

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

June 12, 2023

[REDACTED], NHA  
MARIS GROVE INC  
[REDACTED]

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 05/09/2023 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: MARIS GROVE License #: 13466 License Expiration: 03/11/2024  
 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-2 Date: 04/19/2022 Issued By: Concord Township

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 84 Waking Staff: 63

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Incident Exit Conference Date: 05/09/2023

**Inspection Dates and Department Representative**

05/09/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 66 Residents Served: 42  
 Secured Dementia Care Unit  
 In Home: Yes Area: SDCU Capacity: 44 Residents Served: 42  
 Hospice  
 Current Residents: 2  
 Number of Residents Who:  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 42  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 42 Have Physical Disability: 0

**Inspections / Reviews**

05/09/2023 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/25/2023

06/01/2023 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 06/09/2023  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 06/05/2023

Inspections / Reviews *(continued)*

06/12/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/09/2023

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, and bowel management. On [redacted], the resident did not receive this assistance as required.

The assessment and support plan, dated [redacted], for resident 2 indicates the resident requires assistance with toileting, bladder, and bowel management. On [redacted], the resident did not receive this assistance as required.

The assessment and support plan, dated [redacted], for resident 3 indicates the resident requires assistance with toileting, bladder, and bowel management. On [redacted], the resident did not receive this assistance as required.

Repeat violation - 11/09/2022

Plan of Correction

Accept [redacted] - 06/01/2023)

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?

Upon discovery of the deficient practice on [redacted], Staff Person A immediately provided care to address the residents' ADL needs. On [redacted] when the Personal Care Home Administrator was made aware of the concern, a statement was obtained from Staff Person A, and Staff Person B by the Personal Care Home Administrator and Nursing Supervisor. Following Staff Person B's interview she was 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 [redacted] the Personal Care Home Administrator and Nursing Supervisor conducted an interview with the on-coming 7-3 caregiver that had residents within Staff Person B's assignment. No other residents were found to be affected by the deficient practice. The Memory Care Nursing team also conducted skin checks on all the resident's on Staff Person's B assignment and no additional concerns were found on any of the residents within that care section.

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 made the decision to not return Staff Person B to the Memory Care Program. In-services were completed immediately with team members working on 11-7 on 4/21/23 and then with subsequent shifts. All team members were in serviced in the May Staff Meeting on the Erickson Standards of Care, including incontinence care.

### 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?*

*The Personal Care Home made the decision to not return Staff Person B to the Memory Care Program and in-serviced team members of the Erickson Standards of Care.*

**Licensee's Proposed Overall Completion Date: 05/31/2023**

**Implemented (█) - 06/12/2023)**

### 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 member A's interview, when staff member A came to work on █, staff member B reported to her/him that the residents in her/him section had already been changed. When staff member A started doing the rounds at the start of the shift, she/he found that the residents were soaking wet. Resident 1 had two incontinence products on, and her/him bed was soaking wet. Resident 2 was leaning in bed and had one brief on, but you can see from front to back that he/she was soaking wet as well as his/her bed. Resident 3 had a gown on but nothing underneath; the incontinence product was on the floor soaking wet; the brief was on his/hers nightstand soaking wet; his/hers bed pad was soaking wet; and he/she was sitting on the chair. They were soaking wet, their rooms smelled like urine, and they were saturated with urine. Staff member B did not follow the procedures, which include taking the resident to the bathroom every two hours and using only incontinence products at the time.*

*Repeat Violation - 11/09/2022*

#### Plan of Correction

**Accept (█) - 06/01/2023)**

*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?*

*Upon discovery of the deficient practice on █ Staff Person A immediately provided care to address the residents' ADL needs. On █ when the Personal Care Home Administrator was made aware of the concern, a statement was obtained from Staff Person A and Staff Person B by the Personal Care Home Administrator and Nursing Supervisor. Following Staff Person B's interview she was 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 █ the Personal Care Home Administrator and Nursing Supervisor conducted an*

**42b Abuse (continued)**

*interview with the on coming 7 3 caregiver that had residents within Staff Person B's assignment 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 affected by the deficient practice. The Memory Care Nursing team also conducted skin checks on all the resident's on Staff Person's B assignment and no additional concerns were found on any of the residents within that care section.*

*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 made the decision to not return Staff Person B to the Memory Care Program. In services were completed immediately with team members working on 11 7 on 4/21/23 and then with subsequent shifts. All team members were in serviced in the May Staff Meeting on Erickson Standards of Care, including incontinence care.*

*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?*

*The Personal Care Home made the decision to not return Staff Person B to the Memory Care Program and in serviced team members of the Erickson standards of care.*

**Licensee's Proposed Overall Completion Date: 05/31/2023**

**Implemented (█) - 06/12/2023)**

**141a 1-10 Medical Evaluation Information****3. Requirements**

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

**Description of Violation**

*Resident 1's medical evaluation did not include dietary needs as specified on the prescriber's orders for thin liquids.*

*Resident 2's medical evaluation did not include dietary needs as specified on the prescriber's orders for mechanical soft and thin liquids.*

*Resident 3's medical evaluation did not include the special health of the resident in the Secure Dementia Unit.*

*Resident 4's medical evaluation did not include allergies, body positioning, movement stimulation, or health status.*

141a 1-10 Medical Evaluation Information (continued)

**Plan of Correction**

Accept (█ - 06/01/2023)

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 5/9/23 the Memory Care Wellness Nurse and Clinical leadership corrected the Durable Medical Evaluations (DME) for the residents identified to have incomplete information.

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

A 100% audit was completed by the Memory Care Wellness Nurse and Clinical leadership of all DME's for current Memory Care residents. Corrections were made as needed.

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

The DME will be reviewed by the Memory Care Wellness Nurse or designee upon admission and with annual updates.

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?

DME completion and compliance will be monitored monthly by Memory Care Wellness Manager or designee.

Licensee's Proposed Overall Completion Date: 05/31/2023

Implemented (█) 06/12/2023)

227g -Support Plan Signatures

**5. 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 2 participated in the development of his/her support plan on █. However, the support plan was not signed by the residents POA.

**Plan of Correction**

Accept (█ - 06/01/2023)

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

**227g -Support Plan Signatures (continued)**

*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 Administrator had previously met with the family of Resident 2 on 5/9/23 and received the signed Resident Assessment and Support Plan signature page on 5/10/23.*

*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 Resident Assessment and Support Plan documents on 5/22/23. 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. Alternate times to review the document were offered, allowing the Responsible Party time to participate in the development of the support plan and sign the document acknowledging agreement with the plan of care. For those families who have been contacted more than once, the Memory Care Manager has marked on the RASP the family member is unable to participate per the guidance of the DHS Licensing Supervisor.*

*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 and then mark the RASP to indicate they are unable to participate.*

*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*

**Licensee's Proposed Overall Completion Date: 05/31/2023**

**Implemented (█) - 06/12/2023)**