

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

May 14, 2024

[REDACTED], ADMINISTRATOR
MAPLE VILLAGE
[REDACTED]

RE: WESLEY ENHANCED LIVING UPPER
MORELAND
2815 BYBERRY ROAD
HATBORO, PA, 19040
LICENSE/COC#: 12791

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/26/2024 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: WESLEY ENHANCED LIVING UPPER MORELAND License #: 12791 License Expiration: 02/27/2025
Address: 2815 BYBERRY ROAD, HATBORO, PA 19040
County: MONTGOMERY Region: SOUTHEAST

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: MAPLE VILLAGE
Address: 2815 BYBERRY ROAD, HATBORO, PA, 19040
Phone: 2156750103 Email: DFROST@WEL.ORG

Certificate(s) of Occupancy

Type: C-2 LP Date: 01/31/2000 Issued By: CWOPA L&I
Type: Other Date: 02/03/2000 Issued By: Upper Moreland Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 34 Waking Staff: 26

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 02/26/2024

Inspection Dates and Department Representative

02/26/2024 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 52 Residents Served: 33

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: 33
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 1 Have Physical Disability: 0

Inspections / Reviews

02/26/2024 Full

Lead [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 03/22/2024

04/05/2024 - POC Submission

Submitted By: [Redacted] Date Submitted: 05/13/2024
Reviewer: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 04/10/2024

Inspections / Reviews (*continued*)

04/11/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/13/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/30/2024

05/08/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/13/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/10/2024

05/14/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/13/2024

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, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan during training year 2023.

Plan of Correction

Accept (████) - 04/11/2024)

Relias training module: Assisting with self-administration of medications: Guidelines was assigned to all PC staff by the PCHA to be completed by 4/20/24. Wesley learning center staff are adding this module to all PC annual training plans moving forward as part of annual mandatory training.

Prescreen/RASP/DME training is being provided by the PCHA for all PC staff. This will be completed by 4/20/24. This training will also be added to the annual training plan to be completed by the PCHA.

All employee training files will be audited by the PCHA quarterly on going. First audit completed 4/1/24.

Licensee's Proposed Overall Completion Date: 04/20/2024

Implemented (████) - 05/08/2024)

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. 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 during training year January 2023 to December 2023.

65g - Annual Training Content (continued)

Plan of Correction

Accept () - 04/11/2024)

Fire Safety Training will be provided for all PC staff quarterly by the Director of Facilities who has been trained by a fire safety expert. Next training offered 4/17/2024. Training files will be audited quarterly ongoing by the PCHA. First audit to be completed by 4/16/2024.

Licensee's Proposed Overall Completion Date: 04/17/2024

Implemented () - 05/08/2024)

81a - Accomodation

3. Requirements

2600.

81.a. The home shall provide or arrange for physical site accommodations and equipment necessary to meet the health and safety needs of a resident with a disability and to allow safe movement within the home and exiting from the home.

Description of Violation

Resident 1's bed is equipped with a bedside mobility device that has an overall opening of 17 inches wide and 33 1/2 inches long. The height between the top of the enabler to the bed frame is 19 inches high. These areas exceed the FDA guidelines for areas of entrapment. The device is not covered.

Resident 2's bed is equipped with a bedside mobility device that has an opening of 11 inches wide and 13 inches high. These areas exceed the FDA guidelines for areas of entrapment. The device is covered with a pillowcase which is not secure.

Plan of Correction

Accept () - 04/11/2024)

As of 3/27/24 New bedside mobility devices, Signature Life Confidence Bed Handle Portable Sit & Stand Assist Bar have been purchased & installed for resident 2 & 3. It was determined that resident 1 is no longer able to use the bedside device without the assistance of staff, it has therefore been removed. Resident states that she rings her pendant for assistance when getting into & out of bed.

