

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

November 9, 2023

[REDACTED], ADMINISTRATOR
MARTINS RUN, INC.
100 HALCYON DRIVE
MEDIA, PA, 19063

RE: WESLEY ENHANCED LIVING MAIN
LINE PERSONAL CARE
100 HALCYON DRIVE
MEDIA, PA, 19063
LICENSE/COC#: 18280

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/31/2023 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 MAIN LINE PERSONAL CARE **License #:** 18280 **License Expiration:** 09/11/2024
Address: 100 HALCYON DRIVE, MEDIA, PA 19063
County: DELAWARE **Region:** SOUTHEAST

Administrator

Name: [REDACTED] **Email:** [REDACTED]

Legal Entity

Name: MARTINS RUN, INC.
Address: 100 HALCYON DRIVE, MEDIA, PA, 19063
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: I-1 **Date:** 04/17/2019 **Issued By:** Marple Township

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 27 **Waking Staff:** 20

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 08/31/2023

Inspection Dates and Department Representative

08/31/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 59 **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: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 1 **Have Physical Disability:** 0

Inspections / Reviews

08/31/2023 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 09/15/2023

09/28/2023 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 11/08/2023
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 11/08/2023

Inspections / Reviews (*continued*)

10/11/2023 POC Submission

Submitted By: [REDACTED] Date Submitted: 11/08/2023

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 12/06/2023

11/03/2023 Document Submission

Submitted By: [REDACTED] Date Submitted: 11/08/2023

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 11/08/2023

11/09/2023 Document Submission

Submitted By: [REDACTED] Date Submitted: 11/08/2023

Reviewer: [REDACTED] Follow Up Type: Not Required

65f - Training Topics

1. 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.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person A did not receive training in medication self-administration training during training year 2022.

Plan of Correction

Accept (█ - 09/28/2023)

As a requirement for 18280: we do not allow for residents to self-administer. As of 9/17/2023 all staff will be made aware of medication self-administration training. Going forward medication self-administration training will be added to annual training with and overview. PCHA and or designee will provide this training yearly in June.

Licensee's Proposed Overall Completion Date: 09/17/2023

Implemented (█ - 11/09/2023)

65g - Annual Training Content

2. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person B did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert during training year January 2022 to December 2022.

Plan of Correction

Accept (█ - 09/28/2023)

All ancillary staff will be trained on fire safety procedures by facilities director by 9/17/2023. PCHA and or designee will audit yearly in June all ancillary department to ensure that all current and new ancillary staff receive the required training.

Licensee's Proposed Overall Completion Date: 09/17/2023

Implemented (█ - 11/03/2023)

101j7 - Lighting/Operable Lamp

3. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident 1 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept (█ - 10/11/2023)

As of 8/31/2023 resident 1 now has access to a source of light that can be turned on/off at the bedside. PCHA also conducted audit on 8/31/2023 to ensure all residents had source of light. As of 9/17/2023 all direct care staff will retrain on ensuring lighting source. PCHA and or designee will conduct weekly audit to ensure all residents have access to a source of light that can be turned on/off at the bedside./ PCHA has provided retraining for the direct care staff. Weekly audits started on 9/17/2023.

Licensee's Proposed Overall Completion Date: 10/06/2023

Implemented (█ - 11/03/2023)

121a - Unobstructed Egress

4. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 8/31/23 at 10:38 am, alarms with red stops signs and paper signs that read, "Door has ALARM. See Nurse's Station before Exiting" blocked egress from the home's exits.

Plan of Correction

Accept (█ - 10/11/2023)

On 8/31/2023 sign was removed. New notification was placed on door stating. THIS DOOR WILL ALARM!, All staff, residents and families will be made aware 9/17/2023 of all doors that have alarms. PCHA and or designee will conduct weekly audit to ensure compliance. / As of 9/20/2023 weekly audit has started; this will be on going to prevent repeat violations.

Licensee's Proposed Overall Completion Date: 10/06/2023

Implemented (█ - 11/09/2023)

132d - Evacuation

5. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home has a maximum safe evacuation time specified in writing within the past year by a fire safety expert of 8 minutes and 0 seconds. The home exceeded the evacuation time of 8 minutes and 0 seconds during the fire drill on 1/15/23 at 11:15 am.

132d - Evacuation (continued)

Plan of Correction

Accept () - 09/28/2023)

On 8/31/2023 Fire safety expert was provided written safe evacuation time received by the local fire marshal. PCHA and or designee as of 9/17/2023 will audit monthly fire drill reports to ensure fire safety expert does not mistakenly record wrong evacuation time.

