

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

December 11, 2024

[REDACTED]  
WAVERLY HEIGHTS LTD  
[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 10/09/2024, 10/09/2024 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: 06/08/2025  
 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: 1 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: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 10/10/2024

**Inspection Dates and Department Representative**

10/09/2024 On Site: [REDACTED]  
 10/09/2024 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: 57  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 10 Have Physical Disability: 10

**Inspections / Reviews**

10/09/2024 - Full  
 Lead Inspector: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 11/08/2024

Inspections / Reviews *(continued)*

11/06/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/09/2024

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 11/11/2024

11/08/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/09/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/15/2024

12/11/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/09/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] at 9 AM, Resident [redacted] did not receive a scheduled medication due to the medication not being available in the home. The home did not report this incident to the department until [redacted] at 1:20 PM.

On [redacted] at 8 PM, Resident [redacted] did not receive a scheduled medication due to the medication not being available in the home. The home did not report this incident to the department until [redacted] at 1:30 PM.

Plan of Correction

Accept [redacted] - 11/08/2024)

Nursing staff were in-serviced on the reportable incidents from DHS regulations on [redacted] through [redacted]. The process for reportable incidents was reviewed during the in-service, as well as mandatory timelines. The nurses were specifically reminded of the missed medication report that they are to run at the end of their shift to ensure no medications were missed.

To prevent a re-occurring violation, the Personal Care Administrator will perform monthly review for reportable incidents, which started on [redacted], and will re-educate as necessary.

In-service documentation attached.

Licensee's Proposed Overall Completion Date: 11/07/2024

Implemented [redacted] - 12/11/2024)

17 Record Confidentiality

2. 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 10:42 AM, the controlled substance log, which contains confidential resident information, was on top of the medication cart in Devonshire 1, unlocked, unattended, and accessible.

17 Record Confidentiality (continued)

Plan of Correction

Accept ( [redacted] - 11/08/2024)

Nurses were in serviced on the Confidentially of Records regulation on [redacted] through [redacted].

Effective immediately, the nurses will store the narcotic book in the medication cart or in the nurse's station to ensure confidentiality and have done so since [redacted].

To prevent re occurring violation, the Personal Care Administrator, will conduct weekly spot checks and random audits for compliance on monthly basis which started on [redacted]

In service documentation attached.

Licensee's Proposed Overall Completion Date: 11/07/2024

Implemented ( [redacted] 12/11/2024)

85a - Sanitary Conditions

3. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [redacted] at 10:22 AM, blood was found on the back of bubble packs of the following prescriptions for Resident [redacted]

- [redacted]
- [redacted]
- [redacted]

Plan of Correction

Accept [redacted] - 11/08/2024)

The nurse on duty got a papercut on [redacted] finger on [redacted], which resulted in blood on the blister pack. The medication blister packs for resident [redacted] were wasted immediately and replaced by the pharmacy.

Nurses were in serviced about contamination of blister packs and the sanitation regulations on [redacted] through [redacted]. Education was provided to all nurses that unsanitary medications are to be returned to pharmacy and/or medication needs to be destroyed and replaced.

To prevent a re occurring violation, a weekly medication cart audit will be completed by the night shift nurse to ensure compliance. The audits will begin on [redacted]

In service documentation attached.

Licensee's Proposed Overall Completion Date: 11/07/2024

Implemented ( [redacted] - 12/11/2024)

101j7 - Lighting/Operable Lamp

4. Requirements

101j7 - Lighting/Operable Lamp (continued)

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident [redacted] does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept [redacted] - 11/08/2024)

Resident [redacted] personal lamps were removed immediately after determining that the lamps were inoperable on [redacted]. The resident continues to have operable light sources at bedside provided by Waverly Heights that have been and continue to be operable.

Nursing staff re-educated on what should be present in resident bedrooms and the importance of checking these items during rounding on [redacted] through [redacted].

To prevent a re-occurring violation, the Personal Care Administrator will conduct monthly audits of rooms to ensure light bulbs are working properly. Monthly audits to start on [redacted].

