

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

October 2, 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 07/10/2024, 07/11/2024, 07/19/2024 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: *06/08/2025*  
 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: *12/21/2021* Issued By: *Lower Marion Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *70* Waking Staff: *53*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Incident* Exit Conference Date: *07/10/2024*

**Inspection Dates and Department Representative**

07/10/2024 - On-Site: [REDACTED]  
 07/11/2024 - Off-Site: [REDACTED]  
 07/19/2024 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *82* Residents Served: *60*

**Secured Dementia Care Unit**

In Home: *No* Area: Capacity: Residents Served:

**Hospice**

Current Residents: *3*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *60*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *10* Have Physical Disability: *0*

**Inspections / Reviews**

**07/10/2024 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/05/2024*

Inspections / Reviews (*continued*)

10/02/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/02/2024

Reviewer: [REDACTED]

Follow-Up Type: *Bypass Document  
Submission*

10/02/2024 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/02/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated 6/29/24, for Resident [REDACTED] was not signed by the resident.

Plan of Correction

Accept [REDACTED] - 10/02/2024)

The Personal Care Administrator, or designee, will ensure the Personal Care Admission Contract is signed by the resident. If the resident is unable to sign or prefers that their designated representative sign, a signature waiver form will be completed to document the reason behind this decision.

All contracts were reviewed and audited for compliance with this regulation, as of 8-7-2024.

Personal Care Administrator, or designee, will audit on a monthly basis to ensure compliance.

Licensee's Proposed Overall Completion Date: 09/26/2024

Implemented [REDACTED] - 10/02/2024)

41e - Signed Statement

2. Requirements

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Resident [REDACTED] record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Plan of Correction

Accept [REDACTED] - 10/02/2024)

The Personal Care Administrator, or designee, will ensure the Personal Care Admission Contract is signed by the resident. This includes Section 19: Acknowledgements of the contract. Section 19 of the contract documents that a resident has been informed both orally and in writing of the Resident Rights and Complaint and Grievance Procedures.

If the resident is unable to sign or prefers that their designated representative sign, a signature waiver form will be completed to document the reason behind this decision.

All contracts were reviewed and audited for compliance with this regulation, as of 8-7-2024.

Personal Care Administrator, or designee, will audit on a monthly basis to ensure compliance.

Licensee's Proposed Overall Completion Date: 09/26/2024

Implemented [REDACTED] - 10/02/2024)

191 - Resident Right to Refuse

3. Requirements

191 - Resident Right to Refuse (continued)

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

**Description of Violation**

Resident [REDACTED], admitted [REDACTED], has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

**Plan of Correction**

Accept [REDACTED] - 10/02/2024)

The Personal Care Admission Contract included a copy of the Resident Rights. These resident rights have been edited to include the following statement: "I also understand that I have the right to question any medication offered to me and the right to refuse it. It has been explained to me that I should discuss any medication concerns or questions with my physician and/or my nurse."

The Personal Care Administrator, or designee, discussed the right to refuse medication either prior to or on the day of admission. In order to document this conversation, the resident will now sign a copy of the Resident Rights with the acknowledgement from above.

If the resident is unable to sign or prefers that their designated representative sign, a signature waiver form will be completed to document the reason behind this decision.

All contracts were reviewed and audited for compliance with this regulation, as of 8-7-2024.

Personal Care Administrator, or designee, will audit on a monthly basis to ensure compliance.

Licensee's Proposed Overall Completion Date: 09/26/2024

Implemented [REDACTED] - 10/02/2024)