

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

October 13, 2023

[REDACTED]  
MARIS GROVE INC  
500 MARIS GROVE WAY  
GLEN MILLS, PA, 19342

RE: MARIS GROVE INC, EVERGREEN  
POINTE  
500 MARIS GROVE WAY  
GLEN MILLS, PA, 19342  
LICENSE/COC#: 14821

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/27/2023 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 INC, EVERGREEN POINTE* License #: *14821* License Expiration: *07/20/2024*  
 Address: *500 MARIS GROVE WAY, GLEN MILLS, PA 19342*  
 County: *DELAWARE* Region: *SOUTHEAST*

**Administrator**

Name: [Redacted] Phone: [Redacted] Email: [Redacted]  
 [Redacted]r

**Legal Entity**

Name: *MARIS GROVE INC*  
 Address: *500 MARIS GROVE WAY, GLEN MILLS, PA, 19342*  
 Phone: [Redacted] Email: [Redacted]

**Certificate(s) of Occupancy**

**Staffing Hours**

Resident Support Staff: Total Daily Staff: *94* Waking Staff: *71*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Incident* Exit Conference Date: *07/27/2023*

**Inspection Dates and Department Representative**

07/27/2023 - On-Site: [Redacted]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *132* Residents Served: *87*

Special Care Unit  
 In Home: *No* Area: Capacity: Residents Served:

Hospice  
 Current Residents: *x*

Number of Residents Who:  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *87*  
 Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *7* Have Physical Disability: *2*

**Inspections / Reviews**

07/27/2023 - Partial  
 Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *08/24/2023*

09/06/2023 - POC Submission  
 Submitted By: [Redacted] Date Submitted: *10/06/2023*  
 Reviewer: [Redacted] Follow-Up Type: *Document Submission* Follow-Up Date: *09/25/2023*

Inspections / Reviews *(continued)*

10/13/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/06/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 42c Dignity/Respect

## 1. Requirements

2800.

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

**Description of Violation**

Resident #1's assessment and support plan (ASP) finalized on [REDACTED]/2023 indicates that the resident needs assistance with washing [REDACTED] back, legs and feet. On 07/15/2023 around 10:30 AM, staff A went to resident #1's apartment to help the resident with the shower. According to resident #1, staff A seemed to be unhappy. The staff did not turn the water on and refused to wash the resident's legs and feet when asked. The staff was mean and nasty and talked down to the resident, which made the resident feel terrible and upset.

**Plan of Correction**

Accept ( [REDACTED] - 09/06/2023)

#1A

**2800.42.c. A resident shall be treated with dignity and respect.**

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?** Staff Person A was immediately suspended on [REDACTED]/23 following the allegation. An investigation was initiated by Assisted Living Manager and statements were obtained from all parties, including other residents and staff. Resident has been reassured by the Assisted Living Manager that [REDACTED] care plan will be followed appropriately moving forward. Family and provider were also notified on 7/17/23 of the event.

**How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** Other residents on Staff Person A's assignment were interviewed by the Assisted Living Manager with no additional concerns reported. Residents were encouraged to bring any concerns or complaints immediately to the attention of the Assisted Living Manager or a Nurse to ensure immediate and appropriate follow up.

**What measures will be put into place or what system changes will you make to ensure that the deficient practice does not recur?** The Evergreen Pointe team will shall receive additional training by the Assisted Living Manager or Designee on Resident Rights and Customer Service approaches when providing resident care in Assisted Living. Employees have been asked by the Assisted Living Manager to ensure they are complying with all aspects of a resident's care plan moving forward. The deadline for Resident Rights training will be 9/22/23.

**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?** Maris Grove has made the decision to separate from Staff Person A and will continue to implement additional training by the Assisted Living Manager or Designee with both existing and new team members within the Assisted Living Program. The deadline for Resident Rights training will be 9/22/23. Compliance will be monitored monthly as part of the facility Quality Assurance Program.

Licensee's Proposed Overall Completion Date: 09/22/2023

## 42c Dignity/Respect (continued)

Implemented (CM - 10/13/2023)

## 185a Storage procedures

## 2. Requirements

2800.

