

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

January 12, 2026

[REDACTED]
MARIS GROVE INC
[REDACTED]

RE: MARIS GROVE
500 MARIS GROVE WAY
1ST AND 3RD FLOORS
GLEN MILLS, PA, 19342
LICENSE/COC#: 13466

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/20/2025 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 **License #:** 13466 **License Expiration:** 03/11/2026
Address: 500 MARIS GROVE WAY, 1ST AND 3RD FLOORS, 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 **Date:** 03/01/2025 **Issued By:** Concord Township
Type: / 2 **Date:** 03/01/2025 **Issued By:** Concord Township

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 94 **Waking Staff:** 71

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 10/20/2025

Inspection Dates and Department Representative

10/20/2025 **On Site:** [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 65 **Residents Served:** 50
Secured Dementia Care Unit
In Home: Yes **Area:** Rose Court - Third Floor **Capacity:** 44 **Residents Served:** 44
Hospice
Current Residents: 2
Number of Residents Who:
Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 50
Diagnosed with Mental Illness: 44 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 44 **Have Physical Disability:** 0

Inspections / Reviews

10/20/2025 - Partial
Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 11/17/2025

Inspections / Reviews *(continued)*

11/21/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/12/2026

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 11/23/2025

11/24/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/12/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/15/2025

01/08/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/12/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/12/2026

01/12/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/12/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [REDACTED], at approximately 5:40 PM, resident [REDACTED] was observed by staff grabbing resident [REDACTED] around the [REDACTED]. An assessment of resident [REDACTED] noted scratches to resident [REDACTED]'s chest. However, this allegation of abuse was not reported to the local area agency on aging.

Plan of Correction

Accept ([REDACTED] - 11/21/2025)

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.

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

Upon discovery of the deficit practice the Memory Care Manager sought clarification from the local County Office of Services for the Aging (COSA) due to conflicting information previously received on the reporting requirements. The Memory Care Manager identified in collaboration with the COSA Supervisor the discrepancy in the "no need" investigation and the duty to report resident altercation under the Act 13 reporting requirements.

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 Memory Care Manager identified that there was a potential for all residents to be affected by the deficient practice. The Memory Care Manager and designee will re-educate all Supervisors involved in the mandated reporting of abuse as outlined in the Older Adults Protective Services Act and the 2600 regulations. Target date of completion is December 4, 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 Personal Care Home will complete monthly audits of all reportable events to validate compliance with reporting per Older Adults Protective Services Act and the 2600 regulations.

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?

The Memory Care Manager or designee will present on compliance of reporting under the Older Adults Protective Services Act and the 2600 regulations through our facility Quality Assurance/Performance Improvement (QAPI) program monthly for the next 3 months beginning in the December 2025 QAPI meeting through February 2026 QAPI meeting reporting results for November 2025 through January 2026 audits.

15a Resident Abuse Report (continued)

Licensee's Proposed Overall Completion Date: 12/04/2025

Implemented [REDACTED] - 01/08/2026)

25b - Contract Signatures

2. 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, with a signature date of [REDACTED], for resident [REDACTED] was not signed by the resident.

The resident home contract, with a signature date of [REDACTED] for resident [REDACTED] was not signed by the resident.

Plan of Correction

Directed [REDACTED] - 11/24/2025)

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.