In-service documentation attached.

Licensee's Proposed Overall Completion Date: 11/07/2024

Implemented [redacted] - 12/11/2024)

141b1 - Annual Medical Evaluation

5. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident [redacted] most recent medical evaluation was completed on [redacted]. The resident's previous medical evaluation was completed on [redacted].

Plan of Correction

Accept [redacted] - 11/08/2024)

Resident [redacted] was seen on [redacted]. Effective immediately, the resident was put on the physician's schedule and was seen on 10/16/2024. All other resident DME's were audited on [redacted] and were found to be within DHS regulation timelines.

To prevent a re-occurring violation, the Personal Care Administrator will ensure that all residents DMEs are completed within required timelines with monthly audits which began on [redacted].

All physicians reminded of the DME timeframes and the importance of keeping to scheduled appointments and documenting on provided DHS DME form.

Licensee's Proposed Overall Completion Date: 11/07/2024

141b1 - Annual Medical Evaluation (continued)

Implemented [redacted] - 12/11/2024)

183e - Storing Medications

6. 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 10:30 AM Resident [redacted], was not labeled with an open date. According to the manufacturer's instructions "Once you start using [redacted], it should be stored at room temperature, below 86 degrees Fahrenheit, and must be used within 28 days or be discarded, even if it still contains [redacted]".

On [redacted] at 10:49 AM, Resident [redacted] prescription had a tear/puncture at spot 4 on the back of the bubble pack.

Plan of Correction

Accept ( [redacted] - 11/08/2024)

The medication for resident [redacted] and resident [redacted] were wasted immediately at time of inspection and replaced by the pharmacy immediately. Nurses were in-serviced on the storage of medications on [redacted] through [redacted].

To prevent a re-occurring violation, a weekly medication cart audit will be completed by the night shift nurse to ensure compliance. The audits will begin on [redacted].

In-service documentation attached.

Licensee's Proposed Overall Completion Date: 11/07/2024

Implemented [redacted] - 12/11/2024)

184a - Resident's Meds Labeled

7. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

184a - Resident's Meds Labeled (continued)

Description of Violation

Beginning [redacted] Resident [redacted] medication order is for [redacted] take 1 tab Every Day on Thursdays and Sundays only." The bottle of medication found in the medication cart on [redacted] indicates instructions for the old medication order "Take 1 and 1/2 to 2 tablets by mouth daily in the evening." The medication bottle for resident [redacted] does not include an order change sticker.

Plan of Correction

Accept [redacted] 11/08/2024)

The label for resident [redacted] was corrected at time of inspection, being replaced by the pharmacy immediately. Nurses were in-serviced on the labelling of medications on [redacted] through [redacted]

To prevent a re-occurring violation, a weekly medication cart audit will be completed by the night shift nurse to ensure compliance. The audits will begin on [redacted].

In-service documentation attached.

Licensee's Proposed Overall Completion Date: 11/07/2024

Implemented [redacted] - 12/11/2024)

227g -Support Plan Signatures

8. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Staff Person A participated in the development of Resident [redacted] support plan on [redacted]. However, the staff person did not sign the support plan.

Resident [redacted] participated in the development of [redacted] support plan on [redacted]. However, the resident did not sign the support plan.

Plan of Correction

Accept [redacted] - 11/08/2024)

Resident [redacted] RASP was signed by both staff persons ([redacted] and [redacted] on [redacted]). The form is electronic, so the signatures are also electronic. To prevent re-occurring violation the RASPs will only be signed electronically in the future to avoid confusion. The signature is timestamped at the bottom of the RASP.

Resident [redacted] RASP was not yet due at the time of the inspection. A Resident Assessment and draft of the Support Plan was provided to DHS as requested. We have attached the signed RASP that was completed with Resident [redacted]

**227g -Support Plan Signatures (continued)**

*signature. To prevent re-occurring violation the Support Plan will not be provided to DHS unless it has been completed and signed by the resident.*

**Licensee's Proposed Overall Completion Date: 11/07/2024**

**Implemented [REDACTED] - 12/11/2024)**