

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

February 5, 2025

[REDACTED]
MARIS GROVE INC
[REDACTED]

RE: MARIS GROVE INC, EVERGREEN
POINTE
500 MARIS GROVE WAY
GLEN MILLS, PA, 19342
LICENSE/COC#: 14821

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/17/2024 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: 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] **Phone:** [REDACTED] **Email:** [REDACTED]

Legal Entity

Name: MARIS GROVE INC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: 1 2 **Date:** 06/28/2021 **Issued By:** CONCORD TOWNSHIP

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 132 **Waking Staff:** 99

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 10/17/2024

Inspection Dates and Department Representative

10/17/2024 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 132		Residents Served: 88	
Special Care Unit			
In Home: No	Area:	Capacity:	Residents Served:
Hospice			
Current Residents: NM			
Number of Residents Who:			
Receive Supplemental Security Income: 0		Are 60 Years of Age or Older: 88	
Diagnosed with Mental Illness: 3		Diagnosed with Intellectual Disability: 1	
Have Mobility Need: 44		Have Physical Disability: 0	

Inspections / Reviews

10/17/2024 - Partial
Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 11/17/2024

Inspections / Reviews (*continued*)

11/20/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/31/2025

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 11/22/2024

11/26/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/31/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/31/2025

02/05/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/31/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

42f Mail

1. Requirements

2800.

42.f. A resident has the right to receive and send mail.

Description of Violation

On [REDACTED] staff person A was witnessed at the front desk located in the common area of the home tearing up pieces of mail belonging to residents living in the home. The staff person did not have the permission of resident [REDACTED] to destroy the mail.

Plan of Correction

Accept ([REDACTED] - 11/20/2024)

2800.42.f. A resident has the right to receive and send mail.

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.

Description of Violation:

On 10-7-24, staff person A was witnessed at the front desk located in the common area of the home tearing up pieces of mail belonging to residents living in the home. The staff person did not have the permission of resident [REDACTED] to destroy the mail.

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

Staff person A was suspended on 10/8/24 by the Human Resources Manager after receiving the report that she had been observed at the front desk tearing up pieces of mail belonging to residents living in the home. Staff person A was subsequently terminated on 10/18/24 by the Human Resources 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?

All front desk staff will sort mail, and mail will be distributed to all residents in accordance to Erickson Senior Living policy. Resident's and families will be encouraged to utilize the organizations grievance procedures if there is a concern regarding resident's mail. Additionally, the Communications Manager or Designee will complete a re-education of all current front desk staff (Communication Specialists) on DHS regulation 2800.42(f). The goal of completion for this education will be 12/13/24.

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

All front desk staff will sort mail, and mail will be distributed to all residents in accordance to Erickson Senior Living policy. Resident's and families will be encouraged to utilize the organizations grievance procedures if there is a concern regarding resident's mail. Additionally, the Communications Manager or Designee will complete a re-education of all current front desk staff (Communication Specialists) on DHS regulation 2800.42(f). The goal of completion for this education will be 12/13/24.

42f Mail (continued)

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 will be monitored by the Assisted Living Manager or Designee Quarterly, starting in November 2024, for three consecutive months as part of the facility Quality Assurance Program.

Proposed Overall Completion Date: 12/13/2024

Licensee's Proposed Overall Completion Date: 12/13/2024

Implemented [redacted] - 02/05/2025)

182c Medication administration

2. Requirements

2800.

182.c. Medication administration includes the following activities, based on the needs of the resident:

- 6. Place the medication in the resident’s hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).
- 7. Complete documentation in accordance with § 2800.187 (relating to medication records).

Description of Violation

On [redacted], at 9:00am, staff person B administered evening medications to resident [redacted], but did not hand the resident the medication. Rather, the medication was left in the resident's room and were later found in a kitchen cabinet behind plates.

On [redacted], at 9:00am, staff person C left resident [redacted] morning medications were left in the resident's room. Staff person C did not ensure the medication was placed in the resident's hand or that the resident consumed the medications.

Plan of Correction

Accept [redacted] - 11/26/2024)

2800.182.c. Medication administration includes the following activities, based on the needs of the resident: 6. Place the medication in the resident’s hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4). 7. Complete documentation in accordance with § 2800.187 (relating to medication records).

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.

Description of Violation:

On [redacted] at 9:00am, staff person B administered evening medications to resident [redacted], but did not hand the resident the medication. Rather, the medication was left in the resident's room and were later found in a kitchen cabinet behind plates.

