Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY PUBLIC

April 21, 2023

[redacted] EXECUTIVE DIRECTOR
STAPELEY HALL
6300 GREENE STREET
PHILADELPHIA, PA, 19144

RE: WESLEY ENHANCED LIVING AT STAPELEY
6300 GREENE STREET
PHILADELPHIA, PA, 19144
LICENSE/COC#: 14017

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/28/2022, 09/29/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[redacted]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *WESLEY ENHANCED LIVING AT STAPELEY* **License #**: *14017* **License Expiration**: *09/10/2022*

Address: *6300 GREENE STREET, PHILADELPHIA, PA 19144*

County: *PHILADELPHIA* **Region**: *SOUTHEAST*

Administrator

Name: **Phone**: **Email**:

Legal Entity

Name: *STAPELEY HALL*

Address: *6300 GREENE STREET, PHILADELPHIA, PA, 19144*

Phone: **Email**:

Certificate(s) of Occupancy

Type: *Other* **Date**: *05/24/2007* **Issued By**: *City of Philadelphia*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *82* **Waking Staff**: *62*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal* **Exit Conference Date**: *09/29/2022*

Inspection Dates and Department Representative

09/28/2022 - On-Site:

09/29/2022 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *79* **Residents Served**: *59*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Bridges* **Capacity**: *30* **Residents Served**: *23*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *59*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *23* **Have Physical Disability**: *0*

Inspections / Reviews

09/28/2022 Full

Lead Inspector: **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/24/2022*

10/25/2022 - POC Submission

Submitted By: **Date Submitted**: *10/24/2022*

Reviewer: **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/30/2022*

Inspections / Reviews *(continued)*

04/18/2023 POC Submission

Submitted By: [redacted]
Date Submitted: *12/07/2022*
Reviewer: [redacted]
Follow Up Type: *Document Submission* **Follow Up Date:** *04/19/2023*

04/21/2023 Document Submission

Submitted By: [redacted]
Date Submitted: *04/20/2023*
Reviewer: [redacted]
Follow Up Type: *Not Required*

18 - Compliance With Laws

1. Requirements

2600.
18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

CARE FACILITY CARBON MONOXIDE ALARMS STANDARDS ACT - ENACTMENT Act of Jun. 23, 2016 Carbon monoxide alarms must be installed in proximity of, but not less than 15 feet from any fossil-fuel burning device or appliance

On 09/28/22 at 10:30am, the home did not have a carbon monoxide detector within 15 feet of the kitchen gas stove.

POC Submission ***Accept (- 11/01/2022)***

1)A carbon monoxide detector was installed on 9/28 by the Maintenance Director.

2)The Carbon Monoxide detector has been added as part of our monthly inspection to make certain that it is in good working condition.

3)Cintas company will continue to monitor and service.

4) WEL to Maintain contract with Cintas for continued Compliance

Licensee's Proposed Overall Completion Date: *12/06/2022*

Implemented (- 04/21/2023)

51 - Criminal Background Check

2. 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

Staff member A, hired on , did not have a criminal background check.

POC Submission ***Accept (- 11/01/2022)***

1)A new criminal background check was resubmitted for Staff member A on 10/24/22. This was done by the HR Director.

2)An audit was run against all the active EE's by the HR Director and assistant

4) HR Director and Assistant will create an update a tracker,

5) Tracker to be checked by HR for ongoing Compliance on a monthly basis to cover any new hires for that month and ensure that all employee background checks are in their files.

Licensee's Proposed Overall Completion Date: *12/06/2022*

Implemented (- 04/21/2023)

65a - FS Orientation 1st Day

3. Requirements

2600.
65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:
  1. Evacuation procedures.

65a - FS Orientation 1st Day *(continued)*

2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home’s smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person B, whose first day of work was [redacted], did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home’s smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services until 08/10/22.

POC Submission ***Directed [redacted] - 12/08/2022)***

New Hire orientation Day one takes place off site at WEL Learning Center. Day two is onsite at the community, that is when 65a occurs.

Day one Orientation is never on our campus, it occurs at Upper Moreland, It's at a different location. I'm not sure how to correct that since the employee 2nd day (technically) is the first day on campus. This is what occurs at Every Wel community. Day one is at Upper Moreland where all employees go and day 2 each respected employee goes to their respected campus. It is when the Fire Safety for our building occurs.

This will occur with every new hire.

