

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

May 9, 2023

[REDACTED]
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 02/23/2023 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: *09/10/2023*
 Address: *6300 GREENE STREET, PHILADELPHIA, PA 19144*
 County: *PHILADELPHIA* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *STAPELEY HALL*
 Address: *6300 GREENE STREET, PHILADELPHIA, PA, 19144*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *06/06/1998* Issued By: *City of Philadelphia*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *83* Waking Staff: *62*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Monitoring* Exit Conference Date: *02/23/2023*

Inspection Dates and Department Representative

02/23/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *79* Residents Served: *58*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *57*
 Diagnosed with Mental Illness: *23* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *25* Have Physical Disability: *0*

Inspections / Reviews

02/23/2023 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/18/2023*

03/31/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *05/05/2023*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/05/2023*

Inspections / Reviews *(continued)*

04/06/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/05/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 05/06/2023

05/09/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/05/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

65b - Rights/Abuse 40 Hours

1. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person A completed his/her 40th scheduled work hour on [REDACTED] 22. However, this staff person did not complete training in the following topics: emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), reporting of reportable incidents and conditions.

Plan of Correction

Accept ([REDACTED] - 04/06/2023)

Staff person #1 will attend the next scheduled new hire orientation on 3/27/23 which will cover Emergency Medical Plan, Mandatory reporting of abuse and neglect under the Older Adult Protective services Act 35, Reporting of reportable incidents and conditions. (Staff person #1 did attend the 3/27 new hire orientation.

Employee #1 is also no longer employed in PC.

HR Manager and HR Coordinator Audited all PC files to assure all other employees are in compliance. All. (All PC staff files are in compliance)

To assure that this violation does not occur again, WEL will no longer offer virtual orientation to PC staff. All PC employees will be required to complete day one training at the Learning Center. HR Manager will be responsible to assure this occurs. This policy became effective on 3/27/23

Licensee's Proposed Overall Completion Date: 04/05/2023

Implemented ([REDACTED] - 05/09/2023)

183e - Storing Medications

2. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On [REDACTED] 23, resident #1's [REDACTED] did not include the date that the medication was opened. According to the manufacturer's instructions the pen must be discarded after 28 days.

On 02/23/23, the blister pack for [REDACTED], belonging to resident #2, was found with a piece of tape holding in one of the tablets.

Plan of Correction

Accept ([REDACTED] - 04/06/2023)

On 2/23/23 Resident #1 [REDACTED] was discarded by LPN Nurse supervisor. A new pen was issued to resident with the date. To prevent this violation from occurring pens will only be signed out by Lead Med Tech's and supervisor on duty. (prior to this violation Med Techs was able to remove pens out of the refrigerator) The Med Tech will have to

183e - Storing Medications (continued)

get a pen from the LPN Supervisor or a Lead Med Tech The supervisor and Lead Med Tech will oversee the signing out process.They will in turn write the date on the pen prior to handing the pen over. This will be effective 4/5/23. There will be an inservice held prior to the start of this process. All staff was inserviced on this on 4/5.

The order for resident #2 was discontinue the meds were disposed of per company policy. The Staff will be reeducated on 4/5/23 by Lead LPN. Lead LPN and Lead Med Tech to audit carts weekly to assure any further violation. This will begin effective 4/5/23.

Licensee's Proposed Overall Completion Date: 04/05/2023

Implemented () - 05/09/2023)

185a - Implement Storage Procedures

3. 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

Resident #1 is prescribed () one time daily.. On () 2023, a glucose reading was not performed, but the resident's medication administration record documents a reading of ()

Plan of Correction

Accept () - 04/06/2023)

Resident #1 was issued a new glucometer by LPN Supervisor. There will be an inservice held on 4/5/23 to reeducate the staff of the proper procedure to document accu check readings. There will be a peer to peer sign out procedure to assure the accu check machine matches the reading on the MAR. The Lead nurse will sign off weekly.All staff was educated on new procedure on 4/5, Staff to begin utilizing form and New glucometer on 4/6.

The form will have the name of the person obtaining the blood sugar with the reading. A signature is required by another employee to verify the blood sugar reading is both correct on the glucometer and also what was entered in the chart. Every Week the Lead nurse will sign off once all readings are verified.

Licensee's Proposed Overall Completion Date: 04/05/2023

Implemented () - 05/09/2023)

187b - Date/Time of Medication Admin.

4. 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 () tablet 75 mcg. Resident #1's () 2023 medication administration record does not include the initials of the staff person who administered () tablet 75 mcg on (), 2023, at () am.

Resident #1 is prescribed () 100 unit/ml, inject 10 unit at bedtime. Resident #1's () 2023 medication administration record does not include the initials of the staff person who administered () 100 mt/ml at bedtime from () through () 2023

187b - Date/Time of Medication Admin. (continued)

Plan of Correction

Accept (CM - 04/06/2023)

On 4/5/23 an inservice will be held with staff to reeducate staff on recording of medication administered. The Inservice will be held by LPN. Staff to audit MAR monthly to assure proper documentation. (Inservice was held on 4/5 as planned) LPN supervisor to audit MAR'S beginning 4/21/23 this will be ongoing for the next 4 months.

Licensee's Proposed Overall Completion Date: 04/05/2023

Implemented () - 05/09/2023)

187d - Follow Prescriber's Orders

5. Requirements

2600.

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

Description of Violation

Resident #1 is prescribed () one time daily related to () without complications, with instruction to contact the physician if the resident's blood glucose less than () or greater than ()

- The blood glucose reading for resident #1 was () on () 2023, and () on the () 2023. The resident's physician was not notified of the glucose readings.
- On () 2023, a glucose reading was not completed.

Resident #1 is prescribed () 100 unit/ml, inject 10 unit at bedtime. However, this medication was not documented as administered from () though () at bedtime.

Plan of Correction

Accept () - 04/06/2023)

3/17/23 All physicians have been instructed by PC Administrator not to place order on pending mode until they are ready to start the order. LPN taking the order will not take any posted dated orders from physicians without an actual start date.LPN will remind physicians to sign off on all order. LPN's will be responsible to obtained signed orders from the physicians. Physicians when physically in the building will write orders on the physician order form located in the resident chart. This process will be ongoing without an end date.

Licensee's Proposed Overall Completion Date: 04/05/2023

Implemented () - 05/09/2023)

6. Requirements

2600.

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

Description of Violation

Resident #1 is prescribed () . However, this medication was not administered to resident #1 on () through () because the medication was not available in the home.

Plan of Correction

Accept () - 04/06/2023)

Resident #1 () was discontinued on 2/24/23 by LPN supervisor. PC Med Tech's to be educated on 4/5/23 on availability of medication and following prescribers orders. PC administrator and LPN supervisor reeducated PC staff on 4/5 on ordering and D/C medication. The LPN discontinuing the order will request for the medication to be brought to nursing office to be discarded or returned to pharmacy. This will be the practice

187d - Follow Prescriber's Orders (continued)

effective 2/24/23. From April 6 to May 5 all. All D/C orders will be written on log sheet that will indicate if the medication was removed off the cart and by whom.

Licensee's Proposed Overall Completion Date: 04/05/2023

Implemented ([REDACTED] - 05/09/2023)