

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

March 2, 2023


MARIS GROVE INC


RE: MARIS GROVE
500 MARIS GROVE WAY
1ST AND 3RD FLOORS
GLEN MILLS, PA, 19342
LICENSE/COC#: 13466

Dear 

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/07/2022, 12/08/2022, 12/09/2022, 12/12/2022, 12/13/2022, 12/14/2022 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.


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: 86 Waking Staff: 65

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 12/16/2022

Inspection Dates and Department Representative

12/07/2022 - Off-Site [REDACTED]
 12/08/2022 - Off-Site [REDACTED]
 12/09/2022 - Off-Site [REDACTED]
 12/12/2022 - Off-Site [REDACTED]
 12/13/2022 - Off-Site [REDACTED]
 12/14/2022 - Off-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 66 Residents Served: 43

Secured Dementia Care Unit
 In Home: Yes Area: Memory Care Unit Capacity: 66 Residents Served: 43

Hospice
 Current Residents: 0

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 43
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 43 Have Physical Disability: 0

Inspections / Reviews

12/07/2022 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/30/2022

01/10/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/28/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 01/15/2023

01/17/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/28/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 02/01/2023

03/02/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/28/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

23a - Activities of Daily Living Assistance

2. 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 November 16, 2022, staff person B did not provide assistance with these services to the resident as required.

Repeat violation: 04/11/2022 et al.

Plan of Correction

Accept (MJ - 01/17/2023)

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 11/17/22 when the Personal Care Home Administrator was made aware of the deficient practice the Human Resources manager was notified and interviews were initiated. The Personal Care Home Administrator and the Human Resources Manager immediately met with and interviewed Staff Person C, Staff Person B and Staff person A regarding the allegation. After receiving Staff person B's statement, the Personal Care Home Administer placed Employee B on suspension pending investigation. To address the deficient practice, the Personal Care Home Administrator or designee will re-educate All Memory Care staff on strategies for managing situations in which residents decline care when experiencing actions and expressions. The Personal Care Home Administrator will also update the Resident Assessment and Support Plan for the affected resident to reflect person centered approaches specific to assisting this resident when he is experiencing actions and expressions. Additionally, Staff Person B gave [REDACTED] resignation which was accepted.

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

On 11/17/22 when the Personal Care Home Administrator was made aware of the concern Staff Persons A, B and C were interviewed by the Personal Care Home Administrator and the Human Resources Manager. The Personal Care Home did not identify any other residents affected 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 Personal Care Home Administrator or designee will re-educate All Memory Care Staff on strategies for managing declinations of care related to Actions and Expressions. The target date for completion of the education will be February 28,2023

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.

23a - Activities of Daily Living Assistance (continued)

Licensee's Proposed Overall Completion Date: 02/28/2023

Implemented (MJ - 03/02/2023)

42c - Treatment of Residents

3. Requirements

2600.

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

Description of Violation

According to staff interviews, on [REDACTED] staff person C was walking down the hallway and noticed resident 1 standing in front of room 322 at the end of the hallway. The resident's protective undergarment was falling from the bottom of their pants leg. Staff person B asked staff person C to assist in getting resident 1 to sit down, however as staff person C attempted to talk to resident 1 about sitting down on a sofa, staff person B came over and yanked the resident's undergarment off. Staff person B then proceeded to walk down the hall, dragging the undergarment on the floor, and everything fell to the ground. Staff person B started laughing, then puzzle pieces fell out of the resident, and staff person B thought that was funny and continued laughing.

Repeat violation: 10/06/2022.

Plan of Correction

Accept (MJ - 01/17/2023)

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 11/17/22 when the Personal Care Home Administrator was made aware of the deficient practice the Human Resources manager was notified and interviews were initiated. The Personal Care Home Administrator and the Human Resources Manager immediately met with and interviewed Staff Person C, Staff Person B and Staff person A regarding the allegation. After receiving Staff person B's statement, the Personal Care Home Administrator placed Employee B on suspension pending investigation. To address the deficient practice, the Personal Care Home Administrator or designee will re-educate the All Memory Care Staff on strategies for managing situations in which residents decline care when experiencing actions and expressions. The Personal Care Home Administrator will also update the Resident Assessment and Support Plan for the affected resident to reflect best practices and approaches specific to assisting this resident with Activities of Daily Living (ADL's). Additionally, Staff Person B gave [REDACTED] resignation which was accepted.

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

On 11/17/22 when the Personal Care Home Administrator was made aware of the concern Staff Person C, Staff Person A and Staff Person B were interviewed by the Personal Care Home Administrator and the Human Resources Manager. The Personal Care Home's did not identify any other residents effected by the deficient practice.

42c - Treatment of Residents (continued)

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 Home Administrator or designee will in-service the All Memory Care staff on Resident Rights with a focus on treating all residents with dignity and respect. Target date for completion of the in-services will be February 28, 2023.

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: 02/28/2023

Implemented (MJ - 03/02/2023)

42v - Resident-Home Contract

4. Requirements

2600.

42.v. A resident has the right to receive services contracted for in the resident-home contract.

Description of Violation

On [REDACTED], the home failed to provide total incontinence care to resident 1, as contracted for in the resident-home contract.

Repeat violation: 04/11/2022 et al.

Plan of Correction

Accept (MJ - 01/17/2023)

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 11/17/22 when the Personal Care Home Administrator was made aware of the deficient practice the Human Resources manager was notified and interviews were initiated. The Personal Care Home Administrator and the Human Resources Manager immediately met with and interviewed Staff Person C, Staff Person B and Staff person A regarding the allegation. After receiving Staff person B's statement, the Personal Care Home Administer placed Employee B on suspension pending investigation. To address the deficient practice, the Personal Care Home Administrator or designee will re-educate the all Memory Care staff on strategies for managing situations in which residents decline care when experiencing actions and expressions. The Personal Care Home Administrator will also update the Resident Assessment and Support Plan for the affected resident to reflect best practices and approaches specific to assisting this resident with Activities of Daily Living (ADL's). Additionally, Staff Person B gave [REDACTED] resignation which was accepted.

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

42v - Resident-Home Contract (continued)

corrective action will be taken?

On 11/17/22 when the Personal Care Home Administrator was made aware of the concern Staff Person C, Staff Person A and Staff Person B were interviewed by the Personal Care Home Administrator and the Human Resources Manager. The Personal Care 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 Personal Care Home Administrator or designee will in-service All Memory Staff on strategies for managing declination of care related to Actions and Expressions. Additionally the team will be educated on procedures to follow when a resident declines care and services as indicated in the resident home contract. Target date for completion of the education will be February 28, 2023.

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: 02/28/2023

Implemented (MJ - 03/02/2023)