

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

March 25, 2024

[REDACTED], EXECUTIVE DIRECTOR
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 01/17/2024, 01/18/2024 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: 500 MARIS GROVE WAY, GLEN MILLS, PA, 19342
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: 1 2 **Date:** 06/28/2021 **Issued By:** Concord Township

Staffing Hours

Resident Support Staff: 185 **Total Daily Staff:** 313 **Waking Staff:** 235

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Complaint, Incident **Exit Conference Date:** 01/18/2024

Inspection Dates and Department Representative

01/17/2024 On Site: [REDACTED]
01/18/2024 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 132 **Residents Served:** 80
Special Care Unit
In Home: No **Area:** **Capacity:** **Residents Served:**
Hospice
Current Residents: 1
Number of Residents Who:
Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 80
Diagnosed with Mental Illness: 4 **Diagnosed with Intellectual Disability:** 1
Have Mobility Need: 48 **Have Physical Disability:** 6

Inspections / Reviews

01/17/2024 - Full
Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 02/18/2024

Inspections / Reviews *(continued)*

02/23/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/22/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/04/2024

03/25/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/22/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

62 Contact list

1. Requirements

2800.

62. List of Staff Persons - The administrator shall maintain a current list of the names, addresses and telephone numbers of staff persons including substitute personnel and volunteers.

Description of Violation

The staff list provided to the Department on 1/17/2024 did not include Staff Person A, hired [REDACTED].

Plan of Correction

Accept [REDACTED] - 02/23/2024)

#1A

2800.62. List of staff persons. The administrator shall maintain a current list of the names, addresses and telephone numbers of staff persons including substitute personnel and volunteers. 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?

The Assisted Living Manager or Designee will complete an education with the Human Resources Department regarding regulatory requirements of providing up-to-date staffing lists, which are to include direct care and ancillary staff working in Assisted Living. This education will be completed by March 15, 2024.

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

Assisted Living Manager or Designee will review employee lists with the Human Resources Department quarterly or as needed to ensure accuracy and compliance with this regulation. First review to occur by April 05, 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 Quarterly, starting in April 2024, for three consecutive quarters as part of the facility Quality Assurance Program.

Licensee's Proposed Overall Completion Date: 03/15/2024

Implemented [REDACTED] - 03/25/2024)

183b Medications and syringes locked

2. Requirements

2800.

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 living unit.

Description of Violation

On [REDACTED], a bottle of [REDACTED] tablets was unlocked, unattended, and accessible on the dresser in room 205.

183b Medications and syringes locked (continued)

Plan of Correction

Accept [REDACTED] - 02/23/2024)

#2B

2800.183.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 living unit. 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?

The bottle of [REDACTED] tablets identified in the resident's apartment was immediately removed upon discovery on 1/18/2024. Family was educated regarding the regulation of ensuring all medications are secured and labeled appropriately. This education was completed on January 22, 2024 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?

The Assisted Living Managers will increase the frequency of environmental rounds to once per week. This process was initiated on January 15, 2024 and will continue weekly for three consecutive months. Documentation of rounds will be kept. Goal of completion is March 29, 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 were educated by the Assisted Living Manager or Designee on the importance of bringing any environmental concerns to the attention of management when identified. This education was completed on February 08, 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.

Licensee's Proposed Overall Completion Date: 03/29/2024

Implemented ([REDACTED] - 03/25/2024)

183e Storing Medications

3. Requirements

2800.

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

Resident #1 is prescribed a daily [REDACTED] treatment, stored in a refrigerator on the first floor. According to the manufacturer's instructions, the pen should be discarded 28 days after first use. On 1/18/2024, the pen did not have a date indicating when it was first used.

183e Storing Medications (continued)

Plan of Correction

Accept ([REDACTED]) - 02/23/2024)

#3C

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2800.183. 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. 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? Upon discovery on 1/18/2024, and after reviewing how many doses were remaining, resident's medication was dated accordingly by the Medication Technician.

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 to include refrigerated medications once monthly beginning the week of January 22, 2024 and continuing through March 29, 2024. Documentation of these audits will be kept. Additionally, all medication technicians and nurses will be re-educated on the process of dating medications per manufacturer's instructions, including dating the time/date when the medication was first used. This education will be completed by the Assisted Living Manager or Designee. Goal of completion for this education will be March 29, 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 to include refrigerated medications once monthly beginning the week of January 22, 2024 and continuing through March 29, 2024. Documentation of these audits will be kept. Additionally, all medication technicians and nurses will be re-educated on the process of dating medications per manufacturer's instructions, including dating the time/date when the medication was first used. This education will be completed by the Assisted Living Manager or Designee. Goal of completion for this education will be March 29, 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.

