber's Orders (continued)

Plan of Correction**Accept**

Investigation 7/21/21 revealed the need to change battery in glucose monitor belonging to resident #1. Audit of meters for all residents revealed all results in meter matched documentation. Staff interview revealed glucose meter has been "slow to turn on and fades out sometimes". Periodic checks of all meters will be done by PCHA and 11-7 Lead Med Technician. Batteries will be replaced as needed, any discrepancies will be documented and reported to PCHA and BHS as required.

Completion Date: 07/21/2021

SW 11.4.22 Implemented

225a - Assessment 15 Days

1. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #2 was admitted on [REDACTED] 21; however, the resident's assessment was not completed until [REDACTED] /21.

Resident #3 was admitted on [REDACTED] 20; however, the resident's assessment was not completed until [REDACTED] /20.

Plan of Correction**Accept**

All charts were audited, no other discrepancies notes. Resident #2 and #3 Assessments updated to reflect current and accurate level of care and signed by all parties. On-going chart audits will be done monthly, and Assessments will be completed timely as per regulations.

Completion Date: 07/30/2021

SW 11.4.22 Implemented

227a - Support Plan 30 Days

1. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident #2 was admitted on [REDACTED] 21; however, the resident's initial support plan was not completed until [REDACTED] /21.

Resident #3 was admitted on [REDACTED] 20; however, the resident's initial support plan was not completed until [REDACTED] /20.

Plan of Correction**Accept**

All charts were audited, no other discrepancies notes. Resident #2 and #3 Support Plans updated to reflect current care needs and signed by all parties. On-going chart audits will be done monthly, and Assessments will be completed timely as per regulations.

Completion Date: 07/30/2021

SW 11.4.22 Implemented

227d - Support Plan Medical/Dental

1. Requirements

2600.

227d - Support Plan Medical/Dental (continued)

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident #1, dated [REDACTED]/21, indicates the resident has needs for Personal Hygiene, Securing Health Care, and Managing Finances. The resident's support plan, dated [REDACTED] 21 does not document how these needs will be met.

Plan of Correction**Accept**

Support plan immediately updated to reflect resident is assisted with Personal Hygiene, and family provides assistance with securing Healthcare and managing finances. PCHA and staff completing Support Plans are now aware of the need to add family or person designated as the plan for areas where staff do not assist with a need. All support plans will reflect the information when a need is met by other than staff. not just indicated in the responsibility column, Ongoing chart audits by Lead Medication technician will reveal any needs for correction of Support Plans.

Completion Date: 07/23/2021

SW 11.4.22 Implemented**227g -Support Plan Signatures****1. Requirements**

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

The support plan for resident #2 dated [REDACTED]/21 was not signed by the assessor.

Plan of Correction**Accept**

The support plan immediately signed by assessor. All charts audited, no missing signatures revealed. On-going chart audits by Lead Medication Technician will prevent missing signatures in the future.

Completion Date: 07/30/2021

SW 11.4.22 Implemented