Following the citation of the deficient practice, the Memory Care Manager provided documentation to the Southeast Regional Director for review regarding the competency of Resident [REDACTED] and Resident [REDACTED] to sign the contract for admission into the Memory Care neighborhood. At the time of admission, the Personal Care Home's Medical Providers determined Resident 1 and Resident 2 to be incapable of making informed decisions regarding medical care. Per the Personal Care Home's policy and Pennsylvania Healthcare Laws, when a person is not capable of making decisions, the resident's Power of Attorney is then activated. Due to this determination, the Personal Care Home believes it would not have been ethical for the community to have a Resident 1 or Resident 2 sign off on legal documents such as the Resident Home Contact. In both of these instances, the Power of Attorney signed the Resident Home Contract which included the Resident Rights & Complaint Procedures and the Right to Refuse. Per the discussion in the Regulatory Compliance Guide "If the POA document allows it, the POA can sign binding contracts on behalf of the resident. However, the resident must first be given the opportunity to sign for themselves unless the resident is not competent." Per the Pennsylvania Statutes, Title 20, Chapter 54, section 22 competence is defined as "A condition in which an individual, despite being provided appropriate medical information, communication supports and technical assistance, is documented by a health care provider to be:

(1) unable to understand the potential material benefits, risks and alternatives involved in a specific proposed health care decision; (2) unable to make that health care decision on [REDACTED] own behalf; or (3) unable to communicate that healthcare decision to any other person." The Personal Care Home requests this citation to be removed from the Licensing Summary Report.

The Personal Care Home is requesting additional time from the department to discuss the cited deficiencies.

Directed

By 12/5/25: All staff persons involved in the admissions' process will be educated on the completion of resident home contracts including required signatures in accordance with 2600.25b. Documentation of educated will be kept in staff record.

By 12/15/25: The administrator or designee will audit all resident records to ensure all residents have signed the contract or the contract was notated to indicate the resident was unable to sign or refused to sign. Any resident

25b - Contract Signatures (continued)

contract without a resident signature will be corrected immediately [REDACTED] 11/24/25

Proposed Overall Completion Date: 12/05/2025

Directed Completion Date: 12/15/2025

Implemented [REDACTED] 01/12/2026)

41e - Signed Statement

3. 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

The records for residents [REDACTED] and [REDACTED] do not contain a statement signed by the residents acknowledging receipt of a copy of the resident rights and complaint procedures.

Plan of Correction

Directed [REDACTED] - 11/24/2025)

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.

Following the citation of the deficient practice, the Memory Care Manager provided documentation to the Southeast Regional Director for review regarding the competency of Resident [REDACTED] and Resident [REDACTED] to sign the contract for admission into the Memory Care neighborhood. At the time of admission, the Personal Care Home’s Medical Providers determined Resident [REDACTED] and Resident [REDACTED] to be incapable of making informed decisions regarding medical care. Per the Personal Care Home’s policy and Pennsylvania Healthcare Laws, when a person is not capable of making decisions, the resident’s Power of Attorney is then activated. Due to this determination, the Personal Care Home believes it would not have been ethical for the community to have a Resident [REDACTED] or Resident [REDACTED] sign off on legal documents such as the Resident Home Contact. In both of these instances, the Power of Attorney signed the Resident Home Contract which included the Resident Rights & Complaint Procedures and the Right to Refuse. Per the discussion in the Regulatory Compliance Guide “If the POA document allows it, the POA can sign binding contracts on behalf of the resident. However, the resident must first be given the opportunity to sign for themselves unless the resident is not competent.” Per the Pennsylvania Statues, Title 20, Chapter 54, section 22 competence is defined as “A condition in which an individual, despite being provided appropriate medical information, communication supports and technical assistance, is documented by a health care provider to be:

(1) unable to understand the potential material benefits, risks and alternatives involved in a specific proposed health care decision; (2) unable to make that health care decision on [REDACTED] own behalf; or (3) unable to communicate that healthcare decision to any other person.” The Personal Care Home requests this citation to be removed from the Licensing Summary Report.

The Personal Care Home is requesting additional time from the department to discuss the cited deficiencies.

41e - Signed Statement (continued)

Directed

By 12/5/25: All staff persons involved in the admissions' process will be educated on the completion of resident-home contracts including required signatures in accordance with 2600.41e. Documentation of educated will be kept in staff record.

