

Department of Human Services  
Bureau of Human Service Licensing

December 15, 2021

[REDACTED]  
THE NEW HERITAGE TOWERS INC  
200 VETERANS LANE  
DOYLESTOWN, PA, 18901

RE: WESLEY ENHANCED LIVING  
DOYLESTOWN  
200 VETERANS LANE  
DOYLESTOWN, PA, 18901  
LICENSE/COC#: 12718

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/09/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

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 DOYLESTOWN* License #: *12718* License Expiration:  
Address: *200 VETERANS LANE, DOYLESTOWN, PA 18901*  
County: *BUCKS* Region: *SOUTHEAST*

**Administrator**

Name: [REDACTED] Phone: *2678951146* Email: [REDACTED]

**Legal Entity**

Name: *THE NEW HERITAGE TOWERS INC*  
Address: *200 VETERANS LANE, DOYLESTOWN, PA, 18901*  
Phone: *2678951146* Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *06/08/2001* Issued By: *Commonwealth of PA, L&I*

**Staffing Hours**

Resident Support Staff: Total Daily Staff: *66* Waking Staff: *50*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint, Incident* Exit Conference Date: *11/09/2021*

**Inspection Dates and Department Representative**

*11/09/2021 - On-Site* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *75* Residents Served: *63*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *n/a*

**Number of Residents Who:**

Receive Supplemental Security Income: *n/a* Are 60 Years of Age or Older: *63*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*  
Have Mobility Need: *3* Have Physical Disability: *3*

**Inspections / Reviews**

**11/09/2021 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/06/2021*

**11/09/2021 - POC Submission**

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *12/16/2021*

Inspection Dates and Department Representative (*continued*)

11/09/2021 - Document Submission

Reviewer



Follow-Up Type: *Not Required*

## 187a - Medication Record

## 1. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

**Description of Violation**

*Resident #1 is prescribed HumaLOG KwikPen Solution Pen - Injector 100 UNIT/ML (Insulin Lispro (1 Unit Dial)) on a sliding scale as follows:*

*151 - 200 = 2 units subcutaneously ;*

*201 - 250 = 4 units subcutaneously ;*

*251 - 300 = 6 units subcutaneously ;*

*301 - 350 = 8 units subcutaneously ;*

*351 - 400 = 10 units subcutaneously,*

*subcutaneously before meals and at bedtime for DM related to TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS (E11.8)*

*On 11/05/21, at the 7:30 am administration, the blood sugar reading was 189 and the resident should have received 2 units of insulin, which is what is recorded. However, staff person A misread the blood sugar reading as 289 and injected the resident with 6 units of insulin. The record should indicate the actual reading of 189 and the actual amount of insulin administered which was 6 units.*

**Document Submission*****Implemented***

*Attached is the corrected MAR documentation and the Personal Care staff training documentation.*

**Completion Date:** 12/14/2021

## 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 HumaLOG KwikPen Solution Pen - Injector 100 UNIT/ML (Insulin Lispro (1 Unit Dial)) on a sliding scale as follows:*

*151 - 200 = 2 units subcutaneously ;*

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

201 - 250 = 4 units subcutaneously ;

251 - 300 = 6 units subcutaneously ;

301 - 350 = 8 units subcutaneously ;

351 - 400 = 10 units subcutaneously,

subcutaneously before meals and at bedtime for DM related to TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS (E11.8).

On 11/05/21, at the 7:30 am administration, resident #1's blood glucose reading was 189 and the resident should have received 2 units of insulin. However, staff person A misread the reading as 289 and administered 6 units of insulin to the resident.

Resident #2 is prescribed Artificial Tears Solution 0.5-0.6% - Instill 1 drop in both eyes two times a day for dry eyes. However, resident #2 was administered Carbamide Peroxide ear drops in [REDACTED] eyes on 09/13/21 at 11:00 AM.

**Document Submission****Implemented**

Attached is the documentation for Staff person A's retraining, Staff Person A's additional Medication Observations by the RN Senior Staff Development Coordinator, and the documentation of retraining for all Personal Care Staff.

**Completion Date:** 12/14/2021