On [redacted], at 9:00am, staff person C left resident [redacted] morning medications were left in the resident's room. Staff

182c Medication administration (continued)

person C did not ensure the medication was placed in the resident's hand or that the resident consumed the medications.

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

On [REDACTED], resident [REDACTED] alerted management that [REDACTED] had found medication's in [REDACTED] kitchen cabinet on the morning of [REDACTED]. The medications were identified as the resident's evening medications. As stated to the surveyor during the site visit, by the Assisted Living Manager, it was not possible to determine which staff person left the resident's medications in the kitchen cabinet, as the resident's [REDACTED] stated that [REDACTED] had not been in that cabinet for at least a month prior to finding the medications.

The Assisted Living Manager sent in a report to the Department of Human Services within 24 hours of being notified that on [REDACTED], staff person C left resident [REDACTED] morning medications unattended and did not ensure the resident consumed the medications. Additionally, staff person C was performance managed by the Memory Care Manager for failure to follow company policy, leaving the medications unattended, and failure to ensure resident consumed the medications.

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 be conducting a medication remediation/education to all CAM's to review the 5 rights of medication administration, documentation, re-ordering, regulation review, and proper medication storage procedures. The goal for completion of this education will be 12/31/24. Additionally, the Staff Development Coordinator, Wellness Manager, or Designee, will complete a minimum of 2 or more medication observations of different Medication Technicians per week, beginning in November 2024, through January 2025, to ensure that proper steps are being followed with medication administration. The goal for completion of medication observations will be January 31, 2025.

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 be conducting a medication remediation/education to all CAM's to review the 5 rights of medication administration, documentation, re-ordering, regulation review, and proper medication storage procedures. The goal for completion of this education will be 12/31/24. Additionally, the Staff Development Coordinator, Wellness Manager, or Designee, will complete a minimum of 2 or more medication observations of different Medication Technicians per week, beginning in November 2024, through January 2025, to ensure that proper steps are being followed with medication administration. The goal for completion of medication observations will be January 31, 2025. Lastly, repeat occurrences by staff failing to follow the proper procedures and protocol surrounding medication administration, will be performance managed by the Assisted Living Manager or Designee, per Erickson Senior Living policy, which may result in removing a staff person from medication administration permanently.

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?

182c Medication administration (continued)

Compliance will be monitored by the Assisted Living Manager or Designee monthly, starting in November 2024, for three consecutive months as part of the facility Quality Assurance Program.

Proposed Overall Completion Date: 12/31/2024

Proposed Overall Completion Date: 01/31/2025

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

Implemented [REDACTED] 02/05/2025)

190c Record of training

5. Requirements

2800.

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 residence's medication administration training record for staff person C does not include the electronic user report showing completion of the medication administration training course. A paper course was in the file. The electronic program was mandated as of [REDACTED]

Plan of Correction

Accept [REDACTED] - 11/20/2024)

2800.190.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.

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.

Description of Violation:

The residence's medication administration training record for staff person C does not include the electronic user report showing completion of the medication administration training course. A paper course was in the file. The electronic program was mandated as of 1/1/24.

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

The Staff Development Coordinator/Medication Administration Trainer, was re educated by the Assisted Living Manager on what documentation is required to be kept on file when the electronic program was mandated on 1/1/24. This re education occurred on 11/12/24.

How will you identify other staff having the potential to be affected by the same deficient practice and what corrective action will be taken?

The Assisted Living Manager conducted an audit of all staff who went through the initial medication administration training course from 1/1/24 present. This audit was completed on 11/10/24.

What measures will be put into place or what system changes will you make to ensure that the deficient practice

190c Record of training (continued)

does not recur.

The Staff Development Coordinator/Medication Administration Trainer, will utilize the audit that was conducted by the Assisted Living Manager, and will print each staff person's user report from the ODP website who completed the Medication Administration Training class from 1/1/24-present. Additionally, the Staff Development Coordinator/Medication Administration Trainer will have each staff person that has completed the initial medication administration training class from 1/1/24-present, print out their acknowledgement of completion. Both of these documents will be kept on file for each staff person by the Assisted Living Manager. Lastly, the Staff Development Coordinator/Medication Administration Trainer will ensure any staff person completing the class moving forward, will have both of these documents printed out upon completion of the course. Goal for completion of user report print outs and acknowledgement of completions will be 12/31/24.

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 will be monitored by the Assisted Living Manager or Designee monthly, starting in November 2024, for three consecutive months as part of the facility Quality Assurance Program.

Proposed Overall Completion Date: 12/31/2024

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented [REDACTED] - 02/05/2025)