

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

February 24, 2026

[REDACTED]  
WAVERLY HEIGHTS LTD  
[REDACTED]  
[REDACTED]

RE: WAVERLY HEIGHTS  
P.O.BOX 179, 1400 WAVERLY ROAD  
GLADWYNE, PA, 19035  
LICENSE/COC#: 12782

[REDACTED],  
  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/26/2025 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:** WAVERLY HEIGHTS **License #:** 12782 **License Expiration:** 06/08/2026  
**Address:** P.O.BOX 179, 1400 WAVERLY ROAD, GLADWYNE, PA 19035  
**County:** MONTGOMERY **Region:** SOUTHEAST

**Administrator**

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

**Legal Entity**

**Name:** WAVERLY HEIGHTS LTD  
**Address:** [REDACTED]  
**Phone:** [REDACTED] **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** I-2 **Date:** 12/21/2021 **Issued By:** Lower Merion township

**Staffing Hours**

**Resident Support Staff:** 0 **Total Daily Staff:** 67 **Waking Staff:** 50

**Inspection Information**

**Type:** Partial **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Monitoring **Exit Conference Date:** 11/26/2025

**Inspection Dates and Department Representative**

11/26/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 82 **Residents Served:** 57

**Secured Dementia Care Unit**

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

**Hospice**

**Current Residents:** 2

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0 **Are 60 Years of Age or Older:** 58  
**Diagnosed with Mental Illness:** 0 **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 10 **Have Physical Disability:** 0

**Inspections / Reviews**

11/26/2025 Partial

**Lead Inspector:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 01/16/2026

02/03/2026 - POC Submission

**Submitted By:** [REDACTED] **Date Submitted:** 02/20/2026  
**Reviewer:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 02/06/2026

Inspections / Reviews *(continued)*

02/06/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/20/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/20/2026

02/23/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/20/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

132c - Fire Drill Records

1. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drills conducted on [redacted] and [redacted] does not include the number of PC residents in the home at the time of the drills, the number of PC residents evacuated.

Plan of Correction

Accept [redacted] - 02/03/2026)

It is the practice of Waverly Heights to hold monthly unannounced fire drills. These fire drills are documented to include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

The PCH met with the fire drill provider following the October 2025 drill and emphasized their documentation must include the number of residents in the PCH and the number of residents evacuated at time of drill. The documentation for the following months has been corrected. Attached are the November 2025 and December 2025 drills with accurate documentation.

To prevent re-occurring violation, starting in January 2026 the PCH will use the DHS fire drill log form as an audit to verify fire drill provider documentation compliance.

Licensee's Proposed Overall Completion Date: 01/31/2026

Implemented [redacted] - 02/23/2026)

181f - Record of Medication

2. Requirements

2600.

181.f. The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering [redacted] medication.

Description of Violation

Resident [redacted] record did not include a list of current medications. The list includes Folic Acid which the resident indicated that they had stopped taking on an unknown date. Resident [redacted] informed the home that they they were no longer taking this medication and that they would no longer need refills of the medication, but the medication remains on the resident's current medication list.

Plan of Correction

Accept [redacted] - 02/06/2026)

It is the practice of Waverly Heights to have an accurate and up to date medication list for all residents, including those residents who self-administer their own medications.

Resident [redacted] self-administered their own medications after passing the self-administration test upon their admission

181f Record of Medication (continued)

to Personal Care. During the site visit from DHS it was discovered that resident [redacted] was not accurately describing their medication list to the nursing staff. The PCA reviewed the regulations with resident [redacted] and their family. During the discussions with the resident and family it was determined resident [redacted] does not meet the requirements to self administer their own medications moving forward due to the inaccuracy of reporting medication changes to the nursing staff and the resident's desire to keep their expired medications. This resident no longer self administers their own medications.

In order to prevent re occurring violation, the nursing staff will continue monthly audits of residents who self administer their medications. The nursing staff were in serviced on record of medication for residents who self administer their medications, the storage of these medications, and what to do if they find discrepancies or concerns regarding residents who self administer their medications by 1 23 2026 by the PCA and DON.

Licensee's Proposed Overall Completion Date: 02/05/2026

Implemented [redacted] - 02/23/2026)

183b - Meds and Syringes Locked

3. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

Resident [redacted] self administers medications but resides in a shared room with a resident who is not capable of self administering their own medications. On [redacted] at 2:07 pm, [redacted] was unlocked, unattended, and accessible in this shared room.

Plan of Correction

Accept [redacted] 02/06/2026)

It is the practice of Waverly Heights to have residents who self administer their medications lock their doors when leaving their suite and/or have the residents place their medications in a locked cabinet in their suite, depending upon resident preference.

Resident [redacted] shares a two bedroom suite with their spouse. Following the site visit on 11/26/2025, the PCA met with resident [redacted] and their spouse to discuss the regulations and policies and procedures for self administering medications. The PCA encouraged resident [redacted] to allow the nurse to manage and administer their medications moving forward. Resident [redacted] declined to have nurse manage and administer medications and assured PCA that they would follow the regulations and policies and procedures regarding self administration. The PCA and resident [redacted] agreed that if the nursing staff find that resident [redacted] is not compliant with regulations and policies and procedures, they will no longer be able to self administer their medications due to the inability to follow regulations.

The audit will review medication administration test, locking of medications, RASP documentation, medication list review with resident, and room checks. Effective 2/9/2026, weekly self administration of medication audits will be completed by the DON, ADON, nursing supervisor, PCA, or SVP of Health Care until 3/9/2026. Beginning 3/10/2026, the DON, ADON, nursing supervisor, PCA or SVP of Health Care will complete these audits on a monthly basis.

