pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail
February 6, 2025

Assisted Living Manager
Maris Grove, Inc.
500 Maris Grove Way
Glen Mills, Pennsylvania 19342

RE: Maris Grove, Inc., Evergreen Pointe
License #: 14821

Dear

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department) review on August 7, 2024 and October 22, 2024 of the above facility, we have determined that your submitted plan of correction for the June 26 and 28, 2024 inspection is not implemented. Correction of these violations in accordance with the specified plan of correction is required. Continued compliance must be maintained.

Sincerely,

Enclosure
Licensing Inspection Summary

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

Facility Information

Name: *MARIS GROVE INC, EVERGREEN POINTE* **License #**: *14821* **License Expiration**: *07/20/2025*

Address: *500 MARIS GROVE WAY, GLEN MILLS, PA 19342*

County: *DELAWARE* **Region**: *SOUTHEAST*

Administrator

Name: [redacted], *Assisted Living Manager* **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: *I-2* **Date**: *06/28/2021* **Issued By**: *Concord Twp*

Staffing Hours

Resident Support Staff: **Total Daily Staff**: *131* **Waking Staff**: *98*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Incident* **Exit Conference Date**: *06/28/2024*

Inspection Dates and Department Representative

06/26/2024 - On-Site: [redacted]

06/28/2024 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *132* **Residents Served**: *87*

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**: *87*

Diagnosed with Mental Illness: *3* **Diagnosed with Intellectual Disability**: *1*

Have Mobility Need: *44* **Have Physical Disability**: *3*

Inspections / Reviews

06/26/2024 - Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/29/2024*

08/07/2024 - POC Submission

Submitted By: [redacted] **Date Submitted**: *07/29/2024*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *08/24/2024*

02/06/2025 - Document Submission

Submitted By: [redacted] **Date Submitted**: *08/24/2024*

Reviewer: [redacted] **Follow-Up Type**: *Exception*

17 Record confidentiality

1. Requirements

2800.

17. Confidentiality of Records - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 6/26/2024, at 2:29 pm, a laptop with the medication administration record of Resident 1 was unlocked, unattended, and accessible in the hall outside of room 307.

Plan of Correction ***Accept (█ - 08/07/2024)***

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

On 6/26/24 at 2:29 pm, a laptop with the physical therapy treatment record for Resident 1 was unattended. A counseling was issued to this employee By the Rehab Department Manager on 7/3/2024 per Erickson Senior Living Policy. Employee was also re-educated on Erickson's policy of Confidentiality of Records on 7/3/2024 by the Rehab Department 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 Manager or Designee will complete environmental rounds 3 times weekly for a period of one month with goal of ensuring resident records maintained and managed appropriately. These walking rounds will begin the week of 7/29/2024. Documentation of environmental rounds 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 complete a building-wide re-education with all staff on Erickson Senior Living's Confidentiality of Records Policy. The goal of completion for this education will be 8/23/2024.

How will 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 August 2024, for three consecutive months as part of the facility Quality Assurance Program.

Licensee's Proposed Overall Completion Date: *08/23/2024*

Evidence of Completion ***Not Implemented (█ - 10/22/2024)***

See attached.

42c Dignity/Respect

2. Requirements

2800.
42.c. A resident shall be treated with dignity and respect.

Description of Violation

On the morning of [redacted], Staff Person A was in Resident 2's room, getting clothes together to help Resident 2 dress and get ready for breakfast. Staff Person A left the resident's room before Resident 2 was finished getting ready. During the time Staff Person A was out of the room, Resident 2 attempted to get up off of the bed, slipped off of the mattress, onto the floor, and was unable get up. Staff Person A came back into the room and found Resident 2 sitting on the floor, and very rudely asked "what the hell are you doing on the floor?" before helping the resident up.

Plan of Correction ***Accept ([redacted] - 08/07/2024)***

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

Staff Person A was terminated on [redacted] by the Assisted Living Manager and the Human Resources Manager due to failure to company with Erickson Senior Living Standards of Conduct Policy.

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. 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 August 23, 2024

How will 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 August 2024, for three consecutive months as part of the facility Quality Assurance Program.

Licensee's Proposed Overall Completion Date: *08/23/2024*

Evidence of Completion ***Not Implemented ([redacted] - 10/22/2024)***

See attached.

187b Date/time of med admin

3. Requirements

2800.

187b Date/time of med admin *(continued)*

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

Description of Violation

Resident # 2 is prescribed skin prep, apply to right heel twice daily. Staff Person A initialed Resident 2's medication administration record to indicate that the skin prep to Resident 2's right heel was completed on 6/14/2024 at 9:00 am, however this treatment was not administered.

Plan of Correction ***Accept ([redacted] - 08/07/2024)***

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

Staff Person A was terminated on [redacted] by the Assisted Living Manager and the Human Resources Manager due to failure to company with Erickson Senior Living Standards of Conduct Policy.

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 4 Treatment Administration Records once a week for a period of 4 weeks. This audit will begin the week of July 29, 2024. 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 building-wide re-education with all care staff regarding Treatment Administration policy and procedures. This education will be completed by August 23, 2024.

How will 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 August 2024, for three consecutive months as part of the facility Quality Assurance Program.

Licensee's Proposed Overall Completion Date: *08/23/2024*

Evidence of Completion ***Not Implemented ([redacted] - 10/22/2024)***

See attached.

187d Follow prescriber’s orders

4. Requirements

2800.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident # 2 is prescribed skin prep apply to right heel twice daily. However, Resident # 2 was not administered skin

187d Follow prescriber's orders (continued)

prep applied to right heel on 6/14/2024 at 9:00 am.

Plan of Correction ***Accept (- 08/07/2024)***

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

Staff Person A was terminated on [redacted] by the Assisted Living Manager and the Human Resources Manager due to failure to company with Erickson Senior Living Standards of Conduct Policy.

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 4 Treatment Administration Records once a week for a period of 4 weeks. This audit will begin the week of July 29, 2024. 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 building-wide re-education with all care staff regarding Treatment Administration policy and procedures. This education will be completed by August 23, 2024.

How will 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 August 2024, for three consecutive months as part of the facility Quality Assurance Program.

Licensee's Proposed Overall Completion Date: *08/23/2024*

Evidence of Completion ***Not Implemented (- 10/22/2024)***

See attached.