Directed Plan of Correction 12/8/22 CM:

Beginning 12/9/22, the administrator shall ensure that documentation for new employees differentiates the first day of work from the first day in the assigned facility. All orientation tasks found in 65a shall be completed the first day in the assigned facility.

Directed Completion Date: *12/10/2022*

Implemented [redacted] - 04/21/2023)

87 - Lighting

4. Requirements

2600.

87. Lighting - The home's hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

Description of Violation

On 09/28/22 at 10am, in the first-floor exit on tower#1, the light comes on at night, but is not lighted during the day. Though the tower has windows, the bottom steps are dark during the day. This tower is use as an emergency exit route.

87 Lighting *(continued)*

POC Submission ***Accept - 12/08/2022)***

1)On 9/28/2022 Upon further investigation it was determined that one of the ballasts was not working properly which was the initial cause of the light to be out.
2)9/28/22 maintenance department changed the ballast which corrected the issue on
3) 9/28/22 the towers were added as part of maintenance their monthly inspection.

Licensee's Proposed Overall Completion Date: *12/06/2022*

Implemented - 04/21/2023)

132d - Evacuation

5. Requirements

2600.
132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

- *The home's designated evacuation time is 11 minutes. The home exceeded an evacuation time of 11 minutes during the following drills:*
- *On 09/06/22 the drill start time was 6:35pm and the end time was 6:47pm 12 minutes.*
- *On 04/30/22 the start time 4am and the end time was 4:12am 12 minutes*
- *On 01/20/22 the start time was 1:48 am and the end time was 2am. 12 minutes*

POC Submission ***Accept (- 12/08/2022)***

1)Our Fire safety expert conducted an in service on 10/26/22 with both staff and residents to educate them of the importance in evacuation within the allotted time of 11 minutes.
2)Croker will continue to hold monthly drills with staff and residents.
3) Crocker will conduct and monitor those drills to assure that the residents and staff remains compliant with the allotted time.
4)The drills are unannounced, to maintain the integrity. a staff member from Crocker shows up monthly.
5)The next drill will occur in November and every month after. We as staff never know when Crocker representative will show up.
6)11/11/22 Crocker Conducted a Fire/Life Safety survey (Please see attached)

Licensee's Proposed Overall Completion Date: *12/06/2022*

Implemented (- 04/21/2023)

183f - Discontinued Medications

6. Requirements

2600.
183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident’s medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

183f Discontinued Medications *(continued)*

Description of Violation

Resident #1 was prescribed [redacted] which was discontinued on [redacted]. This medication was present on the medication cart on [redacted]

POC Submission ***Accept [redacted] - 12/08/2022)***

1)10/20/22An audit was conducted of all carts, by Lead Med Tech
2) the nurse that D/C the order from PCC will remove that medication from the cart. This will be ongoing 3) On a weekly basis the practicum observers will conduct an audit of every cart. This will assure that D/C meds are not left on the cart.

Licensee's Proposed Overall Completion Date: *12/06/2022*

Implemented [redacted] - 04/21/2023)

185a - Implement Storage Procedures

7. 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

The controlled substance sign out sheet for resident #1's [redacted] does not indicate the date, time, or signature of the following:

- *Between [redacted], one pill was removed with no date, time, or signature. The prior pill count was 52 on [redacted], and the next pill count was on [redacted] a count of 50.*
- *Bwetwen [redacted] and [redacted], one pill was removed with no date, time, or signature. The prior pill count was 37 on [redacted] and the next pill count was on [redacted] with a count of 35.*

On 09/29/22 at 1:30pm, Resident #2's glucometer was not calibrated with correct time. The time on the glucometer was 11:30am and the actual time was 1:30pm.

On [redacted] resident #2's glucometer reads 99, the resident's Medication Administration Record (MAR) was not updated.

On [redacted] resident #2's glucometer had 4 different readings [redacted]. The resident's MAR was recorded with a reading of [redacted]

On [redacted], Resident #3's glucometer was not calibrated with correct time. The time on the glucometer was [redacted] and the actual time was [redacted].

POC Submission ***Accept ([redacted] - 12/08/2022)***

1) Resident number 2 was issued a new Glucometer (See attached)
2)11/2/22 Upon receipt the date and time will be established by PCA
3) Staff will be reeducated with the proper ways to sign out for controlled substances. This will be done by our lead nurse,
4)We expect to have all staff retrained by next month. All staff will be reeducated by 12/31/22.

