

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

December 6, 2022

[REDACTED]
MAPLE VILLAGE
2815 BYBERRY ROAD
HATBORO, PA, 19040

RE: WESLEY ENHANCED LIVING UPPER
MORELAND
2815 BYBERRY ROAD
HATBORO, PA, 19040
LICENSE/COC#: 12791

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/19/2022, 10/20/2022 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 UPPER MORELAND License #: 12791 License Expiration: 02/27/2023
 Address: 2815 BYBERRY ROAD, HATBORO, PA 19040
 County: MONTGOMERY Region: SOUTHEAST

Administrator

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

Legal Entity

Name: MAPLE VILLAGE
 Address: 2815 BYBERRY ROAD, HATBORO, PA, 19040
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 01/31/2000 Issued By: Commonwealth of PA, L&I
 Type: Other Date: 02/03/2000 Issued By: Upper Moreland Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 30 Waking Staff: 23

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Incident Exit Conference Date: 10/20/2022

Inspection Dates and Department Representative

10/19/2022 - On-Site: [REDACTED]
 10/20/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 52 Residents Served: 28

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 1

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: 2 Have Physical Disability: 1

Inspections / Reviews

10/19/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/10/2022

Inspections / Reviews *(continued)*

11/16/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 12/02/2022
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/21/2022

11/28/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 12/02/2022
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 12/03/2022

12/06/2022 - Document Submission

Submitted By: [REDACTED] Date Submitted: 12/02/2022
Reviewer: [REDACTED] Follow-Up Type: Not Required

16b - Incident Policies

1. Requirements

2600.

16.b. The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.

Description of Violation

The home's written policy on reportable incidents does not address the prevention, investigation and management of reportable incidents and conditions.

The home reported two incidents to the Department on [REDACTED] and [REDACTED]. The home did not complete an investigation following these incidents.

Plan of Correction

Accept (MJ - 11/28/2022)

On [REDACTED] Investigation was conducted by acting [REDACTED] investigation included the following.

- 1. A complete physical assessment was completed on both residents by [REDACTED]*
- 2. Residents and Families were notified, of incidents.*
- 3. Physicians was made aware/no harm at present for residents*
- 4. Retraining staff on their responsibility of medication administration.*
- 5. All medication orders will be reviewed by Administrator or designee prior to residents' admission.*
- 6. All incidents will be reviewed by safety committee.*

Administrator or designee will review all medication orders prior to resident being admitted to the home.

Administrator or designee will review any new medication orders, Monthly audits will also be conducted to ensure required method of medication administration.

Licensee's Proposed Overall Completion Date: 11/30/2022

Implemented (MJ - 12/06/2022)

28e - Death of a Resident

2. Requirements

2600.

28.e. In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § 10226.101—10226.107). The home shall keep documentation of the refund in the resident's record.

Description of Violation

Resident #1 passed away on [REDACTED]. Resident #1's personal belongings were removed from the room on 12/13/21; however, a refund was not issued until 01/21/22.

Resident #2 passed away on [REDACTED]. Resident #1's personal belongings were removed from the room on 06/15/22; however, a refund was not issued until 09/15/22.

Plan of Correction

Accept (MJ - 11/16/2022)

Following the death of a resident, the administrator/ED/designee shall ensure refund within 30 days (to the personal representative or guardian) the total amount paid for food and shelter for the period following the death. The home shall also keep documentation of the refund in the resident's record.

28e - Death of a Resident *(continued)*

Licensee's Proposed Overall Completion Date: 11/30/2022

Implemented (MJ - 12/06/2022)

103f - Refrigerator/Freezer Temps

3. 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

There was no thermometer in the refrigerator in the drink station.

Plan of Correction

Accept (MJ - 11/28/2022)

There shall be a thermometer in all refrigerators and freezers and all perishables shall be stored at appropriate temperatures. Dining Services director/designee shall monitor daily via log sheets. Dining services staff in-serviced on plan of correction. In service to be completed 11-29-2022 and will be completed by GM of dining services.

Licensee's Proposed Overall Completion Date: 11/30/2022

Implemented (MJ - 12/06/2022)

107d - Procedure Emergency Management Agency Submission

4. 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 local emergency management agency since 01/20/21.

Plan of Correction

Accept (MJ - 11/16/2022)

See attached.

The home shall review, update and submit annually our emergency management plan for review and approval. The PC administrator/ designee will ensure that the completion is done in a timely manner.

Licensee's Proposed Overall Completion Date: 11/09/2022

Implemented (MJ - 12/06/2022)

185b - Medication Procedures

5. Requirements

2600.

185.b. At a minimum, the procedures must include:

1. Documentation of the receipt of controlled substances and prescription medications.
2. A process to investigate and account for missing medications and medication errors.
3. Limited access to medication storage areas.
4. Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply to a resident who self-administers medication without the assistance of a staff person and stores the medication in his room.

185b - Medication Procedures (continued)**Description of Violation**

The home's procedures for the safe use of medications and medical equipment do not include a process to investigate and account for missing medications and medication errors.

