

Department of Human Services
Bureau of Human Service Licensing

August 31, 2022

[REDACTED], ADMINISTRATOR
[REDACTED]
[REDACTED]

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 review on 08/02/2022 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

Facility Information

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

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

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

Certificate(s) of Occupancy

Type: *Other* Date: *12/17/1982* Issued By: *Dept of L&I*

Staffing Hours

Resident Support Staff: *56* Total Daily Staff: *85* Waking Staff: *64*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *08/02/2022*

Inspection Dates and Department Representative

08/02/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *50* Residents Served: *26*

Secured Dementia Care Unit

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

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *26*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *3* Have Physical Disability: *1*

Inspections / Reviews

08/02/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/15/2022*

08/17/2022 - POC Submission

Inspections / Reviews *(continued)*

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *08/29/2022*

08/31/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

103i - Outdated Food

1. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

In the dry storage area, a bag of brownie mix, a bag of split peas, and a bag of kettle cooked chips were opened and not dated.

Plan of Correction**Accept**

The brownie mix, split peas, and chips were thrown away 8/2/2022. All other opened items were labeled and dated.

Kitchen staff reeducated on importance of labeling and dating open items.

Completion Date: 08/02/2022

Document Submission**Implemented**

The brownie mix, split peas, and chips were thrown away 8/2/2022. All other opened items were labeled and dated.

Kitchen staff reeducated on importance of labeling and dating open items.

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident 1's medical evaluation dated [REDACTED] did not include an answer for ability to self-administer.

Resident 2's medical evaluation dated [REDACTED] did not include an answer for body positioning/movement.

Plan of Correction**Accept**

Audited all DMEs to make sure all areas are answered and boxes checked. See attachment A.

Moving forward at least 2 of the following people will review all new DME forms:

PCHA

Lead Wellness Nurse

Wellness Nurse

141a 1-10 Medical Evaluation Information (continued)

Lead Med-Tech

Completion Date: 08/03/2022

Document Submission

Implemented

Audited all DMEs to make sure all areas are answered and boxes checked. See attachment A.

Moving forward at least 2 of the following people will review all new DME forms:

PCHA

Lead Wellness Nurse

Wellness Nurse

Lead Med-Tech

183d - Prescription Current

1. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 8/2/22, [REDACTED] Drops prescribed for Resident 2, was in the home's medication cart; however, the medication was not on the resident's medication administration record.

Plan of Correction

Directed

Called Medical Director to confirm order and added to the eMAR 8/2/2022. Left message with PCP office to notify of order as well.

DPOC [REDACTED] - 08-17-2022

Within 10 calendar days receipt of POC, home will audit all resident MAR's and current prescription orders for accuracy. MAR's will be updated, documentation to be made available for Department review

Completion Date:

Document Submission

Implemented

Called Medical Director to confirm order and added to the eMAR 8/2/2022. Left message with PCP office to notify of order as well.

DPOC [REDACTED] - 08-17-2022

Within 10 calendar days receipt of POC, home will audit all resident MAR's and current prescription orders for accuracy. MAR's will be updated, documentation to be made available for Department review

185a - Implement Storage Procedures

1. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On 8/2/22 at 3:37 pm, the glucometer that belongs to Resident 3 was not calibrated for the correct date and time. It

185a - Implement Storage Procedures (continued)

was calibrated as 4/7/22 at 4:30 pm.

On 7/27/22 at 4:29 pm, Resident 3's blood glucose log reads [REDACTED]. This reading is not on the resident's glucometer.

On 7/25/22 at 4:17 pm, Resident 3's blood glucose log reads [REDACTED]. The resident's glucometer reads [REDACTED].

On 7/21/22 at 4:17 pm, Resident 3's blood glucose log reads [REDACTED]. The resident's glucometer reads [REDACTED].

Plan of Correction

Accept

Glucometer was calibrated on 8/2/2022 but continued to uncalibrate. After further investigation the battery was replaced. Machine is calibrated and working appropriately.

Staff educated on the importance of checking the date on the machine and double checking numbers they are putting in the log.

Completion Date: 08/15/2022

Document Submission

Implemented

Glucometer was calibrated on 8/2/2022 but continued to uncalibrate. After further investigation the battery was replaced. Machine is calibrated and working appropriately.

Staff educated on the importance of checking the date on the machine and double checking numbers they are putting in the log.

225a - Assessment 15 Days

1. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident 2 was admitted on [REDACTED]; however, the resident's assessment was not completed until [REDACTED].

Plan of Correction

Accept

All initial assessment forms were checked to make sure they are in compliance.

Moving forward will do audits monthly.

Completion Date: 08/03/2022

Document Submission

Implemented

All initial assessment forms were checked to make sure they are in compliance.

Moving forward will do audits monthly.

227a - Support Plan 30 Days

1. Requirements

227a - Support Plan 30 Days (continued)

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident 2 was admitted on 1/6/22; however, the resident's initial support plan was not completed until 2/15/22.

Plan of Correction

Accept

All RASP forms audited to confirm dates are in compliance.

Moving forward will audit Monthly to confirm dates are accurate.

Completion Date: 08/03/2022

Document Submission

Implemented

All RASP forms audited to confirm dates are in compliance.

Moving forward will audit Monthly to confirm dates are accurate.

54a - Direct Care Staff

1. Requirements

2600.

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

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Repeat Violation: 9/8/21 et al.

Plan of Correction

Directed

Spoke with staff person A and they are working with [redacted] already to transfer their nursing license to the USA. Staff person A is getting the education equivalency paper from [redacted] for our records. [redacted] said the paper should be to us by 8/25/2022 the latest.

DPOC - [redacted] -08-17-2022

All direct care staff who don't meet qualifications specified in 2600.54a will be removed from the floor and not provide direct care to residents. Home will audit all direct care staff records to ensure staff meet proper qualifications. Audit to be completed within 10 days receipt of this POC. Documentation to be made available for Department review.

Completion Date:

Document Submission

Implemented

Spoke with staff person A and they are working with [redacted] already to transfer their nursing license to the USA. Staff person A is getting the education equivalency paper from [redacted] for our records. [redacted] said the paper should be to us by 8/25/2022 the latest.

DPOC - [redacted] -08-17-2022

All direct care staff who don't meet qualifications specified in 2600.54a will be removed from the floor and not

54a - Direct Care Staff (continued)

provide direct care to residents. Home will audit all direct care staff records to ensure staff meet proper qualifications. Audit to be completed within 10 days receipt of this POC. Documentation to be made available for Department review.