

Department of Human Services
Bureau of Human Service Licensing

November 9, 2021

[REDACTED]
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 09/24/2021 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: *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: *12/31/2021* Issued By: *Concord Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *96* Waking Staff: *72*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *09/24/2021*

Inspection Dates and Department Representative

09/24/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *66* Residents Served: *61*

Secured Dementia Care Unit

In Home: *Yes* Area: *Magnolia Way* Capacity: *22* Residents Served: *22*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *39*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *35* Have Physical Disability: *0*

Inspections / Reviews

09/24/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/04/2021*

11/5/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *11/09/2021*

11/9/2021 - Document Submission

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

91 - Telephone Numbers

1. Requirements

2600.

- 91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in room # 318 .

Plan of Correction

Accept

#2B

Deficiency: 2600.91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line. 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?

At the time of the survey the deficient practice was corrected and a phone tag was adhered to the resident phone. The surveyor was made aware that this phone was one in which a family member provided and did not inform the team of the removal of the provided phone with the emergency contact numbers

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 environment walkthrough and audit was completed the day of the survey to ensure all resident phones in the Personal Care Home were in compliance

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

A monthly environment round and audit will be completed ensure compliance with this regulation for the next two quarters ending 3/31/21.

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.

Completion Date: 11/04/2021

Document Submission

Implemented

see attached