Home Rules are being updated & will state that any resident requesting to use a bedside mobility device must speak with the PCHA prior to purchasing any equipment. Any device purchased must be approved by the administrator to ensure that it meets regulatory requirements. Once a request is made the resident will be assessed to determine the intended use for the bedside device. If appropriate the request to use such device will be submitted to the residents physician to obtain an order. PT/OT eval will then be submitted to assist in determining if the resident can use the device as intended by the manufacturer.

Maintenance will be responsible for checking all bedside devices quarterly to assess that they are properly installed and maintained and remain appropriate for use. Devices were installed on 3/27/24 and deemed appropriate.

Bed rail prompt added to EMAR, staff instructed to notify PCHA if rail has been altered in any way or resident no longer using device as intended.

Licensee's Proposed Overall Completion Date: 04/15/2024

Implemented () - 05/14/2024)

81b - Resident Personal Equipment

4. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident 3 has a bedside mobility device that is attached to a board that was slid under the resident's mattress and not securely attached to the frame of the bed.

Plan of Correction

Accept () - 04/11/2024

As of 3/27/24 a new bedside mobility device, Signature Life Confidence Bed Handle Portable Sit & Stand Assist bar has been purchased & installed.

Home Rules are being updated & will state that any resident requesting to use a bedside mobility device must speak with the PCHA prior to purchasing any equipment. Any device purchased must be approved by the administrator to ensure that it meets regulatory requirements. Once a request is made the resident will be assessed to determine the intended use for the bedside device. If appropriate the request to use such device will be submitted to the residents physician to obtain an order. PT/OT eval will then be submitted to assist in determining if the resident can use the device as intended by the manufacturer.

Maintenance will be responsible for checking all bedside devices quarterly to assess that they are properly installed and maintained and remain appropriate for use. Device was installed on 3/27/24 and deemed appropriate.

Bed rail prompt added to EMAR, staff instructed to notify PCHA if rail has been altered in any way or resident no longer using device as intended.

Licensee's Proposed Overall Completion Date: 04/15/2024

Implemented () - 05/14/2024

85a - Sanitary Conditions

5. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 2/26/24 at 9:36 am, The toilet in room 115 had feces smeared on it and there were soiled pants hanging on the grab bar next to the toilet.

Plan of Correction

Accept () - 04/11/2024

PCHA spoke with all PC staff to review steps to respond to such situations:

- Use Sani-Cloth wipes to sanitize any soiled surfaces
- Notify housekeeping on duty that cleaning is needed. If housekeeping is not present in the building a work order must be submitted at the front desk with high priority.
- Any soiled clothing, towels, linen must be laundered immediately.

* Night shift staff meeting with PCHA is scheduled for 4/4/24 @11pm. In-service training provided on 3/25/24. Five resident apartments will be checked monthly on-going to ensure compliance by the PCHA or Wellness Nurse. The 1st audit was completed on 4/9/24.

Licensee's Proposed Overall Completion Date: 04/10/2024

85a - Sanitary Conditions *(continued)*

Implemented (████) - 05/08/2024)

85d - Trash Receptacles

6. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 2/26/24 there were 2 uncovered, unattended trash cans in the first floor kitchenette.

Plan of Correction

Accept (████) - 04/11/2024)

The swing lids on both cans were not working properly causing the flaps to remain open. New lids were ordered & replaced by the Director of Culinary Services.

On 3/6/2024 the Director of Culinary Services also provided training regarding all dining violations as outlined in this report. Material pulled directly from the RCG was used to provide training.

Lids on both trash cans were replaced on: 2/29/24

The Dining Manager will perform monthly audits to ensure that all trash cans are in good working order. Any cans with missing or broken lids will be replaced immediately.

First audit will be done on 4/11/24.

Licensee's Proposed Overall Completion Date: 04/11/2024

Implemented (████) - 05/08/2024)

103g - Storing Food

7. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

The bins of chicken tenders and french fries in the first floor kitchenette freezer were opened and unsealed.

Plan of Correction

Accept (████) - 04/11/2024)

The swing lids on both cans were not working properly causing the flaps to remain open. New lids were ordered & replaced by the Director of Culinary Services.

