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

February 29, 2024

[redacted]
MARIS GROVE INC
[redacted]

RE: MARIS GROVE
500 MARIS GROVE WAY
1ST AND 3RD FLOORS
GLEN MILLS, PA, 19342
LICENSE/COC#: 13466

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/19/2023 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: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *I-1* **Date**: *07/19/2022* **Issued By**: *Concord Township*

Staffing Hours

Resident Support Staff: **Total Daily Staff**: *88* **Waking Staff**: *66*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Incident* **Exit Conference Date**: *12/19/2023*

Inspection Dates and Department Representative

12/19/2023 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *66* **Residents Served**: *44*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *All* **Capacity**: *66* **Residents Served**: *44*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *44*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *44* **Have Physical Disability**: *0*

Inspections / Reviews

12/19/2023 - Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *01/06/2024*

Inspections / Reviews *(continued)*

01/10/2024 - POC Submission

Submitted By: [redacted] **Date Submitted:** *02/28/2024*

Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *01/12/2024*

01/10/2024 - POC Submission

Submitted By: [redacted] **Date Submitted:** *02/28/2024*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *02/29/2024*

02/29/2024 - Document Submission

Submitted By: [redacted] **Date Submitted:** *02/28/2024*

Reviewer: [redacted] **Follow-Up Type:** *Not Required*

187a - Medication Record

1. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident [redacted] receives memory care and hospice services. The resident is prescribed [redacted] concentrate by prefilled oral syringe three times daily. Resident [redacted] has a separate order for the same medication to be given for pain as needed. On [redacted], the home's controlled narcotic log indicated there were [redacted] syringes remaining but there were [redacted]. Additionally, on [redacted], a routine afternoon dosage was misplaced in the log designated for resident [redacted] PRN (as needed) administrations instead of the log for the straight order.

Plan of Correction ***Directed [redacted] - 01/10/2024)***

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 [redacted] when Staff Member A discovered the discrepancy in the Narcotic count [redacted] escalated the concern to the oncoming [redacted] Memory Care Nurse. The Memory Care Nurse and Wellness Manager immediately verified the count and corrected the Controlled Medication Utilization Record. Staff Members A and B were both interviewed and an investigation was initiated. Staff Member A and Staff Member B were immediately suspended on [redacted] 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?

On [redacted] when the Memory Care Wellness Manager and [redacted] Memory Care Nurse were notified of the concern they immediately counted all narcotics present on the neighborhood. The Personal Care Home did not identify any other discrepancies in the narcotic count or residents affected by the deficient practice.

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

Staff Person A was immediately suspended on [redacted] pending investigation. The Personal Care Home did bring Employee A back with Performance Counseling but removed the employee from Medication Administration moving forward due to the deficient practice and other medication performance concerns. Staff Person B was immediately suspended on [redacted] pending investigation. The Personal Care Home brought back Employee B back with performance counseling and education due to [redacted] role in the deficient practice.
Narcotic Audits began on [redacted] and will be completed three times a week by the Wellness Manager or Designee through [redacted] Additionally, the Personal Care Manager and Wellness Manager took steps to organize the binder in which the Controlled Medication Utilization Records are kept to ensure differentiation of the straight order Controlled Medication Utilization Records and PRN Controlled Medication Utilization Records orders for further clarity. Lastly, the Personal Care Home Administrator or designee will in-service all Memory Care team

187a - Medication Record (continued)

members on Narcotic Administration Best Practices and Documentation. Target date for completion of the in-services will be [redacted].

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 of Narcotic Audits will be monitored by the Wellness Manager or designee monthly through our facility Quality Assurance/Performance Improvement (QAPI) program for the next 3 months beginning in the February QAPI meeting through April 2024 QAPI meeting reporting result for January 2024-March 2024.

Proposed Overall Completion Date: 04/02/2024

Directed Plan of Correction 1/10/24 CM:

Only the overall completion date has been directed. Overall completion date of 2/28/24

Directed Completion Date: *04/02/2024*

Implemented [redacted] ***- 02/29/2024)***