185.a. The residence 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 #2 is prescribed Alprazolam 0.25 mg once daily in the morning. On 06/28/2023 in the morning, staff A noted on the resident's medication administration record (MAR) that the medication was not available (not in the resident's med cabinet nor in the overstock/office) and was not administered. Alprazolam 0.25 mg is a controlled substance, which is kept in a locked narcotics cabinet. Staff A stated that [REDACTED] had not known that this medication was a controlled substance. A discrepancy in the pill count of the same medication was identified on 06/29/2023 in the morning (actual count 20 while the log says 21) and the missing pill was not accounted for.

**Plan of Correction**

Accept ([REDACTED] - 09/06/2023)

**#2B**

**2800.185.a. The residence shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.** 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?** Provider and family were notified by the Nurse on 6/29/23 of the medication discrepancy, no ill effects to resident. Per Erickson policy, an investigation was initiated by the Assisted Living Manager and interviews were conducted with Staff Person A and the team working on 6/28/23 and 6/29/23 to review all activity involving narcotic medications. Environmental checks were also completed by Assisted Living Manager and Wellness Manager on 6/29/23 with the medication remaining unidentified. Additionally, the Pennsylvania State Police were notified by the Assisted Living Manager on 6/29/23 of the missing narcotic and steps the facility was taking to identify the cause. Staff Person A was immediately re-educated by the Assisted Living Manager regarding the 5 rights of medication administration and reminded of the steps required when there are questions about a medication. This education occurred on 6/29/23.

**How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** An audit was conducted by the Assisted Living Manager and Wellness Manager of all narcotics throughout the building to determine if there were any additional concerns. None were identified on 6/29/23.

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

185a Storage procedures (continued)

The Evergreen Pointe team shall receive additional training on the 5 Rights of Medication Administration by the Assisted Living Manager or Designee to ensure appropriate oversight, management, and documentation of all narcotic medications moving forward. Additionally, the Assisted Living Manager and Wellness Manager will be completing weekly narcotic box medication audits to ensure compliance. These audits are to occur 5 times weekly for a minimum period of 3 months. The deadline for medication remediation training will be 9/22/23. Trainings shall be carried out by the Assisted Living Manager or Designee.

**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?**

Maris Grove has made the decision to separate from Staff Person A and will continue to implement additional training with both existing and new team members in the Assisted Living Program. These trainings shall be completed by the Assisted Living Manager or Designee with goal of completing all trainings by 9/22/23. Compliance shall be monitored monthly as part of the facility Quality Assurance Program.

Licensee's Proposed Overall Completion Date: 09/22/2023

Implemented (████) - 10/13/2023)

187b Date/time of med admin

3. Requirements

2800.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

**Description of Violation**

Resident #3 was prescribed Tramadol 50 mg 1/2 tab once daily in the morning. The resident was not administered this medication at 09:00 AM on 06/27/2023. However, there is staff initials present as administered.

Plan of Correction

Accept (████) - 09/06/2023)

**#3C**

**2800.187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered** 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?**

An incident report was completed for the medication event that was identified during survey on 7/28/23. Physician and family notifications were completed on 7/28/23 by the Assisted Living Manager. No ill effects noted to resident. Narcotic medication audits shall be completed 5 times weekly for a minimum period of 3 months. These audits are to be completed by the Assisted Living Manager and Wellness Manager.

**How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** Narcotic medication audits shall be completed 5 times weekly for a minimum period of 3 months. These audits shall be completed by the Assisted Living Manager and Wellness Manager.

187b Date/time of med admin (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 Evergreen Pointe team will shall receive additional training on the 5 Rights of Medication Administration in order to ensure appropriate oversight, management, and documentation of all narcotic medications moving forward. These trainings shall be completed by the Assisted Living Manager or Designee with a deadline of 9/22/23. Additionally, narcotic medication audits shall be completed 5 times weekly for a minimum period of 3 months. These audits shall be completed by the Assisted Living Manager and Wellness Manager.

**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?**

Narcotic medication audits shall be completed 5 times weekly for a minimum period of 3 months by the Assisted Living Manager and Wellness Manager. Medication technicians within the Assisted Living program are to receive medication remediation training by 9/22/23. Trainings shall be carried out by the Assisted Living Manager or Designee. Compliance will be monitored monthly as part of the facility Quality Assurance Program.

