

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

December 27, 2022

[REDACTED], NHA
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 11/09/2022, 11/10/2022, 11/14/2022, 11/15/2022, 11/16/2022, 11/17/2022 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: 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: 80 Waking Staff: 60

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 11/17/2022

Inspection Dates and Department Representative

11/09/2022 - Off-Site: [REDACTED]
 11/10/2022 - Off-Site: [REDACTED]
 11/14/2022 - Off-Site: [REDACTED]
 11/15/2022 - Off-Site: [REDACTED]
 11/16/2022 - Off-Site: [REDACTED]
 11/17/2022 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 66 Residents Served: 40

Secured Dementia Care Unit
 In Home: Yes Area: Memory Care Capacity: 66 Residents Served: 40

Hospice
 Current Residents: 0

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 40
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 40 Have Physical Disability: 0

Inspections / Reviews

11/09/2022 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/09/2022

12/09/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/23/2022

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/23/2022

12/27/2022 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/23/2022

Reviewer: [REDACTED]

Follow Up Type: Not Required

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment and support plan, dated [REDACTED], for resident 1, indicates the resident requires assistance with toileting, bladder management, and bowel management. On [REDACTED], staff person A did not provide assistance with these services to the resident as required.

Repeat violation: 04/18/2022

Plan of Correction

Accept [REDACTED] - 12/09/2022)

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?

Upon discovery of the deficient practice on [REDACTED] Staff Person B immediately provided care to address the resident's ADL need. On [REDACTED] when the Personal Care Home Administrator was made aware of the concern Staff Person A was interviewed by the Personal Care Home Administrator, Human Resources Director, Director of Nursing and Nursing Home Administrator regarding the allegation and immediately suspended pending investigation.

How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?

Following the allegation on October 21, 2022 the Personal Care Home Administrator, Human Resources Director, Director of Nursing and Nursing Home Administrator conducted interviews with caregivers that worked with Staff Person A to identify others residents having the potential to be affected by the same deficient practice. The Personal Care Home's did not identify any other residents effected by the deficient practice. On the night of 10/20/22 Staff Person B conducted walking rounds and did not identify any other residents affected when she disclosed the allegation to the Personal Care Home Administrator on 10/21/22.

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

A 30 day Supervision Plan was implemented for Staff Person A beginning on [REDACTED] through [REDACTED]. The details of the Supervision Plan specify that Staff Person A is completing care as specified in the Resident's Resident Assessment and Support Plan (RASP), participating in supervised walking rounds with the Personal Care Home Administrator or Licensed designee for her assigned residents at the start and end of her shift and reporting any identified concerns to the Personal Care Home Manager, Wellness Manager or Licensed designee. As part of the Supervision Plan Staff Person A will not be permitted to pick up additional shifts and will sign off on having read the resident's Support Plan in full. An in-service will be completed for Memory Care Staff members at the December Staff Meetings on what constitutes Abuse and preventive measures.

23a Activities of Daily Living Assistance (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 daily through the Proposed Supervision Plan.

Licensee's Proposed Overall Completion Date: 12/22/2022

Implemented () - 12/27/2022)

42b - Abuse**2. Requirements**

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

According to staff interviews, on [REDACTED], staff person B started [REDACTED] shift at [REDACTED] and spent the first 10 minutes counting medications. [REDACTED] then began [REDACTED] rounds, checking on the residents. Around [REDACTED], staff person B went to resident 1's apartment to check on resident 1. Staff person B noticed that resident 1 was wearing a pullup brief next to their skin and then regular underwear on top of that, and another pullup brief on top of that. There was also a blue absorbency pad on the bed. The first pullup brief was covered in dried feces and urine. Staff person B went to staff person A and asked [REDACTED] "Did you check [resident 1]?" staff person A stated resident was refusing care and did not want to be changed.

Repeat violation: 04/18/2022

Plan of Correction

Accept () - 12/09/2022)

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?