Licensee's Proposed Overall Completion Date: 03/29/2024

Implemented ([REDACTED]) - 03/25/2024)

184b - Labeling OTC/CAM

4. Requirements

2800.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

184b - Labeling OTC/CAM (continued)

Description of Violation

On [REDACTED], a bottle of [REDACTED] belonging to resident #2 was in the resident's room and was not labeled with the resident's name.

Plan of Correction

Accept [REDACTED] - 02/23/2024)

#4D

2800.184. b If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name. 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?

The bottle of [REDACTED] tablets identified in the resident's apartment was immediately removed upon discovery on 1/18/2024. Family was educated regarding the regulation of ensuring all medications are secured and labeled appropriately. This education was completed on January 22, 2024 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?

The Assisted Living Managers will increase the frequency of environmental rounds to once per week. This process was initiated on January 15, 2024 and will continue weekly for three consecutive months. Documentation of rounds will be kept. Goal of completion is March 29, 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 were educated by the Assisted Living Manager on the importance of bringing any environmental concerns to the attention of management as soon as a concern is identified. This education was completed on February 08, 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.

Licensee's Proposed Overall Completion Date: 03/29/2024

Implemented [REDACTED] - 03/25/2024)

185a Storage procedures

5. 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

On [REDACTED], staff person B allegedly tampered with a blister pack containing resident #3's [REDACTED] e, a controlled narcotic. The back of one of the sleeves was punctured. A tablet had been removed and replaced with a different pill.

185a Storage procedures (continued)

The back of the sleeve was reattached with a piece of clear tape. Staff person B has since been terminated and the incident is under police investigation.

On [REDACTED], resident #4 had a blood sugar reading of [REDACTED]. However, it was transcribed in the home's log as [REDACTED]. Resident #3's glucometer was set to the wrong time: on [REDACTED], it displayed a time of [REDACTED].

On [REDACTED], resident #1 missed a [REDACTED] pen injection, due to staff person A mistakenly taking the pen home instead of returning it to its place after administering.

Plan of Correction

Accept [REDACTED] - 02/23/2024)

#5E

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?

- a) Maris Grove completed a thorough investigation of resident #3's narcotic medication event and provided the necessary notifications to Pennsylvania State Police, COSA, and the Department of Human Services. Staff person B was subsequently terminated due to a failure to comply with Erickson Living policies. Both resident and family were notified of the event on 1/3/24 and investigation findings on 1/12/24.
- b) Upon discovery, resident #4's glucometer was immediately calibrated to date and time on 1/18/24. A building sweep was completed by the Wellness Manager on 1/18/24 and all glucometers were checked for appropriate calibration to date and time. All medication technicians were educated by the Assisted Living Manager on glucometer calibration. These educations were completed on 2/8/24.
- c) The staff person involved in this incident was educated on 12/14/23 by the Wellness Manager on proper storage procedures. The staff member returned the pen the following morning and resident was able to receive her next scheduled dose on 12/15/23.

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

The Wellness Manager or Designee will conduct a sample audit of medication cabinets to include refrigerated medications once monthly beginning the week of January 22, 2024 and continuing through March 29, 2024. Documentation of these audits will be kept. Additionally, all medication technicians and nurses will be re-educated on the process of dating medications per manufacturer's instructions, including dating the time/date when the medication was first used. This education will be completed by the Assisted Living Manager or Designee. Goal of completion for this education will be March 29, 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 to include refrigerated medications once monthly beginning the week of January 22, 2024 and continuing through March 29, 2024.

185a Storage procedures (continued)

Documentation of these audits will be kept. Additionally, all medication technicians and nurses will be re-educated on the process of dating medications per manufacturer's instructions, including dating the time/date when the medication was first used. This education will be completed by the Assisted Living Manager or Designee. Goal of completion for this education will be March 29, 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.

Licensee's Proposed Overall Completion Date: 03/29/2024

Implemented (████) - 03/25/2024)

185b Medication procedures

6. Requirements

2800.

185.b. At a minimum, the procedures must include:

- 3. Limited access to medication storage areas.

Description of Violation

On the afternoon of ██████, staff person B was not assigned to care for or administer medications to resident #3. Resident #3 normally requests ██████ as needed for pain in the evenings. The medication is a controlled narcotic and kept in a locked container. Staff person B indicated on the narcotic log that resident #3 was administered a dose of ██████. The resident said they were not given this dose. It was later discovered that the blister pack where this pill was kept was punctured, the pill replaced with a different pill, and the packaging refastened with clear tape.

