

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

March 19, 2024

[REDACTED]
WAVERLY HEIGHTS LTD
[REDACTED]
[REDACTED]

RE: WAVERLY HEIGHTS
P.O.BOX 179, 1400 WAVERLY ROAD
GLADWYNE, PA, 19035
LICENSE/COC#: 12782

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/15/2024 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: *WAVERLY HEIGHTS* License #: *12782* License Expiration: *06/08/2024*
 Address: *P.O.BOX 179, 1400 WAVERLY ROAD, GLADWYNE, PA 19035*
 County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *WAVERLY HEIGHTS LTD*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *06/10/2021* Issued By: *Lower Merion Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *73* Waking Staff: *55*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Incident* Exit Conference Date: *02/15/2024*

Inspection Dates and Department Representative

02/15/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *82* Residents Served: *62*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *4*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *62*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *11* Have Physical Disability: *0*

Inspections / Reviews

02/15/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/02/2024*

02/28/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *03/15/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/01/2024*

Inspections / Reviews *(continued)*

02/28/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/15/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 03/15/2024

03/19/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/15/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

141a - Medical Evaluation

1. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident [redacted] did not have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department.

Resident [redacted] did not have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department.

Plan of Correction

Accept [redacted] - 02/28/2024)

On [redacted] Waverly Heights has submitted a request for waiver to allow the use of electronic forms in place of the paper DHS forms for the DME. All residents have the electric form signed by their physician on their chart. To prevent re-occurring violation, all new admissions and annual DME's will be done on the DHS form moving forward. Our waiver is still pending, so this Plan of Correction will stay in effect permanently or until approval of our requested waiver is received. The Personal Care Administrator, or designee, will ensure the forms are completed per DHS regulations in coordination with the resident's physician.

Licensee's Proposed Overall Completion Date: 02/28/2024

Implemented [redacted] 03/19/2024)

224a - Preadmission Screen Form

2. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department’s preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident [redacted] was admitted to the home on [redacted]; however, the resident’s preadmission screening form was not completed on the Department's preadmission screening form.

Resident [redacted] was admitted to the home on [redacted]; however, the resident’s preadmission screening form was not completed on the Department's preadmission screening form.

Plan of Correction

Accept [redacted] - 02/28/2024)

On [redacted] Waverly Heights has submitted a request for waiver to allow the use of electronic forms in place of the paper DHS forms for the Preadmission Screening. All residents have the electric form on their chart. To prevent re-occurring violation, each resident's preadmission screening will be redone on the DHS form and attached to the original online version. All new admissions' Preadmission Screening will be completed on the DHS form. Our waiver is still pending, so this Plan of Correction will stay in effect permanently or until approval of our requested waiver is received. The Personal Care Administrator, or designee, will complete the DHS preadmission screening form per DHS regulations for all new admissions. The forms for our existing residents will be redone by March 15th, 2024 to ensure they are on the DHS form. This will be completed by the Personal Care Administrator, or designee.

224a - Preadmission Screen Form (continued)

Proposed Overall Completion Date: 02/28/2024

Licensee's Proposed Overall Completion Date: 02/28/2024

Implemented [REDACTED] - 03/19/2024)