

Department of Human Services  
Bureau of Human Service Licensing

August 8, 2022

[REDACTED]

MARIS GROVE INC  
500 MARIS GROVE WAY  
GLEN MILLS, PA, 19342

RE: MARIS GROVE INC, EVERGREEN  
POINTE  
500 MARIS GROVE WAY  
GLEN MILLS, PA, 19342  
LICENSE/COC#: 14821

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/05/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
[REDACTED]

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: *MARIS GROVE INC, EVERGREEN POINTE* License #: *14821* License Expiration: *07/20/2022*  
Address: *500 MARIS GROVE WAY, GLEN MILLS, PA 19342*  
County: *DELAWARE* Region: *SOUTHEAST*

**Administrator**

Name: [REDACTED] *Assisted Living* Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: *MARIS GROVE INC*  
Address: *500 MARIS GROVE WAY, GLEN MILLS, PA, 19342*  
Phone: *6103874491* Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-1* Date: *06/28/2021* Issued By: *Concord Township*  
Type: *I-2* Date: *06/28/2021* Issued By: *Concord Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *142* Waking Staff: *107*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Incident* Exit Conference Date: *04/05/2022*

**Inspection Dates and Department Representative**

04/05/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *132* Residents Served: *92*

**Special Care Unit**

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

**Hospice**

Current Residents: *5*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *92*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *50* Have Physical Disability: *0*

**Inspections / Reviews**

**04/05/2022 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/08/2022*

Inspections / Reviews (*continued*)

05/12/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *06/17/2022*

08/08/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 23a ADL assistance

## 1. Requirements

2800.

23.a. A residence shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

## Description of Violation

The assessment and support plan for resident # 1 indicates the resident requires assistance with medication administration. On 3/25/22 to 3/29/22, Resident # 1 did not receive Methazolamide 50 mg three times daily, as required by [REDACTED] assessment and support plan. The residence is responsible for medication management for Resident #1, to include re-ordering medications. This medication was not present in the residence on these dates.

## Plan of Correction

Accept

Deficiency: 2800.23(a). A residence shall provide each resident with assistance with ADLs as indicated in the resident's assessment and Support plan. 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? Resident A uses an outside pharmacy and [REDACTED] has agreed to bring in [REDACTED] medications when they need to be refilled. The Wellness Manager met with the resident's [REDACTED] and discussed and [REDACTED] on the 2800 regulations regarding missed medications. Resident's [REDACTED] was notified that if the community is not able to reach [REDACTED] in the future, and [REDACTED] does not provide the requested medications to be refilled timely, then the community would order the needed medication from our preferred pharmacy.

How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? The Administrator or designee will conduct an audit of all residents who utilize outside pharmacies to ensure all residents are receiving their medications timely. This audit will be completed by May 26, 2022.

What measures will be put into place or what system changes will you make to ensure that the deficient practice does not recur? The Administrator will send out a notification to all families who utilize outside pharmacies, reminding them of medication refill procedures. Additionally, the nursing team will be educated to ensure that if they are unable to reach a family member for a medication refill after two attempts, they are to re-order the medication using our preferred pharmacy.

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 for three consecutive months at our Quality Assurance Performance Improvement meetings.

Completion Date: 05/26/2022

## Document Submission

Implemented

Letter was emailed to residents and/or families who utilize outside pharmacies on 8/5/22. See attached.

## 187a Medication record

## 1. Requirements

2800.

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

9. Administration times.
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

## 187a Medication record (continued)

**Description of Violation**

Resident # 1 is prescribed Methazolamide 50 mg 3 times daily. Resident # 1's medication was not present in the residence from 3/25/22 through 3/29/22. Staff Member A initialed that this medication was administered on 3/26/22 at 8:00 A.M. and 2:00 P.M.

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

Deficiency: 2800.187(a). A medication record shall be kept to include the following for each resident for whom medications are administered: Administration times, Date and time of medication administration, Name and Initials of the staff person administering the medication. 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? Staff member was immediately interviewed when it was discovered that [REDACTED] had signed off on the resident's MAR that [REDACTED] had administered the medication on 3/26/22, when in fact, the medication was not available. Additionally, the staff member was re-educated on the Pull, Pour, Pass procedures. The employee was disciplined per the Erickson policy and received a Written Warning due to the deficient practice.

How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? Staff member has been re-educated on the importance of ensuring [REDACTED] medication is administered correctly by taking [REDACTED] time and paying close attention to the five rights of medication administration. Also, a medication competency will be completed with the staff member by the Staff Development Coordinator. In addition, our representative from Omnicare will come to the community to assist with identification of opportunities for improvement during medication observations. These visits are scheduled to occur on May 2, 2022, May 5, 2022, and May 16, 2022.

What measures will be put into place or what system changes will you make to ensure that the deficient practice does not recur? Our representative from Omnicare will come to the community to assist with identification of opportunities for improvement during medication observations. These visits are scheduled for May 2, 2022, May 5, 2022, and May 16, 2022. We are working with our Nursing Leadership team to re-evaluate aspects of our medication program relating to training, medication administration, and medication documentation. Plan to be finalized by June 15, 2022.

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 for three consecutive months at our Quality Assurance Performance Improvement meetings.

**Completion Date:** 06/15/2022

**Document Submission****Implemented**

A complete medication remediation class was conducted with all CAM's. All CAM's attended the class and the class completion date was 7/21/22. Please see attached agenda.

## 187d Follow prescriber's orders

**1. Requirements**

2800.  
187.d. The home shall follow the directions of the prescriber.

**Description of Violation**

Resident # 1 is prescribed Methazolamide 50 mg 3 times daily. However, this medication was not administered to Resident # 1 on 3/25/22 at 2:00 P.M. and 8:00 P.M. and 3/26/22 to 3/29/22 for all three doses because the medication

**187d Follow prescriber's orders (continued)**

was not available in the residence.

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

*Deficiency: 2800.187(d) The home shall follow orders 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? Resident A uses an outside pharmacy and ██████████ has agreed to bring in ████████ medications when they need to be refilled. The Wellness Manager met with the resident's ██████ and discussed and ██████ on the 2800 regulations regarding missed medications. Resident's ██████ was notified that if the community is not able to reach ██████ in the future, and ██████ does not provide the requested medications to be refilled timely, then the community would order the needed medication from our preferred pharmacy.*

*How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? The Administrator or designee will conduct an audit of all residents who utilize outside pharmacies to ensure all residents are receiving their medications timely. This audit will be completed by May 26, 2022.*

*What measures will be put into place or what system changes will you make to ensure that the deficient practice does not recur? The Administrator will send out a notification to all families who utilize outside pharmacies, reminding them of medication refill procedures. Additionally, the nursing team will be educated to ensure that if they are unable to reach a family member for a medication refill after two attempts, they are to re-order the medication using our preferred pharmacy.*

*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 for three consecutive months at our Quality Assurance Performance Improvement meetings.*

**Completion Date:** 05/26/2022

**Document Submission****Implemented**

*Letter was emailed to residents and/or families who utilize outside pharmacies on 8/5/22. See attached.*