

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

April 20, 2026

[REDACTED], ADMINISTRATOR
MAPLE VILLAGE
2815 BYBERRY ROAD
HATBORO, PA, 19040

RE: WESLEY ENHANCED LIVING UPPER
MORELAND
2815 BYBERRY ROAD
HATBORO, PA, 19040
LICENSE/COC#: 12791

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/04/2026 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 UPPER MORELAND **License #:** 12791 **License Expiration:** 02/27/2027
Address: 2815 BYBERRY ROAD, HATBORO, PA 19040
County: MONTGOMERY **Region:** SOUTHEAST

Administrator

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

Legal Entity

Name: MAPLE VILLAGE
Address: 2815 BYBERRY ROAD, HATBORO, PA, 19040
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 03/02/1999 **Issued By:** COPA L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 33 **Waking Staff:** 25

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Incident **Exit Conference Date:** 03/04/2026

Inspection Dates and Department Representative

03/04/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 52 **Residents Served:** 26

Secured Dementia Care Unit

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

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 26
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 1
Have Mobility Need: 7 **Have Physical Disability:** 0

Inspections / Reviews

03/04/2026 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/05/2026

04/13/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 04/20/2026
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 04/23/2026

Inspections / Reviews *(continued)*

04/20/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/20/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

62 Contact List

1. Requirements

2600.

62. List of Staff Persons The administrator shall maintain a current list of the names, addresses and telephone numbers of staff persons including substitute personnel and volunteers.

Description of Violation

██████████ the administrator, does not maintain a list of staff persons.

Plan of Correction

Accept (██████████) - 04/07/2026)

On 3/4/2026, during the survey, the Administrator added ██████████ to the staffing list to ensure accuracy and compliance. On 3/5/2026, the Administrator and Human Resources Director conducted a comprehensive audit of all employees to verify that names, addresses, and telephone numbers were current and accurate. This audit included all staff, substitute personnel, and volunteers, and was completed on 3/5/2026.

Additionally, on 3/5/2026, both the Human Resources Director and Administrator received education from the Regional Administrator regarding Regulation 62 to reinforce compliance requirements.

Moving forward, the Human Resources Director and Administrator will conduct monthly audits of the staffing list to ensure ongoing compliance. The first scheduled audit will take place on 4/8/2026. The staffing list will also be updated promptly upon the hire or separation of any employee or individual list.

Full implementation of this corrective action plan will be completed by 4/10/2026.

Licensee's Proposed Overall Completion Date: 04/10/2026

Implemented (██████████) - 04/20/2026)

85a Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 3/4/2026 at 9:39a, the ice cream freezer had a towel in the freezer that was stained with food debris.

Plan of Correction

Accept (██████████) - 04/07/2026)

On 3/4/2026, during the survey, the Dining Manager immediately removed the towel that was observed in the freezer.

On 3/5/2026, the Administrator and Dining Manager conducted a comprehensive audit of all freezers to ensure no towels or unauthorized items were present. This audit was completed on 3/5/2026, and all areas were found to be in compliance.

Additionally, the Dining Manager and Administrator will provide education to all dining staff regarding Regulation 85a to reinforce proper storage practices and compliance standards. This education will be completed by 4/10/2026.

To ensure ongoing compliance, the Dining Manager and Administrator have implemented a daily audit process for all freezer units. This process has already been initiated and will be maintained moving forward.

Licensee's Proposed Overall Completion Date: 04/10/2026

85a Sanitary Conditions *(continued)*

Implemented ([REDACTED] - 04/20/2026)