

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

September 13, 2024

[REDACTED], CEO  
EVANGELICAL MANOR, INC.  
8401 ROOSEVELT BOULEVARD  
PHILADELPHIA, PA, 19152

RE: WESLEY ENHANCED LIVING  
PENNYPACK PARK  
8401 ROOSEVELT BOULEVARD  
PHILADELPHIA, PA, 19152  
LICENSE/COC#: 17638

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/18/2024 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: *WESLEY ENHANCED LIVING PENNYPACK PARK* License #: *17638* License Expiration: *06/02/2025*  
Address: *8401 ROOSEVELT BOULEVARD, PHILADELPHIA, PA 19152*  
County: *PHILADELPHIA* Region: *SOUTHEAST*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: *EVANGELICAL MANOR, INC.*  
Address: *8401 ROOSEVELT BOULEVARD, PHILADELPHIA, PA, 19152*  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *Other* Date: *02/20/2023* Issued By: *Philadelphia L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *31* Waking Staff: *23*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *07/18/2024*

**Inspection Dates and Department Representative**

07/18/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information			
License Capacity:	<i>50</i>	Residents Served:	<i>30</i>
Secured Dementia Care Unit			
In Home:	<i>No</i>	Area:	
Capacity:		Residents Served:	
Hospice			
Current Residents:	<i>0</i>		
Number of Residents Who:			
Receive Supplemental Security Income:	<i>0</i>	Are 60 Years of Age or Older:	<i>30</i>
Diagnosed with Mental Illness:	<i>2</i>	Diagnosed with Intellectual Disability:	<i>0</i>
Have Mobility Need:	<i>1</i>	Have Physical Disability:	<i>0</i>

**Inspections / Reviews**

07/18/2024 - Full  
Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/05/2024*

08/06/2024 - POC Submission  
Submitted By: [REDACTED] Date Submitted: *09/12/2024*  
Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/11/2024*

Inspections / Reviews (*continued*)

## 08/12/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/12/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 09/02/2024

## 09/09/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/12/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 09/12/2024

## 09/13/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/12/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

187b - Date/Time of Medication Admin.

1. 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

Resident #1 is prescribed Atorvastatin Calcium 10mg. Resident #1's July 2024 medication administration record does not include the initials of the staff person who administered Atorvastatin Calcium 10mg on 07/08/24 at 9pm.

Plan of Correction

Accept (█ - 08/12/2024)

PCHA completed a full audit of all MARs for each resident with no other violations noted on 7/20/2024. Going forward, PCHA or designee will conduct daily MAR audits to ensure that all medications are signed out within a timely manner.

All staff were educated on documentation of medication administration on 8/2/2024 by the PCHA. PCHA or designee will continue medication administration audits on a daily basis in continuation of the audit that started on 7/20/2024.

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

Implemented (█ - 09/13/2024)

227d - Support Plan Medical/Dental

2. 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 medical evaluation dated 03/14/24 indicates that Resident #1 has been diagnosed with mild cognitive impairment and major depressive disorder, however, Resident #1's assessment dated █ does not list these psychological diagnoses.

Plan of Correction

Accept (█ - 08/12/2024)

PCHA has conducted audits on all resident's RASP and DME to ensure that all medical information provided by the physician was accurate on 7/24/2024. PCHA and/or designee will conduct audits on all new admissions within 15 days and/or significant changes immediately, annual DMEs will be audited to ensure correct information is added to yearly RASP.

Lead med tech and designee were all in-serviced on how to review RASP and DME by the PCHA on 7/20/2024.

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

Implemented (█ - 09/13/2024)