Licensee's Proposed Overall Completion Date: *12/07/2022*

185a - Implement Storage Procedures *(continued)*

Implemented - 04/21/2023)

187b Date/Time of Medication Admin.

8. Requirements

2600.
187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #1 is prescribed . Resident #1's medication administration record does not include the initials of the staff person who administered on , , and at

Resident #2 is prescribed . Resident #2's medication administration record does not include the initials of the staff person who administered at and at .

POC Submission ***Directed (- 12/08/2022)***

1)All PC staff will be retrained by 12/31/22 on proper documentation when administering medication. This will be done by the Trainer of WEL and Lead LPN. 2)Staff will be observed by Practicum observer for Med pass and Med reviews as mandated by DHS. This will be ongoing to prevent any further occurrences.

Directed Plan of Correction 12/8/22

By 12/31/22, all medication trained staff will be in-serviced on the requirements of 187b by a qualified medication train the trainer.

Starting 1/1/23 and continuing for three months, a qualified medication trainer will observe medication passes of three staff per week on varying shifts.

Starting 1/1/23 and continuing weekly for three months, the administrator or qualified medication trainer will audit the medication administration records, medication carts and narcotic control logs (if applicable).

Directed Completion Date: *01/31/2023*

Implemented - 04/21/2023)

187d - Follow Prescriber's Orders

9. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 is prescribed one time a day. However, resident #2's mar and glucometer did not contain any reading for .

Resident #3 is prescribed every . However, resident #3's glucometer did not contain any

187d - Follow Prescriber's Orders (continued)

reading except on [redacted]. Resident#3's mar was initialed as completed.

POC Submission ***Directed ([redacted] - 12/08/2022)***

1)All PC staff will be retrained by 12/31/22 on proper documentation on the MAR. This will be conducted by the WEL Trainer & Lead Nurse supervisor.
2)PRN & Monthly reports on PCC will be ran by PCA to assure compliance. This will be ongoing.

Directed Plan of Correction 12/8/22 [redacted]:

By 12/31/22, all medication trained staff will be in-serviced on the requirements of 187d by a qualified medication train the trainer.

Starting 1/1/23 and continuing for three months, a qualified medication trainer will observe the completion of blood glucose monitoring of three staff per week on varying shifts.

Starting 1/1/23 and continuing weekly for three months, the administrator or qualified medication trainer will audit the medication administration records and glucometers to ensure that readings are completed and documented.

Directed Completion Date: *01/31/2023*

Implemented [redacted] - 04/21/2023)

190a - Completion Medication Course

10. Requirements

2600.
190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department’s performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person C, who has not successfully completed the Department-approved medications administration course, administered medications to residents to include the following:
On [redacted], Staff member C signed out the narcotic sheet to administer [redacted] to resident#1.

POC Submission ***Accept ([redacted] - 12/08/2022)***

1)Staff person C has retaken the med administration class and successfully passed on 10/6/22.
2)WEL trainer for Stapeley audited all Med packets on 9/29/22 and will continue to audit each packet on a monthly basis, to assure compliance.
3)WEL Trainer has establish a MAR Review & Medication Observation for PCA's at Stapeley, this will prevent this violation from occurring.
4)Wel trainer will review completed binder on a monthly basis.

Licensee's Proposed Overall Completion Date: *12/07/2022*

Implemented [redacted] - 04/21/2023)

225a - Assessment 15 Days

11. 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].

Resident #3 was admitted on [redacted]; however, the resident's assessment was not completed until [redacted]

POC Submission ***Accept ([redacted] - 12/08/2022)***

1)Staff will be reeducated by 12/31/22 on the proper way to complete resident assessments. This will be done by PCA.
2)PCA has developed a tracking sheet that has all residents' names and all the required forms of due date and completion date.
3)PCA will review all assessments prior to finalization of plan. This will be done with all assessments.

Licensee's Proposed Overall Completion Date: *12/07/2022*

Implemented ([redacted] - 04/21/2023)

234a - Admission Support Plan

12. Requirements

2600.
234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident #4 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]. However, the resident's initial support plan was completed on [redacted]

POC Submission ***Accept ([redacted] - 12/08/2022)***

1)Staff will be reeducated on the proper way to complete support plans for SDU admissions, by PCA
2)PCA has of auditing all charts for proper compliance, this process is expected to be done by 12/30/22. PCA will continue to monitor on a monthly basis.

Licensee's Proposed Overall Completion Date: *10/30/2022*

Implemented ([redacted] - 04/21/2023)