On 3/6/2024 the Director of Culinary Services also provided training regarding all dining violations as outlined in this report. Material pulled directly from the RCG was used to provide training.

The Dining Manager will perform monthly audits to ensure that all food items are in closed or sealed containers.

First audit will be done on 4/11/24.

Licensee's Proposed Overall Completion Date: 04/11/2024

Implemented (████) - 05/08/2024)

103i Outdated Food

8. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

There was unlabeled, undated chocolate cake, cheesecake, and an open bag of lettuce in the first floor kitchenette refrigerator.

Plan of Correction

Accept (█) - 04/11/2024)

The swing lids on both cans were not working properly causing the flaps to remain open. New lids were ordered & replaced by the Director of Culinary Services.

On 3/6/2024 the Director of Culinary Services also provided training regarding all dining violations as outlined in this report. Material pulled directly from the RCG was used to provide training.

The Dining Manager will perform monthly audits to ensure that all food items are properly labeled.

First audit will be done on 4/11/24.

Licensee's Proposed Overall Completion Date: 04/11/2024

Implemented (█) - 05/08/2024)

131c Kitchen Fire Extinguisher

9. Requirements

2600.

131.c. A fire extinguisher with a minimum 2A 10BC rating shall be located in each kitchen. The kitchen extinguisher must meet the requirements for one floor as required in subsection (a).

Description of Violation

The fire extinguisher in the first floor kitchenette was overcharged.

Plan of Correction

Accept (█) - 04/11/2024)

Cintas was contacted immediately to service the extinguisher. They are also the vendor contracted to provide ongoing maintenance & inspections. The extinguisher was serviced on 2/29/2024.

Cintas inspects all extinguishers annually. Maintenance staff performs monthly inspections. Director of facilities will perform an audit in advance of monthly safety committee meetings to review findings. Next audit/ safety meeting 4/11/24. Safety meetings are held the 2nd Thursday of every month, audits will be completed prior to each meeting.

Licensee's Proposed Overall Completion Date: 04/11/2024

Implemented (█) - 05/08/2024)

162c Menus Posted

10. 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

The home's menu for 2/26/24 was posted. The home did not have a two week menu posted.

162c - Menus Posted (continued)

Plan of Correction

Accept () - 04/05/2024

On 3/14/2024 a waiver was submitted, response pending from DHS. Our residents dine in a restaurant setting, they are provided an extensive menu at each meal. This allows the resident many options as opposed to a weekly menu which allows for less choice. Waiver with menu's attached.

Licensee's Proposed Overall Completion Date: 03/27/2024

Implemented () - 05/08/2024

183d - Prescription Current

11. Requirements

2600.

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

Description of Violation

On (), () prescribed for resident 4, was in the home's medication cart; however, the medication was discontinued on ()

Plan of Correction

Accept () - 04/11/2024

Phoebe pharmacy supplies all medications. Medications are packed in a pill pack dosing system that is refilled on a weekly cycle. Pharmacy manager & lead pharmacist have been contacted and made aware that any time a medication is discontinued that a new cycle must be sent immediately. They were advised that packets may not be altered and kept in the medication cart until next cycle.

Med cart audits to be completed by the Med Techs on duty every Thursday on the 3-11 shift. Routine audits will begin effective 4/11/24.

PCHA will review requirements of 183d with all PC staff. Training will be completed by 4/17/24.

Licensee's Proposed Overall Completion Date: 04/17/2024

Implemented () - 05/14/2024

185a - Implement Storage Procedures

13. 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

The glucometer for resident 4 was not calibrated for the correct date and time. On (), the glucometer read ()

On () the () blood sugar reading for resident 4 is recorded as () however the resident's glucometer read 315.

Plan of Correction

Accept () - 04/11/2024

PCHA provided training on 3/25/2024 with regards to the violation as listed above. Staff will utilize documents

185a Implement Storage Procedures (continued)

created to track blood sugars as well as to ensure staff are checking glucometer calibration twice daily. Any machine that is not calibrated properly must be corrected as soon as it is identified.

