

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

February 26, 2024

[REDACTED]  
MARIS GROVE INC  
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/16/2023 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]

**Legal Entity**

Name: *MARIS GROVE INC*  
 Address: [Redacted]  
 Phone: [Redacted] Email: [Redacted]

**Certificate(s) of Occupancy**

Type: *I-2* Date: *06/28/2021* Issued By: *Concord Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *87* Waking Staff: *65*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint, Incident* Exit Conference Date: *11/16/2023*

**Inspection Dates and Department Representative**

11/16/2023 - On-Site: [Redacted]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *132* Residents Served: *81*

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

Hospice  
 Current Residents: *NM*

Number of Residents Who:  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *81*  
 Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *1*  
 Have Mobility Need: *6* Have Physical Disability: *1*

**Inspections / Reviews**

11/16/2023 - Partial  
 Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *01/05/2024*

Inspections / Reviews *(continued)*

01/12/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/08/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 02/09/2024

02/26/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/08/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

42f Mail

1. Requirements

2800.  
42.f. A resident has the right to receive and send mail.

Description of Violation

On [redacted], resident [redacted] identified that [redacted] medication received via mail from the Veteran's Administration arrives to [redacted] already opened. Resident [redacted] self administers medication and does not require assistance from the home.

Plan of Correction

Accept [redacted] 01/12/2024)

2800.42.f. A resident has the right to receive and send mail. 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? All staff will be educated by the Assisted Living Manager or Designee on Resident Rights – specifically on resident’s having the right to receive and send mail. Staff is not to open any resident mail without resident’s permission. Goal for completion of this education will be February 8, 2024.

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 will be conducted by the Assisted Living Manager or Designee of resident’s who self-administer medications and who also use outside pharmacies. This audit will be completed by February 8, 2024.

What measures will be put into place or what system changes will you make to ensure that the deficient practice does not recur? Annual Resident Rights training will occur per DHS regulation, and additional training to occur as needed by the Assisted Living Manager or Designee if a need is identified.

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 by the Assisted Living manager or Designee monthly, starting in January 2024, for 3 consecutive months as part of the facility Quality Assurance Program.

Proposed Overall Completion Date: 02/08/2024

Licensee's Proposed Overall Completion Date: 02/08/2024

Implemented [redacted] 02/26/2024)

95 Furniture & Equipment

2. Requirements

2800.  
95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The medication cabinet located in the room [redacted] was unable to be locked.

Plan of Correction

Accept [redacted] - 01/12/2024)

2800.95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards. Responses to the cited deficiencies do not constitute an admission of agreement by the facility of the truth of the

95 Furniture & Equipment (continued)

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? A work order to repair the lock on the medication cabinet in room [REDACTED] was immediately placed upon discovery on [REDACTED], and was subsequently repaired the following day. Additionally, all of the resident's medications were immediately re-located to a different secured location until the lock was repaired.

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 Assisted Living managers will increase the frequency of Environmental rounds from once per month, to once per week starting January 15, 2024 and will continue weekly environmental rounds for 3 consecutive months. Documentation of rounds will be kept. Goal for completion is March 20, 2024.

What measures will be put into place or what system changes will you make to ensure that the deficient practice does not recur? All staff will be educated by the Assisted Living Manager or Designee on the importance of bringing any environmental issues to the attention of management as soon as they are identified. Target date for completion of this training will be February 8, 2024.

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 by the Assisted Living manager or Designee monthly, starting in January 2024, for 3 consecutive months as part of the facility Quality Assurance Program.

Proposed Overall Completion Date: 02/08/2024

Licensee's Proposed Overall Completion Date: 02/08/2024

Implemented [REDACTED] - 02/26/2024)

182c Medication administration

3. Requirements

2800.

182.c. Medication administration includes the following activities, based on the needs of the resident:

Description of Violation

On [REDACTED], at [REDACTED], Staff person A administered [REDACTED] to resident [REDACTED] and failed to place the medication in resident's hand or mouth. The medication was later found on the kitchen counter in resident [REDACTED] room.

Plan of Correction

Accepted [REDACTED] 01/12/2024)

2800.182.c. Medication administration includes the following activities, based on the needs of the resident 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.