Plan of Correction

Accept (████) - 02/23/2024)

#6F

2800.185.b. At a minimum, the procedures must include: 3. Limited access to medication storage areas.

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?

Maris Grove completed a thorough investigation of resident #3's narcotic medication event and provided the necessary notifications to Pennsylvania State Police, COSA, and the Department of Human Services. Staff person B was subsequently terminated due to a failure to comply with Erickson Living policies. Both resident and family were notified of the event on 1/3/24 and investigation findings on 1/12/24. In addition, narcotic cabinet locks were changed in Evergreen Pointe on 2/5/24 to limit access to authorized staff only.

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 3 days per week. These audits will be ongoing. Additionally, all nurses and medication technicians were in-serviced by the

185b Medication procedures (continued)

Assisted Living Manager on narcotic administration management and storage procedures. This in service was completed on 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 3 days per week. These audits will be ongoing. Additionally, all nurses and medication technicians were in serviced by the Assisted Living Manager on narcotic administration management and storage procedures. This in service was completed on 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.

Licensee's Proposed Overall Completion Date: 03/29/2024

Implemented (redacted) - 03/25/2024)

187b Date/time of med admin

7. 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 is prescribed one tablet containing (redacted) every six hours as needed for pain. Resident #4's medication administration record is missing the initials of the staff person who administered this medication on 12/24/2023 at 9:30 pm.

Plan of Correction

Accept (redacted) - 02/23/2024)

#7G

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?

The staff person who administered the medication on 12/24/23 was interviewed and re educated on the 5 rights of medication administration which was conducted by the Assisted Living Manager's on 2/2/24.

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

187b Date/time of med admin (continued)

The Assisted Living Manager or Designee will run an exception report in MyUnity once weekly for a period of 4 weeks to identify any missing documentation of medication administration in Evergreen Pointe. Records of exception reports shall be kept. Appropriate follow up to occur with medication technicians failing to comply with this regulation.

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 run an exception report in MyUnity once weekly for a period of 4 weeks to identify any missing documentation of medication administration in Evergreen Pointe. Records of exception reports shall be kept. Appropriate follow up to occur with medication technicians failing to comply with this regulation.

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.

Licensee's Proposed Overall Completion Date: 03/29/2024

Implemented (████) - 03/25/2024)

187d Follow prescriber's orders

8. Requirements

2800.

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

Description of Violation

Resident #1 receives a █████ injection once a day at █████. However, resident #1 was not administered the dose on 12/24/2023 due to a staff person taking the pen home from their shift by accident.

Resident #5 is prescribed a █████ extended release █████ every eight hours. Resident #5's MAR indicates the resident was not administered the █████ dose on █████

Plan of Correction

Accept █████ - 02/23/2024)

#8F

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?

- a) The staff person involved in this incident was immediately educated upon discovery on 12/14/23 by the Wellness Manager on proper storage procedures. The staff member returned the pen the following morning and resident was able to receive her next scheduled dose on 12/15/23.
- b) All nurses and medication technicians were in-serviced by the Assisted Living Manager on the proper

187d Follow prescriber's orders (continued)

procedures for documenting medication administration in real time. This training was completed on February 08, 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 Wellness Manager or Designee will conduct a sample audit of medication cabinets to include refrigerated medications once monthly beginning the week of January 22, 2024 and continuing through March 29, 2024. Documentation of these audits will be kept. Additionally, all medication technicians and nurses will be re educated on the process of dating medications per manufacturer's instructions, including dating the time/date when the medication was first used. This education will be completed by the Assisted Living Manager or Designee. Goal of completion for this education will be March 29, 2024. Additionally, The Assisted Living Manager or Designee will run an exception report in MyUnity once weekly for a period of 4 weeks to identify any missing documentation of medication administration in Evergreen Pointe. Records of exception reports shall be kept. Appropriate follow up to occur with medication technicians failing to comply with this regulation.

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 to include refrigerated medications once monthly beginning the week of January 22, 2024 and continuing through March 29, 2024. Documentation of these audits will be kept. Additionally, all medication technicians and nurses will be re educated on the process of dating medications per manufacturer's instructions, including dating the time/date when the medication was first used. This education will be completed by the Assisted Living Manager or Designee. Goal of completion for this education will be March 29, 2024. Additionally, The Assisted Living Manager or Designee will run an exception report in MyUnity once weekly for a period of 4 weeks to identify any missing documentation of medication administration in Evergreen Pointe. Records of exception reports shall be kept. Appropriate follow up to occur with medication technicians failing to comply with this regulation.

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.

Licensee's Proposed Overall Completion Date: 03/29/2024

Implemented ([REDACTED]) - 03/25/2024)