Licensee's Proposed Overall Completion Date: 09/17/2023

Implemented () - 11/03/2023)

162c - Menus Posted

6. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

On 8/31/23, the home's two week menu was not posted.

Plan of Correction

Accept () - 09/28/2023)

On 8/31/2023 PCHA advised dining manager to post two-week menu. As of 9/17/2023 PCHA or designee will conduct daily audits to ensure that a two-week menu remains posted.

Licensee's Proposed Overall Completion Date: 09/17/2023

Implemented () - 11/09/2023)

183b - Meds and Syringes Locked

7. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On () at (), () spray and patches were unlocked, unattended, and accessible in resident room number 105.

Plan of Correction

Accept () - 10/11/2023)

On 8/31/2023 () spray and patches were removed from residents' room immediately. As of 9/1/2023 PCHA and designee has started a daily room audit to ensure no unlocked, unattended and accessible are in resident's room. / As of 9/20/2023 all direct care staff were trained on 183b requirements. PCHA has also trained direct care staff on daily room audits that are required to ensure no repeat violations.

Licensee's Proposed Overall Completion Date: 10/06/2023

Implemented () - 11/03/2023)

183d - Prescription Current

8. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

183d Prescription Current (*continued*)**Description of Violation**

On [REDACTED] at [REDACTED], [REDACTED] spray and patches were unlocked, unattended, and accessible in resident 2's room. Resident 2 does not have a physician's order for these medications.

Plan of Correction

Accept [REDACTED] - 10/11/2023)

On [REDACTED] PCHA and designee have completed an audit to all 27 residents MAR to ensure that we have a physician order for all medications. [REDACTED] PCHA and or designee will conduct a daily medication checks to ensure that all physician's orders are being followed as prescribed. / As of [REDACTED] PCHA has retrained on how to check physician orders to ensure accuracy. Topic cover was 183d.

Licensee's Proposed Overall Completion Date: 10/06/2023

Implemented [REDACTED] - 11/09/2023)

183e - Storing Medications

9. 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] the [REDACTED] prescribed to resident 3, was on the home's medication cart with an open date of [REDACTED]. According to the manufacturer's instructions this medication must be discarded 28 days after opening.

Repeat Violation: 8/8/22

Plan of Correction

Accept [REDACTED] - 10/11/2023)

On [REDACTED] PCHA discarded [REDACTED] dated [REDACTED], PCHA opened a new [REDACTED] with an open date of [REDACTED] and discard date of [REDACTED]. PCHA also conducted an audit on all insulin, eye drop, and nasal sprays to ensure correct dates. As of [REDACTED] PCHA and or designee will do weekly audit to ensure all medications are labeled correctly. / As of [REDACTED] all med staff were shown by PCHA how to properly label with open date, initial and expiration dates. To ensure no repeat violations, daily chart audit are being conducted by med staff.

Licensee's Proposed Overall Completion Date: 10/06/2023

Implemented [REDACTED] - 11/09/2023)

184a - Resident's Meds Labeled

10. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

The Novolog Flexpen for resident 3 does not have a pharmacy label, nor the resident's name on the pen.

184a Resident's Meds Labeled (*continued*)**Plan of Correction****Accept (█ - 10/11/2023)**

On █ PCHA labeled new █ with resident name, name of medication, date of prescription was issued, dosage and instructions for administration and prescriber. As of █ PCHA and or designee will conduct weekly audit to ensure proper prescription medication labeling. / As of █ all med tech were retrained by PCHA on 184a, weekly audit are ongoing.

Licensee's Proposed Overall Completion Date: 10/06/2023

Implemented █ - 11/09/2023)

185a - Implement Storage Procedures

11. 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

On █ at █ resident 3's blood sugar was █ according to the resident's glucometer. This information was not recorded on the resident's medication administration record.

Repeat Violation: 8/8/22

Plan of Correction**Accept (█ - 10/11/2023)**

As of █ PCHA and or designee are conducting daily audits of resident glucometer, which will be checked by two med tech at the beginning and at the end of every shift to ensure accuracy. This plan of correction has been established. /As of █ PCHA has retrained all med staff on 185a correct documentation, twice a day audit are being completed. This is to ensure no repeat violations.

Licensee's Proposed Overall Completion Date: 10/06/2023

Implemented █ - 11/09/2023)