182c Medication administration (continued)

What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Staff person A was immediately re-educated on the 5 Rights of Medication Administration by the Assisted Living Manager, and received a documented education by the Assisted Living Manager per Erickson Senior Living Policy.

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 Assisted Living Managers will include medication inspections as part of weekly environmental rounds starting the week of January 15,2024. This will be ongoing.

What measures will be put into place or what system changes will you make to ensure that the deficient practice does not recur? Education will be provided to all staff by the Assisted Living Manager or Designee regarding the 5 rights of medication administration as well as ensuring they check their surroundings while providing medication or ADL assistance. Goal for completion of this training will be February 8, 2024.

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 by the Assisted Living manager or Designee monthly, starting in January 2024, for 3 consecutive months as part of the facility Quality Assurance Program.

Proposed Overall Completion Date: 02/08/2024

Licensee's Proposed Overall Completion Date: 02/08/2024

Implemented [redacted] - 02/26/2024)

185a Storage procedures

4. 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 [redacted] is prescribed [redacted] for pain as needed. On [redacted] the medication was not available in the home.

Plan of Correction

Accept [redacted] - 01/12/2024)

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? Resident [redacted] [redacted] which was unavailable in the home at the time of the inspection, had been re-ordered on [redacted] for immediate delivery.

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 Wellness Manager or Designee will conduct a sample audit of Medication

185a Storage procedures (continued)

Cabinets once monthly beginning the week of January 15, 2024 and continuing through March 15, 2024. Documentation of these audits will be kept. Additionally, all Medication Technicians and Nurses will be re-educated on the process of medication re-ordering, and checking the dates of expiration on medications by the Assisted Living Manager or Designee. The goal of completion for this education will be February 8, 2024.

What measures will be put into place or what system changes will you make to ensure that the deficient practice does not recur? The Wellness Manager or Designee will conduct a sample audit of Medication Cabinets once monthly beginning the week of January 15, 2024 and continuing through March 15, 2024. Documentation of these audits will be kept. Additionally, all Medication Technicians and Nurses will be re-educated on the process of medication re-ordering, and checking the dates of expiration on medications by the Assisted Living Manager or Designee. The goal of completion for this education will be February 8, 2024.

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 by the Assisted Living manager or Designee monthly, starting in January 2024, for 3 consecutive months as part of the facility Quality Assurance Program.

Proposed Overall Completion Date: 02/08/2024

Licensee's Proposed Overall Completion Date: 02/08/2024

Implemented [redacted] - 02/26/2024)

187b Date/time of med admin

5. 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 [redacted] is prescribed [redacted]. On [redacted] Staff person B initialed all of resident [redacted] morning medications as administered when the [redacted] was not available for administration.

Plan of Correction

Accept [redacted] - 01/12/2024)

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? Staff person B was interviewed regarding resident [redacted] administration on [redacted] and subsequently performance managed for failure to follow the 5 rights of medication administration in relation to medication not being administered and incorrect documentation.

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 Wellness Manager or Designee will conduct a sample audit of Medication Cabinets once monthly beginning the week of January 15, 2024 and continuing through March 15, 2024. Documentation of these audits will be kept. Additionally, all Medication Technicians and Nurses will be

187b Date/time of med admin (continued)

re-educated on the process of medication re-ordering, and checking the dates of expiration on medications by the Assisted Living Manager or Designee. The goal of completion for this education will be February 8, 2024.

What measures will be put into place or what system changes will you make to ensure that the deficient practice does not recur? The Wellness Manager or Designee will conduct a sample audit of Medication Cabinets once monthly beginning the week of January 15, 2024 and continuing through March 15, 2024. Documentation of these audits will be kept. Additionally, all Medication Technicians and Nurses will be re-educated on the process of medication re-ordering, and checking the dates of expiration on medications by the Assisted Living Manager or Designee. The goal of completion for this education will be February 8, 2024.

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 by the Assisted Living manager or Designee monthly, starting in January 2024, for 3 consecutive months as part of the facility Quality Assurance Program.

Proposed Overall Completion Date: 02/08/2024

Licensee's Proposed Overall Completion Date: 02/08/2024

Implemented [REDACTED] 02/26/2024)

187d Follow prescriber's orders

6. Requirements

2800.

