

Department of Human Services
Bureau of Human Service Licensing

October 22, 2021

[REDACTED], ADMINISTRATOR
EVANGELICAL MANOR, INC.
8401 ROOSEVELT BOULEVARD
PHILADELPHIA, PA 19152

RE: WESLEY ENHANCED LIVING
PENNYPACK PARK
8401 ROOSEVELT BOULEVARD
PHILADELPHIA, PA, 19152
LICENSE/COC#: 17638

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 09/08/2021 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,
[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**

Facility Information

Name: *WESLEY ENHANCED LIVING PENNYPACK PARK* License #: *17638* License Expiration Date: *06/02/2022*
Address: *8401 ROOSEVELT BOULEVARD, PHILADELPHIA, PA 19152*
County: *PHILADELPHIA* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *2673483348* Email: [REDACTED]

Legal Entity

Name: *EVANGELICAL MANOR, INC.*
Address: *8401 ROOSEVELT BOULEVARD, PHILADELPHIA, PA, 19152*
Phone: *2156245800* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: *12/17/1982* Issued By: *Dept. of LI*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *31* Waking Staff: *23*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *09/08/2021*

Inspection Dates and Department Representative

09/08/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *50* Residents Served: *28*

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: *28*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *3* Have Physical Disability: *0*

Inspections / Reviews

09/08/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/25/2021*

Inspections / Reviews *(continued)*

10/22/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *10/29/2021*

3c - Post Current License

1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 9/8/21, the home did not have their current license or previous inspection report posted in a conspicuous and public place in the home.

Plan of Correction

Accept

The Personal Care Administrator posted the current license and previous inspection report in a conspicuous and public place in the community. The Personal Care Administrator will check the locations monthly to make sure the postings are there.

Completion Date: 09/08/2021

25b - Contract Signatures

1. Requirements

2600.

- 25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

Resident #1 was admitted to the home on [REDACTED]. Resident #1 did not sign the resident-home contract nor was there any documentation that they were unable to sign or refused to sign.

Resident #2 was admitted to the home on [REDACTED]. Resident #2 did not sign the resident-home contract nor was there any documentation that they were unable to sign or refused to sign.

Plan of Correction

Accept

The Personal Care Administrator and Sales Coordinator had resident #1 and #2 sign a contract. They also provided a separate statement stating the resident understood why they were signing a contract after their date of admission to go along with the signed contract by the resident and the one signed by the family/POA. See attachment A for blank copy of statement. Resident #1 and #2's signature is not included on this document for privacy purposes.

Completion Date: 10/20/2021

41e - Signed Statement

1. Requirements

2600.

- 41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Resident #1 and resident #2's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

41e - Signed Statement (*continued*)**Plan of Correction****Accept**

Resident #1 and #2 were provided with copies of the resident rights and complaint procedures. Signed statement is in their charts. See attachment C for blank copy of statement. Resident #1 and #2's signature is not included on this document for privacy purposes.

Completion Date: 10/20/2021

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

The home did not provide documentation or verify that direct care staff person A's non US Secondary School education met the educational requirement.

Plan of Correction**Directed**

Direct care staff person A provided number to organization that [REDACTED] is working with to transfer [REDACTED] professional license to the United States. Personal Care Home Administrator is working with organization to obtain paperwork stating educational equivalency.

DPOC -SP - 10-22-2021

Home will audit files of all direct care staff workers to ensure they have the qualifications specified in regulation 2600.54a. Audit to be completed by 10-29-2021, results to be made available for Department review. Direct Care staff workers without proper qualifications will be removed from direct care staff duties.

Completion Date:

86b - Bathroom

1. Requirements

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

The bathroom in bedroom #M217 does not have a window or ventilation fan.

Plan of Correction**Accept**

Building was built in 1931 and does not have ventilation window or fan based on construction of the time period. A waiver is being submitted to request an exception to this requirement.

Completion Date: 11/15/2021

101j2 - Bedroom Chairs

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

2. A chair for each resident that meets the resident's needs.

Description of Violation

Resident #1 does not have a chair in their bedroom [REDACTED]

Plan of Correction

Accept

Resident #1 was provided with a chair for their room by the community. An audit was performed to make sure that all residents had a chair.

Completion Date: 09/08/2021

103f - Refrigerator/Freezer Temps

1. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 9/8/21, the temperature in freezer (A) was 9 degrees Fahrenheit.

On the following dates freezer (A) temperature exceeded 0 degrees Fahrenheit:

- 9/1/21 at 6:30 the temperature was 10F
- 9/2/21 at 6:30 the temperature was 15F
- 9/3/21 at 7:30 the temperature was 10F
- 9/4/21 at 7AM the temperature was 8F
- 9/5/21 at 7AM the temperature was 8F
- 9/6/21 at 7AM the temperature was 10F
- 9/8/21 at 7AM the temperature was 5F.

Plan of Correction

Accept

A work order was put in 9/8/2021 by the General Manager Dining Services to have the freezer fixed. Attachment B is the log showing the freezer is within the right temperature after being repaired.

Completion Date: 09/09/2021

107d - Procedure Emergency Management Agency Submission

1. Requirements

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been submitted to the emergency management agency since 2019.

107d - Procedure Emergency Management Agency Submission (*continued*)**Plan of Correction****Accept**

Emergency procedure was submitted to local emergency management agency on 9/8/2021. There has been no response to date from the Philadelphia Office of Emergency Management.

Completion Date: 09/08/2021

123b - Emergency Procedures Posted

1. Requirements

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

The home's emergency procedures are not posted in a conspicuous and public place in the home.

Plan of Correction**Accept**

Sign stating where the emergency procedures could be found were posted in conspicuous and public places. The Personal Care Home Administrator will check monthly that the signs are still there.

Completion Date: 09/08/2021

191 - Resident Right to Refuse

1. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #1 was admitted to the home on [REDACTED]. The home did not document that resident #1 was educated to the resident's right to refuse medication if the resident believes that there may be a medication error. Resident #1 did not sign their contract nor was there any documentation that they were unable to sign or refused to sign.

Resident #2 was admitted to the home on [REDACTED]. The home did not document that resident #2 was educated to the resident's right to refuse medication if the resident believes that there may be a medication error. Resident #2 did not sign their contract nor was there any documentation that they were unable to sign or refused to sign.

Plan of Correction**Accept**

The Personal Care Administrator educated Resident #1 and #2 on the resident's right to question and/or refuse medication if the resident believes there may be a medication error. Attachment A is the statement saying they were educated on the right to question and/or refuse medication. Resident #1 and #2's signature is not included on this document for privacy purposes. The signed document is in their file with their contract.

Completion Date: 10/20/2021