On [REDACTED] when the Personal Care Home Administrator was made aware of the concern Staff Person A was interviewed by the Personal Care Home Administrator, Human Resources Director, Director of Nursing and Nursing Home Administrator regarding the allegation and immediately suspended pending investigation. The Personal Care Home subsequently brought back Staff Person A back on [REDACTED] with a Plan of Supervision to ensure care was in alignment with the resident's needs and company standards 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?

Following the allegation on [REDACTED] the Personal Care Home Administrator, Human Resources Director, Director of Nursing and Nursing Home Administrator conducted interview with caregivers that worked with Staff Person A to identify others residents having the potential to be affected by the same deficient practice. The

42b - Abuse (continued)

Personal Care Home did not identify any other residents effected by the deficient practice. On the night of [REDACTED] Staff Person B conducted walking rounds and did not identify any other residents affected when [REDACTED] disclosed the allegation to the Personal Care Home Administrator on [REDACTED]

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

A 30 day Supervision Plan was implemented for Staff Person A beginning on [REDACTED] through [REDACTED]. The details of the Supervision Plan specify that Staff Person A is completing care as specified in the Resident's Resident Assessment and Support Plan (RASP), participating in supervised walking rounds with the Personal Care Home Administrator or Licensed designee for her assigned residents at the start and end of her shift and reporting any concerns to the Personal Care Home Manager, Wellness Manager or Licensed designee. As part of the Supervision Plan Staff Person A will not be permitted to pick up additional shifts. An in-service will be completed for Memory Care Staff members at the December Staff Meetings on what constitutes Abuse and preventive measures.

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 daily through the Proposed Supervision Plan.

Licensee's Proposed Overall Completion Date: 12/22/2022

Implemented ([REDACTED] - 12/27/2022)

227g -Support Plan Signatures

3. 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 1 participated in the development of their support plan on [REDACTED]. However, the resident did not sign the support plan.

Plan of Correction

Accept ([REDACTED] - 12/09/2022)

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 Administer met with the family members or Resident 1 including [REDACTED] spouse who serves as [REDACTED] Power of Attorney, and [REDACTED] two daughters on [REDACTED] to review the resident's Resident Assessment and Support Plan (RASP). The above family members had been emailed Resident Assessment and Support Plan (RASP) prior to

227g -Support Plan Signatures (continued)

the support plan meeting on [REDACTED]. Family did not sign the support plan at that time as they requested additional time to review the document. The Personal Care Home Administer emailed Resident's 1spouse and two daughters again on [REDACTED] to request a signature acknowledging review and agreement with the resident's plan of care. The Personal Care Home met with the resident's Spouse/Responsible Party again on [REDACTED] and reviewed the Support Plan and obtained the Responsible Party's signature.

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 conducts regular audits of Resident Assessment and Support Plans to ensure the documents have been provided to resident's Responsible Parties and family has acknowledged receipt of the RASP and signed the document. The Personal Care Administrator and the Unit Secretary completed a full audit of the current residents and their Resident Assessment and Support Plan documents on 9/30/22, 10/4/22 and most recently 12/6/22. Following the 9/30/22 Audit and the 10/4/22 Audit, the Personal Care Administrator contacted the Responsible Parties of resident's that had not acknowledged receipt of their loved ones Resident Assessment and Support Plans has offered time to review the document and provide a signature acknowledging receipt, participation in the development of the support plan and agreement with the plan of care.

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 Administrator current practice is to discuss the creation of the Resident Assessment and Support Plans at the time of admission, to email the completed documents to responsible parties and to offer a Support Plan meeting to review the Resident Assessment and Support Plan in full. The Personal Care Administrator or designee will continue to conduct monthly audits of the Memory Care resident's Resident Assessment and Support Plans and signatures from the Responsible Party. The Personal Care Administrator or designee will place a second call or email to the Responsible Party for resident's identified as not having a signed off Resident Assessment and Support Plan.

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 Proposed Overall Completion Date: 12/08/2022

Implemented ([REDACTED] - 12/27/2022)