

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

August 9, 2024

[REDACTED], EXECUTIVE DIRECTOR  
MARIS GROVE INC  
500 MARIS GROVE WAY  
GLEN MILLS, PA, 19342

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/02/2024, 06/07/2024 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 License #: 13466 License Expiration: 03/11/2025  
 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: 500 MARIS GROVE WAY, GLEN MILLS, PA, 19342  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

**Staffing Hours**

Resident Support Staff: Total Daily Staff: 80 Waking Staff: 60

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Incident Exit Conference Date: 06/07/2024

**Inspection Dates and Department Representative**

05/02/2024 On Site: [REDACTED]  
 06/07/2024 On Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: 66 Residents Served: 40

**Secured Dementia Care Unit**  
 In Home: Yes Area: whole area Capacity: 66 Residents Served: 40

**Hospice**  
 Current Residents: 2

**Number of Residents Who:**  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 40  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 40 Have Physical Disability: 0

**Inspections / Reviews**

05/02/2024 - Partial  
 Lead Inspector: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 06/21/2024

Inspections / Reviews (*continued*)

07/01/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/08/2024

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 07/06/2024

07/02/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/08/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 07/31/2024

08/09/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/08/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 42b - Abuse

**1. Requirements**

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

**Description of Violation**

Resident #1 was admitted to the home on [REDACTED]. The resident began expressing sexually aggressive behaviors shortly after admission, such as making comments to staff such as: "now it's time for an orgasm" and "you have nice titties". Resident # 1 also sought out the company of Resident # 2, made sexual comments to and would try to physically touch Resident # 2. Other behaviors include:

- On [REDACTED] Resident # 1 asked staff where Resident #2's apartment was, and stated they wanted to take Resident # 2 to the gynecologist. Resident # 1 was redirected from Resident # 2 during this interaction.
- On [REDACTED] Resident # 1 wandered into Resident # 3's bedroom during sleeping hours. Resident # 1 was observed naked in resident #3's bed with their arm around Resident # 3's waist. Resident # 3's shirt was open exposing the resident's chest.
- On [REDACTED], during lunch, Resident # 1 and Resident #4 were in the dining room. Resident # 1 touched Resident #4's breast over clothing. Both Staff Member A and Resident # 4 told Resident #1 to "stop it." Resident # 1 then moved their hand between Resident # 4's legs to the vulvar area. Again, both Staff Member A and Resident # 4 told the resident to "stop it" and to "get up". The resident was redirected from the room. Resident # 4 did not remember the interaction or appear to be upset, and did not sustain redness or bruising of the skin as a result of touching. Resident # 1 and Resident # 4 were fully clothed during the entire interaction. Resident #1 was provided with 1 to 1 supervision after this interaction.

Resident # 1's assessment and support plan, dated [REDACTED], did not include that this resident often wandered in and out of other residents' rooms or inappropriate sexual behavior. It also stated the resident had a need of "actions and expressions towards others" but the plan did not define these behaviors or develop a plan to meet this need. The home did not re-evaluate the resident or update the support plan upon observing the sexually aggressive behaviors. On [REDACTED] Resident # 1 was sent out for a behavioral health evaluation, and thereafter discharged from the home.

Repeated violation 5/9/23, 7/24/23

**Plan of Correction**

Accept [REDACTED] - 07/02/2024)

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 the deficient interaction was identified the Personal Care Home Administrator and Clinical leadership immediately put into place a plan of supervision with 24 hour 1-1 support. The 1-1 support continued until the resident could be admitted for a psychiatric stay to address the non-consensual actions and expressions. The resident was transferred to the Psychiatric Facility on 5/7/24. Upon notification of discharge from the psychiatric unit the Personal Care Home Administrator and Clinical leadership met to determine a safe discharge plan and the resident was discharged to Skilled Nursing for more clinical oversight.

42b - Abuse (continued)

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 Personal Care Administration and Clinical leadership assessed the resident population and due to the nature of the Memory Care population and the potential for other resident's being affected by the deficient interaction on 4/30/24 the Personal Care Administrator immediately put into place a plan of supervision with 24 hour 1-1 support for Resident #1. The 1-1 support continued until the Resident #1 could be admitted for a psychiatric stay to address the non-consensual actions and expressions. The resident was transferred to the Psychiatric Facility on [REDACTED]. All subsequent interactions were monitored and redirection was provided by Resident 1's 1-1 support and facility staff.

