

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

October 31, 2023

[REDACTED]
EVANGELICAL MANOR, INC.
8401 ROOSEVELT BOULEVARD
PHILADELPHIA, PA, 19152

RE: WESLEY ENHANCED LIVING
PENNYPACK PARK
8401 ROOSEVELT BOULEVARD
PHILADELPHIA, PA, 19152
LICENSE/COC#: 17638

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/25/2023 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 PENNYPACK PARK* License #: *17638* License Expiration: *06/02/2024*
 Address: *8401 ROOSEVELT BOULEVARD, PHILADELPHIA, PA 19152*
 County: *PHILADELPHIA* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *EVANGELICAL MANOR, INC.*
 Address: *8401 ROOSEVELT BOULEVARD, PHILADELPHIA, PA, 19152*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: *02/20/2023* Issued By: *Philadelphia L&I*

Staffing Hours

Resident Support Staff: *12* Total Daily Staff: *41* Waking Staff: *31*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *07/25/2023*

Inspection Dates and Department Representative

07/25/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *50* Residents Served: *26*

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: *26*
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *3* Have Physical Disability: *0*

Inspections / Reviews

07/25/2023 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/12/2023*

08/28/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: *10/23/2023*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/02/2023*

Inspections / Reviews *(continued)*

09/05/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/23/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/20/2023

10/31/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/23/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

26b - Quality Management Plan Content

1. Requirements

2600.

26.b. The quality management plan shall address the periodic review and evaluation of the following:

- 2. Complaint procedures.
- 3. Staff person training.
- 5. Resident or family councils, or both, if applicable.

Description of Violation

The home's quality management reviews held on 1/9/2023, 4/17/2023, and 7/17/2023 did not cover the periodic review and evaluation of complaint procedures, staff person trainings, and resident/family councils.

Plan of Correction

Accept ([redacted] - 09/05/2023)

The CQI form was updated on 8/10/2023 by PCHA to include complaint procedures, staff person trainings, and resident/family councils. Starting 9/11/2023, PCHA or designee will conduct quarterly meetings to ensure the 26b regulation will be addressed for the periodic review and evaluation of complaint procedures, staff person trainings, and resident/family councils. PCHA and designee will add CQI quarterly meetings to calendar to ensure no reoccurrence of this violation. All outcomes will be addressed and documented.

Licensee's Proposed Overall Completion Date: 09/11/2023

Implemented ([redacted] - 10/31/2023)

65f - Training Topics

2. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

- 1. Medication self-administration training.
- 2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

Description of Violation

Direct care staff person A did not receive training during training year 2022 in medication self-administration and meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

Plan of Correction

Accept ([redacted] - 09/05/2023)

Audit of all staff files was completed on 8/8/2023 by PCHA. Direct care staff person A, as well as other direct care staff, will be re-educated in self-administration and meeting the needs of the resident as described in the preadmission screening form, assessment tool, medical evaluation and support plan. This will be completed by 9/15/2023 to capture part time/weekend staff. Training will be completed by PCHA. For the year of 2024, a training schedule will be created to ensure all staff completes annual training. PCHA will use this form to ensure completion and will also complete quarterly audits of staff files to make sure education is up to date.

Licensee's Proposed Overall Completion Date: 09/15/2023

Implemented ([redacted] - 10/31/2023)

65g - Annual Training Content

3. Requirements

65g - Annual Training Content (continued)

2600.

- 65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
 - 2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
 - 3. Resident rights.

Description of Violation

Staff person A did not receive training during training year 2022 in emergency preparedness procedures and resident rights.

Plan of Correction

Accept [REDACTED] - 09/05/2023)

Audit of all staff files was completed on 8/8/2023 by PCHA. Direct care staff person A, as well as other direct care staff, will be re-educated in emergency preparedness procedures and resident rights. This will be completed by 9/15/2023 to capture part time/weekend staff. Training will be completed by PCHA. For the year of 2024, a training schedule will be created to ensure all staff completes annual training. PCHA will use this form to ensure completion and will also complete quarterly audits of staff files to make sure education is up to date.

Licensee's Proposed Overall Completion Date: 09/15/2023

Implemented [REDACTED] - 10/31/2023)

65i - Training Record

4. Requirements

2600.

- 65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The home's record of its annual training review, dated December 2022, does not include the specific date of training, who provided the training, or the length of training.

Plan of Correction

Accept [REDACTED] - 09/05/2023)

In house form updated on 8/11/2023 by PCHA to include date (day/month/year), who provided training, and length of training. DHS form also downloaded and will implement this tool for staff training going forward. Quarterly audits will be done by PCHA or designee on all staff files to ensure proper form is being used and correctly filled out.

Licensee's Proposed Overall Completion Date: 09/01/2023

Implemented [REDACTED] - 10/31/2023)

107d - Procedure Emergency Management Agency Submission

5. 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 a local emergency management agency since 11/21/2019.

Plan of Correction

Directed [REDACTED] - 09/05/2023)

The emergency procedure manual was submitted to OEM on 8/9/2023.

107d - Procedure Emergency Management Agency Submission (continued)

Receipt received from OEM on 8/10/2023.

Audit will be completed annually every August by PCHA or designee to ensure emergency procedure manual was submitted for current year.

Directed Completion Date: 09/01/2023

Implemented (█) - 10/31/2023)

185a - Implement Storage Procedures**6. 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

Between 7/14/2023 and 7/24/2023, there were several discrepancies between the log kept by the home of resident #1's glucometer readings and the glucometer's history display. For the evening of 7/16/23, the glucometer captured a blood sugar reading of 433 mg/dL, but the log reads 395 mg/dL. For the evening of 7/21/23, the glucometer recorded 483, but the log states 350. For the evening 7/24/23, the glucometer measured 435, but the log reads 446. There were also readings logged on 7/14, 7/16, and 7/23 that do not appear in resident #1's glucometer history.

Repeated Violation: 3/9/23, 8/2/22

Plan of Correction

Accept (█) - 09/05/2023)

New batteries were placed in resident #1's glucometer to ensure accuracy on 8/10/2023 by PCHA or designee. All other glucometers were checked on 8/10/2023 by PCHA and no further issues were detected at this time. Starting 8/10/2023, PC Aid med tech or designee will be responsible for completing glucometer audits at the end of every shift to ensure all entries in MAR match the glucometer. Log was created by PCHA and placed on PC floor on 8/10/2023. Full time staff have been educated on use of log by PCHA. Part time/weekend staff will be trained by 9/15/2023. PCHA or designee will ensure this is being done correctly by completing weekly audits of daily glucometer log.

Licensee's Proposed Overall Completion Date: 09/15/2023

Implemented (█) - 10/31/2023)