

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

July 1, 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 04/18/2024 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: [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: *123* Waking Staff: *92*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *04/18/2024*

Inspection Dates and Department Representative

04/18/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *132* Residents Served: *83*

Special 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: *83*
 Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *40* Have Physical Disability: *4*

Inspections / Reviews

04/18/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/26/2024*

Inspections / Reviews *(continued)*

05/28/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/21/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 06/28/2024

07/01/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/21/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

23a ADL assistance

1. Requirements

2800.

23.a. A residence shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

According to resident [REDACTED] current ASP dated [REDACTED] resident [REDACTED] requires total assistance with toileting, bladder and bowel management/incontinence care and hygiene which includes dressing/undressing. On [REDACTED] resident [REDACTED] exhibited a need for assistance with these ADL's and did not receive care in a prompt manner. Resident was taken to their room, told to undress and wait for a staff persons return. Resident also has moderate need for understanding directions. Resident became upset when staff person told them to undress themselves and wait because resident thought the staff person told them to provide their own care and clean up. Staff person A returned to the resident's room after 10 minutes and after providing care to other residents.

Plan of Correction

Accept [REDACTED] - 05/28/2024)

What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?

All Care Associates will be educated by the Assisted Living Manager or Designee regarding Resident [REDACTED] care plan and specific needs as outlined in their Assessment-Support Plan. This education will be completed by June 21st 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 conduct a sample audit of 10 ASP's monthly for the next 3 consecutive months to ensure care plans are reviewed, updated, and any changes are communicated as appropriate to the care team in daily staff meetings.

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 conduct a building-wide education with all care staff to ensure the team understands expectations for reviewing and implementing each resident's Assessment-Support Plan as appropriate. This education will be completed by June 21st 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 June 2024, for three consecutive months as part of the facility Quality Assurance Program.

Licensee's Proposed Overall Completion Date: 06/21/2024

23a ADL assistance (continued)

Implemented [REDACTED] - 07/01/2024)

42c Dignity/Respect

2. Requirements

2800.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [REDACTED], at approximately 9:00 pm, staff person A found resident [REDACTED] soaked in urine and feces downstairs in the lobby. Staff person A brought resident [REDACTED] up to their room. Staff person A then told resident to go into the bathroom undress themselves and sit on the toilet while the staff person went to assist other residents. Resident [REDACTED] requires hands on assistance with toileting, incontinence care and hygiene and has a moderate need for understanding directions. Staff person A left resident [REDACTED] alone in [REDACTED] bathroom for at least 10 minutes while staff person A administered medication to two other residents on a different floor. Resident [REDACTED] was distressed and upset as they believed the staff person told them to clean themselves since the staff person left them alone.

Plan of Correction

Accept [REDACTED] - 05/28/2024)

What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?

Upon returning Staff Person A to work, which has not yet occurred, Staff Person A will be immediately educated on Resident Rights, specifically dignity and respect, and will also receive performance counseling by the Assisted Living Manager per Erickson Senior Living policy. Additionally, Staff Person A will no longer be supporting Resident 1's assignment.

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 participates monthly in Resident Council meetings to monitor for any concerns or themes relating to care and services. Any concerns will be addressed timely and appropriately by the Assisted Living Manager or Designee, while following Erickson Senior Living's concern policy. Residents will be encouraged to utilize the facility Concern/Grievance process to communicate any concerns or challenges timely for appropriate follow up. This practice is ongoing as part of our facility QAPI plan.

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 conduct a building-wide re-education with all care staff regarding Resident Rights and the expectation that services are provided in a dignified and respectful manner at all times. This education will be completed by June 21st 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 June 2024, for three consecutive months as part of the facility Quality Assurance Program.

42c Dignity/Respect (continued)

Licensee's Proposed Overall Completion Date: 06/21/2024

Implemented [redacted] - 07/01/2024)

227c Final support plan - revision

3. Requirements

2800.

227.c. The final support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment. The residence shall review each resident's final support plan on a quarterly basis and modify as necessary to meet the resident's needs.

Description of Violation

Resident [redacted] most recent Assessment and Support plan was completed on [redacted]. Resident has recently exhibited an increased need related to behavioral health, such as aggression or agitation, and understanding instructions, as well as decline in ability to do some things independently. Resident receives 1:1 assistance on Mondays and Thursdays for assistance with meals and due to resident's behavior in the residence, as stated by staff in the residence. These changes in needs have not been updated on the resident's current support plan

Plan of Correction

Accept [redacted] - 05/28/2024)

What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?

The Assisted Living Manager updated Resident [redacted] Assessment Support Plan on [redacted] to reflect their increase in actions and expressions, behavioral health interventions, and current need for 1:1 assistance during meals. This document shall be updated quarterly or as needed.

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 conduct a sample audit of 10 ASP's monthly beginning June 2024, for the next 3 consecutive months to ensure care plans are reviewed, updated, and any changes are communicated as appropriate to the care team in daily staff meetings. This audit will continue quarterly thereafter. Documentation of these audits will be kept.

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 conduct a sample audit of 10 ASP's monthly beginning June 2024, for the next 3 consecutive months to ensure care plans are reviewed, updated, and any changes are communicated as appropriate to the care team in daily staff meetings. This audit will continue quarterly thereafter. Documentation of these audits shall be kept.

How the corrective action will be monitored to ensure that the deficient practice will not recur i.e. what quality

227c Final support plan - revision (continued)

assurance programs will be established?

Compliance will be monitored by the Assisted Living Manager or Designee monthly, starting in June 2024, for three consecutive months as part of the facility Quality Assurance Program.

Licensee's Proposed Overall Completion Date: 06/21/2024

Implemented ([REDACTED] - 07/01/2024)