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

The Personal Care Administrator of designee will ensure a thorough prescreen is completed and if A&E's that have the potential for deficient practices are identified a plan of supervision will be put in place or the recommendation will be made for a higher level of care. The Personal Care Administrator will re-educate the Clinical Leadership team and Personal Care designees on a thorough Pre-screen. The Personal Care Manager or designee will audit 10% of total existing prescreens for accuracy of assessment, detail on A&E's and thorough identification of risk. The target date for completion will be July 31, 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?

The Personal Care Manager or designee will report monthly on the Prescreen audits through our facility Quality Assurance/Performance Improvement (QAPI) program for the next 3 months beginning in the July 2024 QAPI meeting through September 2024 QAPI meeting reporting result for June 2024-August 2024 audits. Target date for completion of the in-services will be July 21, 2024.

Proposed Overall Completion Date: 07/31/2024

Licensee's Proposed Overall Completion Date: 07/31/2024

Implemented ([REDACTED] - 08/09/2024)

225a - Assessment 15 Days

2. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #1's assessment, dated [REDACTED] does not include the resident's need to be re-oriented to Resident #1's room. Resident # 1 wanders into other resident's rooms. On [REDACTED] Resident # 1 wandered into Resident # 3's room and got into bed with Resident # 3.

225a - Assessment 15 Days (continued)

Plan of Correction

Accept (████ - 07/02/2024)

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?

Upon discovery of the deficient practice on the Personal Care Administrator reviewed and updated the Resident Assessment and Support Plan (RASP) on █████ to include the resident's actions and expression exploring of his environment, sleeping in others beds, as well as, the plan to meet █████ needs.

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 Personal Care Administrator or designee will audit 25% of the Resident Assessment and Support Plan (RASP) to ensure A&E's are accurately reflected. The target date for completion will be July 31, 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 Personal Care Administrator of designee will review all Resident Assessment and Support Plan (RASP) for new admissions at the 30 day mark alongside the facility's My Health and Wellness Assessment and make updates as appropriate.

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 RASP Audits will be monitored by the Personal Care Administrator of designee and reported monthly through our facility Quality Assurance/Performance Improvement (QAPI) program for the next 3 months beginning in the July 2024 QAPI meeting through September 2024 QAPI meeting reporting result for June 2024-August 2024 audits.

Licensee's Proposed Overall Completion Date: 07/31/2024

Implemented (████ - 08/09/2024)

227a - Support Plan 30 Days

3. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident # 1 was admitted on █████; however, the resident's initial support plan dated █████ does not include how

**227a - Support Plan 30 Days (continued)**

*the need of "actions and expressions" will be met by the home.*

**Plan of Correction**

**Accept** [REDACTED] - 07/02/2024)

*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?*

*Upon discovery of the deficient practice, the Personal Care Administrator reviewed and updated the Resident Assessment and Support Plan (RASP) on [REDACTED] to include the resident's specific actions and expression of exploring of his environment, sexually explicit comments as well as, the plan to meet [REDACTED] needs.*

*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 Personal Care Administrator or designee will audit 25% of the Resident Assessment and Support Plan (RASP) to ensure A&E's are accurately reflected. The target date for completion will be July 31, 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 Personal Care Administrator of designee will review all Resident Assessment and Support Plan (RASP) for new admissions at the 30 day mark alongside the facility's My Health and Wellness Assessment and make updates as appropriate.*

*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 RASP Audits will be monitored by the Personal Care Administrator of designee and reported monthly through our facility Quality Assurance/Performance Improvement (QAPI) program for the next 3 months beginning in the July 2024 QAPI meeting through September 2024 QAPI meeting reporting result for June 2024-August 2024 audits.*

*Proposed Overall Completion Date: 07/31/2024*

**Licensee's Proposed Overall Completion Date: 07/31/2024**

**Implemented** [REDACTED] - 08/09/2024)