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

Description of Violation

The following prescriber order's were not followed:

- Resident [REDACTED] is prescribed a weekly dose of [REDACTED]. However, resident [REDACTED] did not receive the weekly dose [REDACTED], the week of [REDACTED].
- Resident [REDACTED] is prescribed [REDACTED]. However, resident [REDACTED] medication was not available for the morning administration, on [REDACTED].

Plan of Correction

Accepted [REDACTED] - 01/12/2024)

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? Resident [REDACTED] medication was located in the building later in the morning on [REDACTED]. Resident [REDACTED] Physician gave a verbal order for a one time dose to be given once the medication was located. Resident [REDACTED] was documented as administered on [REDACTED], however, the medication was not administered, due to Medication Technician failing to take the appropriate steps to locate the medication in the building. Both staff members were

187d Follow prescriber's orders (continued)

performance managed by the Assisted Living Manager, per Erickson Senior Living policy for failing to follow the 5 rights of medication administration.

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 Wellness Manager or Designee will conduct a sample audit of Medication Cabinets once monthly beginning the week of January 15, 2024 and continuing through March 15, 2024. Documentation of these audits will be kept. Additionally, all Medication Technicians and Nurses will be re-educated on the process of medication re-ordering, and checking the dates of expiration on medications by the Assisted Living Manager or Designee. The goal of completion for this education will be February 8, 2024.

What measures will be put into place or what system changes will you make to ensure that the deficient practice does not recur? The Wellness Manager or Designee will conduct a sample audit of Medication Cabinets once monthly beginning the week of January 15, 2024 and continuing through March 15, 2024. Documentation of these audits will be kept. Additionally, all Medication Technicians and Nurses will be re-educated on the process of medication re-ordering, and checking the dates of expiration on medications by the Assisted Living Manager or Designee. The goal of completion for this education will be February 8, 2024.

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 by the AL manager or Designee monthly, starting in January 2024, for 3 consecutive months as part of the facility Quality Assurance Program.

Proposed Overall Completion Date: 02/08/2024

Licensee's Proposed Overall Completion Date: 02/08/2024

Implemented [redacted] - 02/26/2024)

251b Record entries - legible

7. 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 narcotic count sheet for resident [redacted] medication administration sheet was not legible on the following dates:

[redacted] remaining number for count was written over and not legible  
[redacted] at [redacted] the date was written over and not legible  
[redacted] the morning dose was written over and not legible

Plan of Correction

Accepted [redacted] 01/12/2024)

2800.251.b. The entries in a resident's record must be permanent, legible, dated and signed 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

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

*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? The Assisted Living Manager or Designee will continue to conduct Narcotic cabinet audits a minimum of 5 days per week with a focus on documentation compliance on the Controlled Medication Utilization Record. These audits will be ongoing. Additionally, all nurses and medication technicians will be in-serviced by the Assisted Living Manager or Designee on resident records being legible and the proper procedure for correcting an incorrect entry on the Controlled Medication Utilization Record. Goal for completion of this in-service will be February 8, 2024.*

*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 Assisted Living Manager or Designee will continue to conduct Narcotic cabinet audits a minimum of 5 days per week with a focus on documentation compliance on the Controlled Medication Utilization Record. These audits will be ongoing. Additionally, all nurses and medication technicians will be in-serviced by the Assisted Living Manager or Designee on resident records being legible and the proper procedure for correcting an incorrect entry on the Controlled Medication Utilization Record. Goal for completion of this in-service will be February 8, 2024.*

*What measures will be put into place or what system changes will you make to ensure that the deficient practice does not recur? The Assisted Living Manager or Designee will continue to conduct Narcotic cabinet audits a minimum of 5 days per week with a focus on documentation compliance on the Controlled Medication Utilization Record. These audits will be ongoing. Additionally, all nurses and medication technicians will be in-serviced by the Assisted Living Manager or Designee on resident records being legible and the proper procedure for correcting an incorrect entry on the Controlled Medication Utilization Record. Goal for completion of this in-service will be February 8, 2024.*

*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 by the AL manager or Designee monthly, starting in January 2024, for 3 consecutive months as part of the facility Quality Assurance Program.*

*Proposed Overall Completion Date: 02/08/2024*

**Licensee's Proposed Overall Completion Date: 02/08/2024**

**Implemented [REDACTED] 02/26/2024)**