The nursing staff were in serviced on record of medication for residents who self administer their medications, the storage of these medications, and what to do if they find discrepancies or concerns regarding residents who self administer their medications by 1 23 2026 by the PCA and DON.

183b - Meds and Syringes Locked (continued)

Licensee's Proposed Overall Completion Date: 02/05/2026

Implemented [REDACTED] - 02/23/2026)

183d - Prescription Current

4. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On [REDACTED], [REDACTED] prescribed for resident [REDACTED] was in the home's medication cart; however, the medication was discontinued on [REDACTED].

Plan of Correction

Accept [REDACTED] - 02/06/2026)

It is the practice of Waverly Heights to ensure only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

The discontinued medication was removed immediately and disposed of as appropriate.

To prevent re-occurring violation the medication carts are being audited at random by the pharmacy consultant or designee, and nursing staff. These audits began on 12/1/2025.

In addition, a medication cart audit will be conducted weekly by the overnight shift nurse. These audits began on 12/1/2025.

The nursing staff were in-serviced on current prescriptions, the medication cart audit procedures, storing of medications, and disposing of medications by 1-23-2026 by the PCA and DON.

Licensee's Proposed Overall Completion Date: 02/05/2026

Implemented [REDACTED] 02/23/2026)

183e - Storing Medications

5. 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] a bottle of [REDACTED], belonging to Resident [REDACTED] was present in the medication cart. This bottle had a printed expiration date of [REDACTED].

On [REDACTED] a bottle of [REDACTED] belonging to Resident [REDACTED], was present in the medication cart. The pharmacy label indicated that this medication must be used by [REDACTED].

On [REDACTED] several individual [REDACTED], belonging to Resident [REDACTED] were present on the medication cart. The packages had a printed expiration date of [REDACTED].

183e - Storing Medications (continued)

Plan of Correction

Accept [redacted] - 02/06/2026)

It is the practice of Waverly Heights to store all medications appropriately according to manufacturer's instructions.

Resident [redacted] self-administered [redacted] own medications after passing the self-administration test upon [redacted] admission to Personal Care. Resident [redacted]'s medications were in their suite and not the medication cart. During the site visit from DHS it was discovered that resident [redacted] was not following manufacturer's instructions regarding expiration date. The PCA reviewed the regulations with resident [redacted] and their family. During the discussions with the resident and family it was determined resident [redacted] does not meet the requirements to self-administer their own medications moving forward due to the inaccuracy of reporting medication changes to the nursing staff and their desire to keep expired medications. This resident no longer self-administers their own medications.

The audit will review medication administration test, locking of medications, RASP documentation, medication list review with resident, and room checks. Effective 2/9/2026, weekly self administration of medication audits will be completed by the DON, ADON, nursing supervisor, PCA, or SVP of Health Care until 3/9/2026. Beginning 3/10/2026, the DON, ADON, nursing supervisor, PCA or SVP of Health Care will complete these audits on a monthly basis.

The nursing staff were in-serviced on record of medication for residents who self-administer their medications, the storage of these medications, and what to do if they find discrepancies or concerns regarding residents who self-administer their medications by 1-23-2026 by the PCA and DON.

Waverly Heights uses an on-site retail pharmacy to refill resident medications. Resident [redacted] s [redacted] were delivered to the medication cart by the pharmacy. The [redacted] were individually packaged and placed in labeled box. During the site visit on 11/26/2025 it was discovered that the pharmacy delivered a box of lidocaine patches with some patches being expired. The patches were removed immediately and disposed of as appropriate. The pharmacy conducted an internal audit on 12/2/2025 to ensure no expired medications were present in the pharmacy. The pharmacy conducted another audit on 1/13/2025. Both internal audits showed no expired medications in the pharmacy.

The pharmacy consultant audited all medication carts on 12-1-2025 and 12-8-2025 and found no expired medications.

Licensee's Proposed Overall Completion Date: 02/05/2026

Implemented [redacted] - 02/23/2026)

185a - Implement Storage Procedures

6. 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

On [redacted] at approximately 11:25am, Resident [redacted]'s narcotic log for [redacted] - one tablet by mouth three times a day- scheduled for 8am, 2pm and 8pm, showed that 9 pills were remaining, however the actual count of medication in the blister package was 10. The narcotic log had a line item dated [redacted] at 2pm for one pill removed from the package, however the pill was not actually administered at this time.

**185a - Implement Storage Procedures (continued)****Plan of Correction****Accept (█ - 02/06/2026)**

*It is the practice of Waverly Heights for the nurse to administer medications to the residents per their physician order, following the five Rs of medication administration (right resident, right drug, right dose, right route, and right time).*

*The nurse on duty accidentally signed out the medication on the narcotic sheet prior to giving out the medication. The resident did receive their scheduled medication at the correct time this day and was signed out accurately at this time.*

*The nursing staff were in-services on the five Rs of medication administration and the procedure for documentation for medication administration by 1-23-2025 by the PCA and DON. The nurses complete a medication administration competency at least annually and as needed.*

*Effective 2/9/2026, weekly medication administration record audits will be completed by the DON, ADON, nursing supervisor, or PCA, until 3/9/2026. Beginning 3/10/2026, the DON, ADON, nursing supervisor, or PCA will complete these audits on a monthly basis for three months, concluding 6/9/2026. For each audit the DON, ADON, nursing supervisor, or PCA will choose at random, a selection of no less than 9 residents medication administration records.*

**Licensee's Proposed Overall Completion Date: 02/20/2026**

**Implemented (█ - 02/23/2026)**