

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

December 11, 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 10/30/2025 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 INC, EVERGREEN POINTE License #: 14821 License Expiration: 07/20/2026
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: I 1 Date: 03/01/2025 Issued By: Concord Township
Type: I 2 Date: 03/01/2025 Issued By: Concord Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 131 Waking Staff: 98

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Incident Exit Conference Date: 10/30/2025

Inspection Dates and Department Representative

10/30/2025 On Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information				
License Capacity:	132	Residents Served:	96	
Special Care Unit				
In Home:	No	Area:	Capacity:	Residents Served:
Hospice				
Current Residents:	7			
Number of Residents Who:				
Receive Supplemental Security Income:	0	Are 60 Years of Age or Older:	96	
Diagnosed with Mental Illness:	0	Diagnosed with Intellectual Disability:	0	
Have Mobility Need:	35	Have Physical Disability:	0	

Inspections / Reviews

10/30/2025 - Partial
Lead Inspector: [Redacted] Follow Up Type: POC Submission Follow Up Date: 11/28/2025

Inspections / Reviews *(continued)*

12/01/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/10/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/10/2025

12/11/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/10/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

15a Resident abuse report

1. Requirements

2800.

15.a. The residence 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] resident [REDACTED] reported to staff member A that the resident did not like the way another staff member had treated the resident. Resident [REDACTED] further stated that the staff member yelled at the resident, threw the resident's clothes on the floor and slammed the door when leaving the resident's room so hard that the resident felt the staff member may have broken the door. This incident was reported to staff member B on [REDACTED]. However, this allegation of abuse was not reported to the local Area Agency on Aging until [REDACTED] at 3:10 PM.

Plan of Correction

Accept [REDACTED] - 12/01/2025)

Deficiency: 2800. 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. 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 deficient practice, the Assisted Living Administrator reported the delay in reporting to the Director of Continuing Care and reported the incident to the Area Agency on Aging on 10/24/25. Staff member B was educated on 10/24/2025 on timeliness of reporting concerns in all business lines by the Director of Nursing.

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 or designee will in-service the Nursing Leadership team and all Leaders who participate in both the Leader on call program and the Manager on Duty program on timely reporting and regulation 2800.15(a). Target date of completion for in-service will be December 12th, 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 Home's practice is that the interdisciplinary team consisting of the Nursing Home Administrator (NHA), Assistant Nursing Home Administrator (ANHA), Director of Nursing (DON) and Assistant Director of Nursing (ADON), and the Assisted Living Manager review all reportable events involving abuse, on a weekly basis. An Abuse Reporting Checklist has been implemented to ensure all steps are completed, and Erickson Senior Living Policy on Abuse reporting are completed to ensure compliance and timely reporting.

How will the corrective action be monitored to ensure that the deficient practice will not recur i.e. what quality assurance programs will be established?

15a Resident abuse report (continued)

The Assisted Living Manager or designee will report monthly on the reporting of Incidents 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 result for November 2025 January 2026 audits.

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

Implemented - 12/11/2025

16c Incident reporting

2. Requirements

2800.

16.c. The residence shall report the incident or condition to the Department's assisted living residence office or the assisted living residence complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2800.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted], resident [redacted] reported to staff member A that the resident did not like the way another staff member had treated the resident. Resident [redacted] further stated that the staff member yelled at the resident, threw the resident's clothes on the floor and slammed the door when leaving the resident's room so hard that the resident felt the staff member may have broken the door. This incident was reported to staff member B on [redacted]. The residence did not report this incident to the Department until [redacted].

Plan of Correction

Accept - 12/01/2025

Deficiency: 2800. 16.c. The residence shall report the incident or condition to the Department's assisted living residence office or the assisted living resident complaint hotline within 24 hours in a manner designated by the Department Abuse reporting shall also follow the guidelines in § 2800.15 (relating to abuse reporting covered by law).

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 deficient practice, the Assisted Living Administrator reported the delay in reporting to the Director of Continuing Care and reported the incident to the Department of Human Services on 10/25/25. Staff member B was educated on 10/24/2025 on timeliness of reporting in all business lines by the Director of Nursing.

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 in service the Nursing Leadership team and all Leaders who participate in both the Leader on call program and the Manager on Duty program on timely reporting and regulation 2800.15(a). Target date of completion for in service will be December 12th, 2025.

16c Incident reporting (continued)

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

The Home's practice is that the interdisciplinary team consisting of the Nursing Home Administrator (NHA), Assistant Nursing Home Administrator (ANHA), Director of Nursing (DON) and Assistant Director of Nursing (ADON), and the Assisted Living Manager review all reportable events involving abuse, on a weekly basis. An Abuse Reporting Checklist has been implemented to ensure all steps are completed, and Erickson Senior Living Policy on Abuse reporting are completed to ensure compliance and timely reporting.

How will the corrective action be monitored to ensure that the deficient practice will not recur i.e. what quality assurance programs will be established?

The Assisted Living Manager or designee will report monthly on the reporting of Incidents 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 result for November 2025 January 2026 audits.

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

Implemented [redacted] - 12/11/2025)