

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

December 4, 2024

[REDACTED], EXECUTIVE DIRECTOR
THE NEW HERITAGE TOWERS INC
200 VETERANS LANE
DOYLESTOWN, PA, 18901

RE: WESLEY ENHANCED LIVING
DOYLESTOWN
200 VETERANS LANE
DOYLESTOWN, PA, 18901
LICENSE/COC#: 12718

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/16/2024, 09/17/2024 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 DOYLESTOWN **License #:** 12718 **License Expiration:** 07/05/2025
Address: 200 VETERANS LANE, DOYLESTOWN, PA 18901
County: BUCKS **Region:** SOUTHEAST

Administrator

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

Legal Entity

Name: THE NEW HERITAGE TOWERS INC
Address: 200 VETERANS LANE, DOYLESTOWN, PA, 18901
Phone: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 06/08/2021 **Issued By:** CWOPA L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 50 **Waking Staff:** 38

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 09/17/2024

Inspection Dates and Department Representative

09/16/2024 - On-Site: [REDACTED]
 09/17/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 75 **Residents Served:** 49

Secured Dementia Care Unit

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

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 49
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 1 **Have Physical Disability:** 1

Inspections / Reviews

09/16/2024 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 10/18/2024

10/22/2024 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 11/25/2024
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 10/26/2024

Inspections / Reviews *(continued)*

10/28/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/25/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/15/2024

12/04/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/25/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

100a - Exterior - Free of Hazards

2. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

On 09/16/24 at 10:00 am, the first-floor exit had an extension cord on the ground of the exit walkway path, creating a tripping hazard.

Plan of Correction

Accept [redacted] - 10/28/2024)

On 9/16/2024, the Director of Facility Operations immediately removed the extension cord from the walkway path outside. The Director of Facility Operations conducted a surveillance round of the exits on September 25, 2024. The Safety Committee was in-serviced on Regulation 2600.100.a during our October 16, 2024, meeting. On a monthly basis for the next three months (beginning November 2024), the Director of Facility Operations will audit the exterior of the building and the building grounds to ensure that they are in good repair and free of hazards. Then, on a Quarterly basis (beginning Second Quarter 2025), the Wesley Enhanced Living Safety Committee members will audit the exterior of the building and the grounds. After this, the Wesley Enhanced Living Safety Committee members will audit the exterior of the building and the building grounds on their semi-annual safety rounds. All results from the Audits will be reported to the Director of Facility Operations and discussed with the Facility Operations Staff members at monthly staff meetings. Please note that anything found to be not "in good repair" or any "hazards" will be immediately corrected. Also, The Director of Facility Operations is the chair of the safety committee and will report any issues or observations to the quarterly Quality Assurance meeting, which is attended by the Personal Care Administrator and the Executive Director. This process is on-going without an end date.

Licensee's Proposed Overall Completion Date: 10/24/2024

Implemented [redacted] - 12/04/2024)

103g - Storing Food

3. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On 09/17/24 at 10 am, there were four tubs of ice cream that were opened or unsealed in the freezer box.

Plan of Correction

Accept [redacted] - 10/28/2024)

On 9/17/24, the four tubs of ice cream were immediately covered upon discovery. The Dining Services Manager immediately ordered plastic reusable lids. Between 9/25/24 and 9/30/24, all Dining Services Staff received instructions on the proper covering, label and dating of the product as well as how to properly clean and sanitize lids after each use. On 9/25/24, Ice cream storage was added to the closing checklist to ensure all products are properly stored, covered, and labeled. This will be monitored by all managers in the Dining Department as part of closing duties. The Closing Check-list is used by the Dining Staff every night when the Dining Room closes at 7pm. This process is on-going and without an end date

Licensee's Proposed Overall Completion Date: 10/24/2024

Implemented [redacted] - 12/04/2024)

121a - Unobstructed Egress

4. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 09/16/24 at 10AM, a sign with a RED STOP SIGN reading "PC residents are not to use the stairs unless there is an emergency" was present on the first, second, and third floor stairwell exit doors. The use of the universal RED STOP sign is considered an obstruction to the emergency egress.

Plan of Correction

Accept () - 10/22/2024)

On 9/16/24, the Signs with the Red Stop Signs, were immediately removed from the first, second and third floor stairwell and exit doors. On 9/19/24 and 9/20/24, the Personal Care Staff were re-trained on 2600.121a.

Licensee's Proposed Overall Completion Date: 10/18/2024

Implemented () 12/04/2024)

187d - Follow Prescriber's Orders

5. Requirements

2600.

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

Description of Violation

Resident #1 is prescribed [REDACTED] give [REDACTED] by mouth one time a day, hold for [REDACTED]. However, resident #1 was administered [REDACTED] with a HR of [REDACTED] with a HR of [REDACTED], 09/08 with a HR of [REDACTED] 09/09 with a HR of [REDACTED] 09/10 with a HR of [REDACTED] 09/11 with a HR of [REDACTED], 09/12 with a HR of [REDACTED] and 09/13 with a HR of [REDACTED].

Repeat Violation Date: 6/26/23 et al.

Plan of Correction

Accept () - 10/28/2024)

Resident #1 did not have any ill effect from this medication error. The Med Tech involved (Staff Person #1) was immediately interviewed by the PCHA. Staff Person #1 stated that [REDACTED] correctly followed the Prescriber's orders, but [REDACTED] incorrectly documented on the MAR. PCHA determined the root cause of this error was that Staff Person #1 was rushing to administer medications. Staff Person #1 was counseled by PCHA. Staff Person #1 acknowledged that rather than rushing to Administer Medications, [REDACTED] would request assistance from the other Med Tech and LPN. Between 9/18/24 and 9/20/24, all Personal Care Staff participated in meetings and reviewed this medication error and correct medication administration procedures. During this meeting, various scenarios were used to discuss correct medication administration and documentation for Residents who have Blood Pressure and Heart Rate parameters. Beginning the Week of 10/28/24, an Audit of the Medication Administration Records will be completed by the Personal Care LPN weekly for three months and then every two weeks for an additional three months. After these audits, the Personal Care LPN will do monthly audits on-going. The Personal Care LPN will present the audit findings to the PCHA at weekly nurses' meetings and the Personal Care LPN will deliver feedback to the Personal Care Staff members. Any future medication error incidents that occur and interventions will be reviewed at Quarterly QAA Meetings. Further education for Personal Care Staff will be provided quarterly by the Personal Care Nurses. This process is on-going and without an end date.

Licensee's Proposed Overall Completion Date: 10/24/2024

187d - Follow Prescriber's Orders (continued)

Implemented () - 12/04/2024)

190c - Record of Training

6. Requirements

2600.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

The home's medication administration training record for staff person A and staff person B does not include documentation of successful completion of the annual practicum training.

Plan of Correction

Accept () - 10/22/2024)

Staff person A and staff person B successfully completed the DHS (2024 Group) Medication Administration Standard Student Course on 9/30/24 and 10/1/24. After investigation, the root cause of the Medication Administration Records being incomplete is that our current process is unclear. The Trainer, the Director of Learning and Development and the Personal Care Home Administrator devised a new process on 9/19/24. The Practicum Observers were trained by the Personal Care Home Administrator on 9/20/24. An Audit of the medication observation documentation will be completed by the Administrative Assistant monthly for three months. These audits will be reviewed by the Personal Care Home Administrator. The Personal Care Home Administrator will determine the need for future audits. This process is on-going and without an end date.

Licensee's Proposed Overall Completion Date: 01/31/2025

Implemented () - 12/04/2024)