By 12/15/25: The administrator or designee will review all resident records to ensure each resident record has received a copy of the resident rights and there is documentation each resident and, if applicable, the resident's designated person have received a copy of the resident rights or documentation of efforts made to obtain signature. Any resident record without documentation will be corrected immediately. 11/24/25

Proposed Overall Completion Date: 12/05/2025

Directed Completion Date: 12/15/2025

Implemented - 01/12/2026)

42b - Abuse

4. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [redacted], at approximately 5:40 PM, resident [redacted] grabbed resident [redacted] around the [redacted] leaving scratch marks to resident [redacted]'s chest.

Resident [redacted] has lived at Maris Grove since [redacted] when they were admitted to the assisted living unit and moved to the memory care unit on [redacted]. In that time there have been at least 11 acts of aggression documented in the resident's Clinical Notes Report. Many of these aggressive actions have been verbal, calling staff and residents names. However resident [redacted] aggressively grabbed a staff member on [redacted], chased a dining staff member with a fist in the air until the staff member moved out of sight on [redacted], and was accused of punching resident [redacted] on [redacted], which resident [redacted] did not deny, in fact resident [redacted] responded to the accusation by saying "because you're a [redacted]". Earlier on [redacted], resident [redacted] grabbed a paper from staff and tore it up.

The resident has a history of [redacted].

Plan of Correction

Directed [redacted] - 11/24/2025)

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.

Deficiency descriptions reference 11 incidents in Resident [redacted] time within the community. These cited instances did not all incur dueling [redacted] time in the Memory Care Environment. The Home is part of a Continuing Care Retirement Community with an established process for assessing and placing residents in the most appropriate level of care.

42b - Abuse (continued)

Resident 1 was exhibiting Actions and Expressions that the facility believed were exacerbated by [redacted] environment and progressing Dementia. The Home understands the responsibility to keep residents free from neglect, intimidation, physical or verbal abuse, mistreatment and corporal punishment. Resident [redacted] was transited to the Memory Care neighborhood from the facility's Assisted Living residence on 4/17/25 as it was identified by the facility leadership and Medical Providers that the resident would benefit from the structured programming and secure environment offered by the Home's Memory Care neighborhood.

The move to the Memory Care environment from the Assisted Living Program has resulted in a reduction of negative interactions and improvement in the resident [redacted]'s interactions with others and overall health condition. The resident had two negative interactions during [redacted] time in Memory Care environment. It is the Personal Care Home's belief that Resident 1 is in the most appropriate level of care for the management of [redacted] Actions and Expression.

The Home has continued to consult Mental Health providers, involve family in discussions and educate the direct care team on the best approaches to care for Resident 1 and redirect any of [redacted] actions and expressions. Staff members intervened promptly to address the negative interactions that occurred on 9/13/25 and consulted with Resident's [redacted] Medical providers to review and maintain optimal physical and psychosocial health. Following the altercation on 9/13/25 the Home sought inpatient hospitalization for Resident [redacted] however, the resident was not accepted for inpatient treatment.

The Personal Care Home took a multifaceted approach as it is the belief that both Resident [redacted] and Resident [redacted] contributed to the negative interaction. Resident [redacted] was also assessed and on the caseload of the Mental Health Providers to assess and treat [redacted] Dementia presentation. While the Home strives to prevent negative resident interactions the Home felt the team and the Medical Providers responded appropriately and timely to the resident's interactions and psychosocial needs.

The Personal Care Home is requesting additional time from the department to discuss the cited deficiencies.

Directed

By 12/15/25: All direct care staff and management staff, including the administrator, will receive training in positive interventions and safe management techniques from an Alzheimer/Dementia Care Specialist, Department-approved outside source. Documentation of education shall be kept in the staff records. [redacted] 11/24/25

Proposed Overall Completion Date: 12/05/2025

Directed Completion Date: 12/15/2025

Implemented [redacted] - 01/12/2026)

191 - Resident Right to Refuse

5. Requirements

2600.

