

Department of Human Services
Bureau of Human Service Licensing

November 9, 2022

[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/COC#: 13466

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/06/2022 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

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

Facility Information

Name: *MARIS GROVE* License #: *13466* License Expiration: *03/11/2023*
Address: *500 MARIS GROVE WAY, 1ST AND 3RD FLOORS, GLEN MILLS, PA 19342*
County: *DELAWARE* Region: *SOUTHEAST*

Administrator

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

Legal Entity

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

Certificate(s) of Occupancy

Type: *I-1* Date: *04/19/2022* Issued By: *Concord Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *88* Waking Staff: *66*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *10/06/2022*

Inspection Dates and Department Representative

10/06/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *66* Residents Served: *44*

Secured Dementia Care Unit

In Home: *Yes* Area: *Entire Facility* Capacity: *66* Residents Served: *44*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *44*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *44* Have Physical Disability: *0*

Inspections / Reviews

10/06/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/31/2022*

11/02/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/09/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 11/05/2022

11/09/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/09/2022

Reviewer: [REDACTED]

Follow-Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted]/22, at approximately [redacted] PM, staff person A grabbed resident #1's legs, swung them around and placed them on the floor against the resident's wishes. This incident was observed by staff person B. This incident was reported to staff person C on [redacted]/22 soon after. However, this allegation of abuse was was not reported to the local area agency on aging until [redacted]/22 at [redacted] AM.

POC Submission

Accept ([redacted] - 11/02/2022)

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 administrator responsible for the error was immediately educated on the Older Adults Protective Services Act and the Chapter 2600 Personal Care Home Regulations. The Home immediately submitted the report when the deficient practice was recognized.

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 Home's did not identify any other residents effected by the 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 Home's practice is that the Interdisciplinary team consisting of the Nursing Home Administrator (NHA), Assistant Nursing Home Administrator (ANHA), Director of Nursing (DON) and Assistance Director of Nursing (ADON), and the Memory Care Manager review all reportable events involving abuse. An Abuse Reporting Checklist has been implement to ensure all steps are completed and Erickson Living Policy on Abuse reporting are completed to ensure compliant practice and timely reporting.

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.

Licensee's Plan Completion Date: 10/31/2022

Implemented ([redacted] - 11/09/2022)

16c - Written Incident Report

2. Requirements

2600.

16c - Written Incident Report (continued)

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted]/22, at approximately [redacted] PM, staff person A grabbed resident #1's legs, swung them around and placed them on the floor against the resident's wishes. This incident was observed by staff person B. This incident was reported to staff person C on [redacted]/22 soon after. However, this allegation of abuse was not reported to the Department until [redacted]/22 at [redacted] AM.

POC Submission

Accept ([redacted] 11/02/2022)

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 Home had the intent to report the reportable event within the required timeframes however a reportable event document was sent to the Department of Health (DOH) rather than the Bureau of Health Services Licensing (BHSL). The Home immediately submitted the report to the Bureau of Health Licensing when the deficient practice was recognized. The administrator responsible for the error was immediately educated on the Department of Human Services, Bureau of Health Licensing requirements as noted in the 2600 Personal Care Home Regulations.

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 Home’s did not identify any other residents effected by the 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 Home’s practice is that the Director of Nursing (DON) and Assistance Director of Nursing (ADON) review all reportable prior to them being submitted to the Department of Human Services, Bureau of Health Licensing to ensure compliant practice and timely reporting.

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.

Licensee's Plan Completion Date: 10/31/2022

Implemented ([redacted] - 11/09/2022)

42c - Treatment of Residents

3. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

Based on incident reports received by the Department dated [redacted]/22 and [redacted]/22 stating resident abuse, an

42c - Treatment of Residents (continued)

interview was held with staff person B on 10/06/22. Staff person B stated [REDACTED] witnessed the following interactions between staff and residents:

- On [REDACTED]/22, at approximately [REDACTED] PM, staff person A grabbed resident #1's legs, swung them around and placed them on the floor against the resident's wishes. Resident #1 started to fight staff person A but staff person A said something like "you know you can't beat me".
- On [REDACTED]/22, staff person D was telling resident #2 to go back to [REDACTED] room. When resident #2 did not respond, staff person D went up to resident, grabbed [REDACTED] arms and tried to turn [REDACTED] again telling [REDACTED] to return to [REDACTED] room. Resident #2 refused and started becoming agitated. Staff person D then tried to grab resident #2's hand to lead [REDACTED] to [REDACTED] room but resident #2 "snatched" [REDACTED] hand away from staff person D.
- On 0 [REDACTED] 22, staff person D was assisting resident #3 to the dining room in [REDACTED] wheelchair. While entering the dining room, resident #3 grabbed one of the dining room tables. Staff person D was witnessed "snatching [REDACTED] hand off of the table" and continued into the dining room.
- On [REDACTED]/22, staff person D was witnessed "aggressively pushing in" resident #4's chair to the point where resident #4's feet were stuffed under the legs of the table.

POC Submission

Accept ([REDACTED] - 11/02/2022)

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 immediately suspended Staff Person A and Staff D pending investigation into the allegations of abuse. The Personal Care Home subsequently separated employment due to the deficient practices. Skin checks were completed on the residents noted to have been affected by the allegation.

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 conducted interviews with caregivers that worked with Staff Person A following the allegation on [REDACTED], 2022 to identify others residents having the potential to be affected by the same deficient practice. The Personal Care Home immediately suspended the employee pending investigation and later separated employment due to the deficient practices. No other residents were identified.

The Personal Care Home conducted interviews with caregivers that worked with Staff Person D following the allegation on [REDACTED], 2022 to identify others residents having the potential to be affected by the same deficient practice. The Personal Care Home immediately suspended the employee pending investigation and later separated employment due to the deficient practices. All resident concerns mentioned in employees statements regarding Staff Person D's interactions were reviewed and deemed to be practice not in alignment with the company policies and procedures but indicated allegation of abuse. These statements contributed to the Personal Care Home decision to separate employment.

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

Memory Care Staff were immediately in serviced during shift huddles following the alleged events on definitions of abuse and abuse reporting requirements.

42c - Treatment of Residents (continued)

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.

Licensee's Plan Completion Date: 10/31/2022

Implemented (█ - 11/09/2022)