

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*

51 - Criminal Background Check

1. Requirements

2600.

- 51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

The home is under renovations, the criminal background checks for the contractors are not on file in the home.

Plan of Correction

Accept

#1A

Deficiency: 2600.51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults). 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?

The Personal Care Home contests this violation due to the suspension of regulations as noted in Act 73 of 2021 (HB 1861). The suspension of various regulatory provisions under the state disaster emergency declaration which were set to expire on September 30, 2021 were extended until further notice as noted by the DPW-LICENSED-PROVIDERS-PCH email dated 9/30/21.

Furthermore, at the time of the survey the contractors noted in the deficiency were not in resident spaces but common areas with employee(s) present for supervision within the lobby area at the front desk.

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 Personal Care Home will continue to follow and adhere to the guidance from the Department of Public Welfare and Bureau of Health Licensing as to the suspension and implementation of regulations as cited in the Chapter 2600.

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

The Personal Care Home contests the citation of deficient practice.

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?

The Personal Care Home contests the citation of deficient practice.

Completion Date: 11/04/2021

Document Submission

Implemented

see attached

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

225c - Additional Assessment

1. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.
- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #1's most recent assessment was completed on [REDACTED] The annual assessments for 2020 and 2021 were not in the chart on 9-24-2021.

Plan of Correction

Accept

Deficiency: 2600. 225.c. The resident shall have additional assessments as follows:

- 1. Annually.
- 2. If the condition of the resident significantly changes prior to the annual assessment.

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?

The Personal Care Home contests this violation as the resident did have an updated Resident Assessment and Support Plan (RASP) in [REDACTED] chart at the time of the survey. Additionally, the resident has the RASP for 2020 and 2019. The Personal Care Home feels that this was an oversight of the surveyor as the chart was checked prior to being given to the surveyor and all three documents were present, up to date and signed by the resident. Furthermore, the surveyor did not mention this to the Personal Care Home in [REDACTED] exit interview which would have given the Personal Care Home the opportunity to show the surveyor the location and existence of the reference documents.

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 Personal Care Home contests the citation of deficient practice.

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

The Personal Care Home contests the citation of deficient practice.

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?

The Personal Care Home contests the citation of deficient practice.

Completion Date: 11/04/2021

Document Submission

Implemented

see attached

227d - Support Plan Medical/Dental

1. Requirements

2600.

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] indicates the resident has a need for assistance with Dementia with behavioral disturbance. The resident's support plan, dated [REDACTED] does not document how this need will be met. The resident's cognitive level has appeared to change. The home has not reassessed the resident for a higher level of care.

227d - Support Plan Medical/Dental (continued)

Plan of Correction**Accept**

Deficiency: 2600. 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. 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?

The Personal Care Home contests this violation as the resident did have an updated Resident Assessment and Support Plan (RASP) in [REDACTED] chart at the time of the survey. The Personal Care Home feels that this was an oversight of the surveyor as the chart was checked prior to being given to the surveyor and all three documents were present, up to date and signed by the resident. Furthermore, the surveyor did not mention this to the Personal Care Home in [REDACTED] exit interview which would have given the Personal Care Home the opportunity to show the surveyor the location and existence of the reference documents.

Also, of note, the resident's RASP and the perceived lack of document regarding [REDACTED] change in mental status was discussed with the surveyor during the inspection. The noted change in cognition was documented as an acute change and the Personal Care Home was in the process of collecting a Urine Analysis, Culture and Sensitivity. The resident was subsequently started on a 7 day course of an ABT and no further acute changes were noted at the completion of the ABT treatment.

The cited deficiency also noted the resident had not been assessed for a higher level of care. The Personal Care Home has a monthly meeting to review resident's level of care and package level which is associated with the level of care provided by the Home. In the most recent review, the Interdisciplinary team felt [REDACTED] was in the most appropriate level of care.

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 Personal Care Home contests the citation of deficient practice. All resident RASP's are updated on an annual basis, when appropriate due to a significant change and on an as needed basis. Changes to cognition were noted in the RASP as the change was acute and the resident was still be evaluated and worked up by [REDACTED] attending physician. The Personal Care Home documents such acute changes in their electronic documenting system.

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

The Personal Care Home contests the citation of deficient practice.

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?

The Personal Care Home contests the citation of deficient practice.

Completion Date: 11/04/2021

227d - Support Plan Medical/Dental (continued)

Document Submission

Implemented

see attached

254a - Records Discharge/Active

1. Requirements

2600.

254.a. Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.

Description of Violation

On 9-24-2021, the records for resident #1 were unlocked, unattended, and accessible in the basement conference room, with an unsupervised contractor in the room.

Plan of Correction

Accept

Deficiency: 2600.

254.a. Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access. 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?

The Personal Care Home contests the citation of deficient practice. The room in which the documents were located had been secured by the Assisted Living Manager at the time the room was left. The surveyor upon arrival had been provided a space in a multipurpose office that was secure and did not have any other activity being conducted at the time. However, due to the room being used as a COVID-19 testing space, in the midst of an active breakout, which the surveyor was apprised of upon entry to the building, the surveyor requested an alternate space. At the time of the inspection and currently, the Personal Care Home and adjoining levels of care are undergoing an approved renovation. The room and door in question were opened by a maintenance team member to allow a member of the construction team access to piping in the adjacent office. The chart of the resident remained closed with no identifying documents able to be easily read.

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 Personal Care Home contests the citation of deficient practice.

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

The Personal Care Home contests the citation of deficient practice.

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?

The Personal Care Home contests the citation of deficient practice.

Completion Date: 11/04/2021

254a - Records Discharge/Active (*continued*)

Document Submission

Implemented

see attached