191 - Resident Right to Refuse (continued)

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

Plan of Correction

Directed [REDACTED] - 11/24/2025)

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.

Following the citation of the deficient practice, the Memory Care Manager provided documentation to the Southeast Regional Director for review regarding the competency of Resident [REDACTED] and Resident [REDACTED] to sign the contract for admission into the Memory Care neighborhood. At the time of admission, the Personal Care Home's Medical Providers determined Resident [REDACTED] and Resident [REDACTED] to be incapable of making informed decisions regarding medical care. Per the Personal Care Home's policy and Pennsylvania Healthcare Laws, when a person is not capable of making decisions, the resident's Power of Attorney is then activated. Due to this determination, the Personal Care Home believes it would not have been ethical for the community to have a Resident [REDACTED] or Resident [REDACTED] sign off on legal documents such as the Resident Home Contact. In both of these instances, the Power of Attorney signed the Resident Home Contract which included the Resident Rights & Complaint Procedures and the Right to Refuse. Per the discussion in the Regulatory Compliance Guide "If the POA document allows it, the POA can sign binding contracts on behalf of the resident. However, the resident must first be given the opportunity to sign for themselves unless the resident is not competent." Per the Pennsylvania Statues, Title 20, Chapter 54, section 22 competence is defined as "A condition in which an individual, despite being provided appropriate medical information, communication supports and technical assistance, is documented by a health care provider to be:

(1) unable to understand the potential material benefits, risks and alternatives involved in a specific proposed health care decision; (2) unable to make that health care decision on [REDACTED] own behalf; or (3) unable to communicate that healthcare decision to any other person." The Personal Care Home requests this citation to be removed from the Licensing Summary Report.

The Personal Care Home is requesting additional time from the department to discuss the cited deficiencies.

Directed

By 12/5/25: All staff persons involved in the admissions process will be educated on educating residents on the right to question or refuse medication if the resident believes there may be a medication error and documenting the education. Documentation of education will be kept in staff record.

By 12/15/25: The administrator or designee will review all current resident records to ensure all residents have been educated on the right to question or refuse medication if the resident believes there may be a medication error and the proper documentation is in the resident's record. Any resident record without documentation will be corrected immediately. [REDACTED] 11/24/25

Proposed Overall Completion Date: 12/05/2025

191 Resident Right to Refuse (continued)

Directed Completion Date: 12/15/2025

Implemented [redacted] - 01/12/2026)

227c - Support Plan Revision

6. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident [redacted] most recent assessment and support plan (RASP) is dated [redacted] and includes hand written updates to Personal Care Needs categories Toileting, Bladder Management and Obtaining Clean, Seasonal Clothing. However, resident [redacted] has displayed aggressive actions and expressions on multiple occasions, including hitting and grabbing of another resident, with no updates to the [redacted] or [redacted] categories.

Plan of Correction

Accept ([redacted] 11/21/2025)

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.

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

Upon discovery of the deficit practice the Personal Care Manager updated the care plan of Resident 1 to reflect the negative resident interaction on 9/13/25.

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

After the discovery of the deficient practice the Personal Care Administrator audited the care plans of residents who had been involved in resident to resident altercations during the calendar year for appropriate revisions following the events. Any updates needed were made at the time of the audit.

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

The Memory Care Manager or designee will conduct monthly audits on reportable events and Resident Assessment and Support Plan (RASP) documents for the next 3 months to ensure that the RASPs are updated following a reportable event involving a negative resident interactions as appropriate and needed.

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?

Memory Care Manager or designee will report monthly on the RASP and reportable audit compliance audits through our facility Quality Assurance/Performance Improvement (QAPI) program for the next 3 months beginning in the December 2025 QAPI meeting through February 2026 QAPI meeting reporting results for November 2025 through

227c Support Plan Revision (continued)

January 2026 audits.

Licensee's Proposed Overall Completion Date: 11/20/2025

Implemented (█ - 01/08/2026)