Licensee's Proposed Overall Completion Date: 09/22/2023

Implemented (█) - 10/13/2023)

187d Follow prescriber's orders

4. Requirements

2800.  
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 is prescribed Alprazolam 0.25 mg once daily in the morning at 09:00 AM. This medication was not administered to the resident on 06/28/2023.  
Resident #3 was prescribed Tramadol 50 mg 1/2 tab once daily in the morning at 09:00 AM. However, this medication was not administered to the resident on 06/27/2023 and it was administered late at 11:00 AM on 06/28/2023.

Plan of Correction

Accepted (█) - 09/06/2023)

#4D

**2800.187.d. The home shall follow the directions of the prescriber.** 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?** Incident reporting procedures, along with family and provider notifications have been made following both incidents. Notifications were made on 6/29/23 and 7/28/23 by the Nurse and Assisted Living Manager. No ill effects noted to residents. The employees involved in both incidents have been re-educated on the 5 rights of medication administration and are to be performance managed per Erickson policy. These educations were conducted by the Assisted Living Manager.

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

187d Follow prescriber's orders (continued)

Narcotic medication audits shall be completed 5 times weekly for a minimum period of 3 months. These audits shall be completed by the Assisted Living Manager and Wellness Manager.

**What measures will be put into place or what system changes will you make to ensure that the deficient practice does not recur?** The Evergreen Pointe team will shall receive additional training on the 5 Rights of Medication Administration in order to ensure appropriate oversight, management, and documentation of all narcotic medications moving forward. These trainings shall be completed by the Assisted Living Manager or Designee with a deadline of 9/22/23. Additionally, narcotic medication audits shall be completed 5 times weekly for a minimum period of 3 months. These audits shall be completed by the Assisted Living Manager and Wellness Manager.

**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?**

Narcotic medication audits shall be completed 5 times weekly for a minimum period of 3 months. These audits shall be completed by the Assisted Living Manager and Wellness Manager. Medication technicians within the Assisted Living program shall receive medication remediation training by 9/22/23. Trainings shall be carried out by the Assisted Living Manager or Designee. Compliance will be monitored monthly as part of the facility Quality Assurance Program.

Licensee's Proposed Overall Completion Date: 09/22/2023

Implemented (████) 10/13/2023)

251b Record entries - legible

5. Requirements

2800.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

The date on the controlled medication utilization record of resident #2's Alprazolam 0.25 mg was written over on line entry 12, 15, 16, and 17. The amount remaining was written over on line entry 27.

Plan of Correction

Accept (████) - 09/06/2023)

#5E

**2800.251.b. The entries in a resident's record must be permanent, legible, dated and signed off by the staff person making the entry.** 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?** As part of a building medication remediation process, all Medication Technicians shall be in-serviced on the importance of maintaining legible and compliant records at all times. These trainings shall be conducted by the Assisted Living Manager or Designee with a deadline of 9/22/23.

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

**251b Record entries - legible (continued)**

? Narcotic medication audits shall be completed 5 times weekly for a minimum period of 3 months. These audits shall be completed by the Assisted Living Manager and Wellness Manager.

**What measures will be put into place or what system changes will you make to ensure that the deficient practice does not recur?** The Evergreen Pointe team will shall receive additional training on the 5 Rights of Medication Administration in order to ensure appropriate oversight, management, and documentation of all narcotic medications moving forward. These trainings shall be carried out by the Assisted Living Manager or Designee. The deadline for medication remediation training will be 9/22/23. Additionally, narcotic medication audits shall be completed 5 times weekly for a minimum period of 3 months. These audits will be completed by the Assisted Living Manager and Wellness Manager.

**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?**

Narcotic medication audits will be completed 5 times weekly for a minimum period of 3 months. These audits shall be completed by the Assisted Living Manager and Wellness Manager. The deadline for medication remediation training will be 9/22/23. Trainings will be carried out by the Assisted Living Manager or Designee. Compliance will be monitored monthly as part of the facility Quality Assurance Program.

Licensee's Proposed Overall Completion Date: 09/22/2023

Implemented [REDACTED] - 10/13/2023)