

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

January 28, 2026

[REDACTED]
THE NEW HERITAGE TOWERS INC
[REDACTED]
[REDACTED]

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

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/03/2025 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: WESLEY ENHANCED LIVING DOYLESTOWN **License #:** 12718 **License Expiration:** 07/05/2026
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: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: **Total Daily Staff:** 54 **Waking Staff:** 41

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Monitoring **Exit Conference Date:** 11/03/2025

Inspection Dates and Department Representative

11/03/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 75 **Residents Served:** 52
Secured Dementia Care Unit
In Home: No **Area:** **Capacity:** **Residents Served:**
Hospice
Current Residents: xx
Number of Residents Who:
Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 52
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 2 **Have Physical Disability:** 0

Inspections / Reviews

11/03/2025 Partial
Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 11/28/2025

12/02/2025 - POC Submission
Submitted By: [REDACTED] **Date Submitted:** 12/16/2025
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 12/07/2025

Inspections / Reviews *(continued)*

12/08/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/16/2025

Reviewer: [REDACTED]

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

01/28/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/16/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [REDACTED] at 09:24 AM, a clipboard with a page of "24 hour cart to cart report" was unlocked, unattended, and accessible on the 3rd floor medication cart labeled "High 3". The report included residents' vital signs including weight, blood pressure, heart rate, and blood glucose levels.

Plan of Correction

Accept [REDACTED] - 12/08/2025)

The clipboard found on the High 3 cart was immediately locked in the Med Cart. The Med Tech assigned to High 3 cart was given feedback by the PCHA on 11/3/25, and the Med Tech acknowledged that she understood that Resident Records need to be kept confidential.

The Personal Care Staff were retrained on Reg 17 on 11/15/25 and 11/17/25 by the PCHA and LPNs. Effective from 11/10/25 to 3/1/26, the Four Med Carts shall be audited weekly on Dayshift/Evening Shift and Nightshift to ensure that Residents' Records are being kept confidential. The audit schedule was reviewed with the Lead Med Techs, the Medical Records Coordinator, and the LPNs. The following staff are responsible for the audits in the following order: Lead Med Tech ; 1st Back-up is Medical Records Coordinator, 2nd Back up is LPN; 3rd Back up is PCHA. The results of the audits are reviewed/evaluated at monthly Quality Management Team (QMT) Meetings and if it is determined that new interventions are needed; interventions will be discussed, planned and then implemented by the PCHA and LPNs. The next QMT Meeting is 12/3/25.

Licensee's Proposed Overall Completion Date: 12/07/2025

Implemented [REDACTED] - 01/28/2026)

183e - Storing Medications

2. Requirements

2600.

- 183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On [REDACTED] at 10:36 AM, one half orange oblong pill was observed loose in the third floor medication cart. [REDACTED] blister pack prescribed for resident [REDACTED] was punctured at the back on slot #10.

Plan of Correction

Accept [REDACTED] 12/02/2025)

The half orange oblong pill was disposed of in the drug buster. The Buspirone in slot #10 for Resident #1 was disposed of in the drug buster. The Personal Care Staff were retrained on Reg 183e on 11/15/25 and 11/17/25 by the PCHA and LPNs. Effective 11/18/25, PC staff assigned to administering medications are doing audits each time they work (on the med cart they are assigned to). The Audit Sheets are reviewed by the PCHA or LPNs or the Medical Records Coordinator; and any corrective actions shall be immediately taken. Beginning 11/9/25, the four medication carts shall be audited monthly by LPNs (backups are PCHA and Medical Records Coordinator). The results of the audits are reviewed/evaluated at monthly Quality Management Team (QMT) Meetings and if it is determined that

183e Storing Medications (continued)

new interventions are needed; interventions will be discussed, planned and then implemented by the PCHA and LPNs. The next QMT Meeting is 12/3/25.

Licensee's Proposed Overall Completion Date: 11/28/2025

Implemented (██████) 01/28/2026)

184b - Labeling OTC/CAM

3. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On ██████, three packages of ██████ patches was in the 3rd floor medication cart and was not labeled with a resident's name.

Plan of Correction

Accept (██████) 12/02/2025)

The three packages of ██████ Patches were immediately labelled with the Resident's name by the PCHA.

The Personal Care Staff were retrained on Reg 184b on 11/15/25 and 11/17/25 by the PCHA and LPNs. Effective 11/18/25, PC staff assigned to administering medications are doing audits each time they work (on the med cart they are assigned to). The Audit Sheets are reviewed by the PCHA or LPNs or the Medical Records Coordinator; and any corrective actions shall be immediately taken. Beginning 11/9/25, the four medication carts shall be audited monthly by LPNs (backups are PCHA and Medical Records Coordinator). The results of the audits are reviewed/evaluated at monthly Quality Management Team (QMT) Meetings and if it is determined that new interventions are needed; interventions will be discussed, planned and then implemented by the PCHA and LPNs. The next QMT Meeting is 12/3/25.