On 09/23/22, the home submitted an incident report indicating 8.00 cc's of morphine were missing. A full and complete investigation was not completed following the discovery of the missing morphine.

Plan of Correction**Directed (MJ - 11/28/2022)**

Resident had been refusing medication and staff was wasting medication in the sink. An in-service was completed with all staff on 9-26-2022 to educate on the proper process and procedure.

All morphine to be delivered in prefilled syringes for administration by hospice pharmacy.

Within 5 calendar days of receipt of the accepted plan of correction: The administrator will review and update the home's procedures for safe use of medications and medical equipment to include a process to investigate and account for missing medications and medication errors.

All staff persons qualified to administer medication will be educated on the updated procedures. Documentation will be kept.

Directed Completion Date: 11/21/2022

Implemented (MJ - 12/06/2022)**188d - System to Document Medication Errors****6. Requirements**

2600.

188.d. There shall be a system in place to identify and document medication errors and the home's pattern of error.

Description of Violation

The home does not have a system to identify and document medication errors and patterns of errors.

Plan of Correction**Accept (MJ - 11/28/2022)**

Weekly MAR audits to be conducted to ensure that all medications are administered as ordered and to identify medication errors and any patterns of errors.

Audits to be conducted by PC Administrator/ designee

Quarterly Quality Management reviews of medication management program to be completed by PC

Administrator/designee. Audits to begin 11-28-2022

Licensee's Proposed Overall Completion Date: 11/21/2022

Implemented (MJ - 12/06/2022)**188e - Follow-Up Action****7. Requirements**

2600.

188.e. There shall be documentation of the follow-up action that was taken to prevent future medication errors.

Description of Violation

From 09/20/22 to 09/23/22, 2 medication errors were documented at the home to include missing morphine and

188e - Follow-Up Action (continued)

staff administering medications outside of their authority. However, there is no documentation of follow-up action taken to prevent future medication errors.

Plan of Correction

Accept (MJ - 11/16/2022)

Facility is implementing the use of an EMAR and [redacted] for medication administration.

This will ensure that only medications specific to the med pass are presented to med tech staff.

Pharmacy will verify all medication orders.

Quarterly Quality Management review of medication management program to be conducted by PC Administrator/designee

Licensee's Proposed Overall Completion Date: 11/30/2022

Implemented (MJ - 12/06/2022)

190a - Completion Medication Course

8. 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

On 09/10/22, at 1:00 PM, staff person A administered medications to residents to include the following; [redacted] e Inj 140MG/ML. Staff person A has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies but not other injections.

Plan of Correction

Accept (MJ - 11/16/2022)

additional staff training scheduled for 11-11-2022 to review medication administration policy & procedure to reinforce administration of medications within their scope of practice.

skilled home health agency nurse/ staff licensed nurse will be the only people allowed to inject medication as ordered

resident currently on service with skilled home health agency and skilled nurse is administering injection at this time

Licensee's Proposed Overall Completion Date: 11/30/2022

Implemented (MJ - 12/06/2022)

225a - Assessment 15 Days

9. 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 #3 was admitted on [redacted] as a respite stay; however, the resident's assessment was not completed until [redacted]

Plan of Correction

Accept (MJ - 11/28/2022)

All residents in personal care shall have a written assessment within 15 days of admission to be completed by the

225a - Assessment 15 Days (continued)

PC Administrator/ designee.

PC Admin/designee shall review all new admission assessments within 15 days of admission to the home and the Audit tool to be used. Quarterly audits will also be completed on all records.

Licensee's Proposed Overall Completion Date: 11/30/2022

Implemented (MJ - 12/06/2022)

225c - Additional Assessment

10. 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.
- 3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident #3's assessment, dated [REDACTED], does not include dietary needs as listed on the most recent Documentation of Medical Evaluation (DME) dated [REDACTED].

Resident #4's assessment, dated 1 [REDACTED], lists the resident's mobility as Moderate (Immobile). This does not match the resident's most recent DME dated [REDACTED] which lists the resident's mobility need as Minimal (Mobile).

Plan of Correction

Accept (MJ - 11/28/2022)

PC Administrator/designee will ensure that all assessments are completed within regulatory guidelines and that all forms are completed thoroughly and correctly.

Audit tool shall be used and DME forms shall be thoroughly reviewed for completion. Quarterly audits will be conducted.

Licensee's Proposed Overall Completion Date: 11/30/2022

Implemented (MJ - 12/06/2022)

227g -Support Plan Signatures

11. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #3 participated in the development of his/her support plan on [REDACTED]. However, the resident did not sign the support plan.

Resident #4 participated in the development of his/her support plan on [REDACTED]. However, the resident did not sign the support plan.

Plan of Correction

Accept (MJ - 11/28/2022)

PC Administrator/designee will review each support plan with the resident (and with RP if appropriate) during care conference annually/sig change. Resident/RP will sign support plan at that time.

The PC Admin/designee will audit charts quarterly to ensure that support plans are completed and signed

227g -Support Plan Signatures (continued)

appropriately and in a timely manner. The audit tool should be used. See attached.

Licensee's Proposed Overall Completion Date: 11/30/2022

Implemented (MJ - 12/06/2022)