Med Techs are verifying glucometer calibration as well as glucometer readings on 7 3 & 3 11 shifts daily. New tracking sheets were implemented on 4/1/24.

Tracking sheets will be audited weekly by the PCHA or Wellness nurse to ensure compliance. First audit completed 4/9/24.

Licensee's Proposed Overall Completion Date: 04/10/2024

Implemented [redacted] - 05/14/2024)

187b - Date/Time of Medication Admin.

14. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

On [redacted] were not administered to resident 4. However the medications were documented as administered on the medication administration record.

On [redacted] was not administered to resident 5. However the medication was documented as administered on the medication administration record.

Plan of Correction

Accept [redacted] - 04/11/2024)

Resident 4's MD was advised of the missed doses as well as the POA. No new orders were given by the MD. I spoke with the staff person who had been on duty, staff was reminded that medications should only be signed for after having been administered.

This PCHA was on the cart administering medications when the state arrived. Resident 5 had refused his cream; this should have been noted on the MAR. The medical director was notified, no new orders were given.

Training was also provided by the PCHA on 3/25/2024.

Med techs will be responsible for completing an audit at the end of every shift by way of looking at each residents med dose packets to verify that only future packets are remaining in the cart. Any missed doses (packets) in cart will be reported to PCHA immediately for follow up. Audits to begin 4/17/24.

Licensee's Proposed Overall Completion Date: 04/17/2024

Implemented [redacted] - 05/14/2024)

227d - Support Plan Medical/Dental

15. Requirements

2600.

227.d. Each home shall document in the resident’s support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident’s physician, physician’s assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The support plan for resident 1 dated [REDACTED] indicates the resident needs a bedside mobility device, but does not include the specific need for the device, the intended use and any risks associated with the use, the resident’s ability to use the device safely for the purpose it was intended, identification of the specific device to be used and whether a cover is required to meet FDA guidelines.

The support plan for resident 2 dated [REDACTED], indicates the resident needs a bedside mobility device, but does not include the specific need for the device, the intended use and any risks associated with the use, the resident’s ability to use the device safely for the purpose it was intended, identification of the specific device to be used and whether a cover is required to meet FDA guidelines.

The support plan for resident 3 dated [REDACTED], indicates the resident needs a bedside mobility device, but does not include the specific need for the device, the intended use and any risks associated with the use, the resident’s ability to use the device safely for the purpose it was intended, identification of the specific device to be used and whether a cover is required to meet FDA guidelines.

Plan of Correction

Accept [REDACTED] - 04/11/2024)

PCHA was not aware of 6/26/23 update until just prior to inspection. We were in the preliminary stages of working on a plan for compliance. PCHA has reviewed the update from 6/26/23 and is now aware of all requirements. Care plans were updated by the PCHA on 3/27/24. PCHA is responsible for the documentation of all bedside devices to ensure compliance with the requirements of the 6/26/23 update. Any new bedside devices are approved, implemented & added to the RASP by the PCHA only.

Licensee's Proposed Overall Completion Date: 04/10/2024

Implemented [REDACTED] - 05/08/2024)

252 - Record Content

16. Requirements

2600.

252. Content of Resident Records - Each resident’s record must include the following information:

- 3. A photograph of the resident that is no more than 2 years old.

Description of Violation

Resident 1's record does not include a photograph of the resident that is no more than 2 years old.

Resident 2's record does not include a photograph of the resident that is no more than 2 years old.

Plan of Correction

Accept [REDACTED] - 04/11/2024)

All residents had current photos in their EMAR charts at the time of inspection. PCHA printed photos and placed one in every paper chart post inspection, this was completed by 3/15/24.

PCHA is responsible for tracking all resident photos. Audits will be done by PCHA quarterly to ensure compliance.

252 Record Content (continued)

Next audit 2nd quarter, 5/1/24.

Licensee's Proposed Overall Completion Date: 04/10/2024

Implemented ([REDACTED] - 05/08/2024)