Licensee's Proposed Overall Completion Date: 11/28/2025

Implemented (██████) 01/28/2026)

185a - Implement Storage Procedures

4. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident ██████ is prescribed blood glucose checks one time per day related to ██████. On the resident's October 2025 medication administration record (MAR), the resident's blood glucose level was documented as ██████ on ██████ at 8:43 AM while the resident's glucometer did not have a reading.

The home's medication disposal policy states that medications "will be disposed of promptly and safely. Meds must be disposed of in the Med room." and "Pills or Liquids can be mixed with sawdust or kitty litter...double wrapped in trash bags and disposed of in a covered trash can.". On ██████, the 2nd floor medication cart was observed with a sharps container containing approximately 100 unidentified pills.

185a - Implement Storage Procedures (continued)

Plan of Correction

Accept [REDACTED] - 12/08/2025)

The Agency LPN responsible for failing to take Resident [REDACTED] blood sugar has been blocked from picking up future shifts at Wesley Doylestown Personal Care Home.

The Personal Care Staff were retrained on Reg 185a on 11/15/25 and 11/17/25 by the PCHA and LPNs. Effective 11/18/25, PC Staff are utilizing the Blood Glucose Flow Sheet (Log) to log the Residents' blood sugars and for a second PC staff member to verify that the blood sugar number entered in the EMRA matches the blood sugar number on the Resident's glucometer. Any discrepancies will be reported to either the LPN or PCHA.

Beginning 11/9/25, all Residents' glucometers will be audited weekly by LPNs (backups are PCHA and Medical Records Coordinator). The results of the audits are reviewed/evaluated at monthly Quality Management Team (QMT) Meetings and if it is determined that new interventions are needed; interventions will be discussed, planned and then implemented by the PCHA and LPNs. The next QMT Meeting is 12/3/25.

On 11/18/25, the sharps containers on the Med Carts were removed and sent to the Pharmacy for proper disposal. On 11/18/25, each Med Cart has a drug buster stored inside the med cart. At the 11/15/25 and 11/17/25 PC Staff Training sessions, the staff were re-trained on Safe storage, access, security, distribution and use of medications and medical equipment. Compliance for the proper disposal of medications will be audited.

Each Med Tech will be observed monthly for Med Passes for three Residents to ensure compliance with the proper disposal of medications. These observations will be completed by the LPNs (the back-ups are the PCHA and the Medical Records Coordinator). Each LPN will be observed monthly for Med Passes for three Residents to ensure compliance with the proper disposal of medications. These observations will be completed by either the PCHA or the Medical Records Coordinator. The results of the observations for the Med Techs/LPNs will be presented by the PCHA at monthly QMT meetings; the QMT will decide on any interventions and the PCHA will implement the interventions.

Licensee's Proposed Overall Completion Date: 12/07/2025

Implemented [REDACTED] - 01/28/2026)

225c - Additional Assessment

5. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.
- 2. If the condition of the resident significantly changes prior to the annual assessment.
- 3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident [REDACTED] uses a bedside mobility device. However, the resident's annual assessment dated [REDACTED] does not include:

- the specific need for the device
- the intended use and any risks associated with the use
- the resident's ability to use the device safely for the purpose it was intended
- identification of the specific device to be used and whether a cover is required to meet FDA guidelines.

Plan of Correction

Accept [REDACTED] 12/08/2025)

On [REDACTED], The Medical Records Coordinator updated Resident [REDACTED]'s assessment with the use of the mobility

225c - Additional Assessment (continued)

device with the specific need for the device; the intended use and any risks associated with the use; the resident's ability to use the device safely for the purpose intended; and the identification of the specific device to be used and whether a cover is required to meet FDA guidelines. All Residents who have Bedside Mobility Devices Annual Assessments were audited at the 11/4/25 Quality Management Team (QMT) Meeting. The PCHA reviewed the results of the audit to include that all residents who utilize the mobility device have had their assessment updated. At the 11/4/25 Quality Management Team (QMT) Meeting, the PCHA and Medical Records Coordinator reviewed 225c and acknowledged understanding of this regulation. The PCHA and Medical Records Coordinator are responsible for completing and updating RASP's. At the monthly QMT meetings, newly written RASPs will be evaluated by the PCHA and the Medical Records Coordinator. Any necessary changes will be made to the RASPs immediately. The next QMT Meeting is 12/3/25.

Licensee's Proposed Overall Completion Date: 12/07/2025

Implemented [REDACTED] - 01/28/2026)