

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

March 3, 2025

[REDACTED], EXECUTIVE DIRECTOR
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 01/23/2025 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 UPPER MORELAND License #: 12791 License Expiration: 02/27/2026
 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: 31 Waking Staff: 23

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 01/23/2025

Inspection Dates and Department Representative

01/23/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 52 Residents Served: 31

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 31
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

01/23/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/17/2025

02/14/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 02/27/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 02/24/2025

Inspections / Reviews (*continued*)

03/03/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/27/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

96b - First Aid Location

1. Requirements

- 2600.
- 96.b. Staff persons shall know the location of the first aid kit.

Description of Violation

Staff person B did not know the location of the first aid kit.

Plan of Correction

Accept ([redacted]) - 02/14/2025)

96b First aid location

Staff person B was re-educated on the location of the first aid kit, along with required content. This was completed on 1/23/2025.

All personal care staff will be in-serviced on the location of the first aid kit, along with required content. PCHA and or designee will conduct monthly audit to ensure all staff are aware of first aid kits and location. This will be completed by 2/28/2025.

All new employees will be made aware of the first aid kit location during their first week of floor orientation.

Licensee's Proposed Overall Completion Date: 02/13/2025

Implemented ([redacted]) - 03/03/2025)

103f - Refrigerator/Freezer Temps

2. Requirements

- 2600.
- 103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

There was no thermometer in the ice cream freezer in the first-floor kitchen.

Plan of Correction

Accept ([redacted]) - 02/14/2025)

103f Refrigerator/freezer temperature

PCHA and Dining manager have placed a thermometer in the ice cream freezer in the first-floor kitchen. This was completed on 1/23/2025.

PCHA and Dining manager will in-service all dining staff that all food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F, this will be completed by 2/28/2025.

PCHA and Dining manager completed an audit of all refrigerators in personal care to ensure that every refrigerator/freezer had a thermometer. This was completed on 1/23/2025.

PCHA and or Dining manger will conduct weekly audit to ensure thermometer remain in every refrigerator.

Licensee's Proposed Overall Completion Date: 02/13/2025

Implemented ([redacted]) - 03/03/2025)

107b - Emergency Procedures

3. Requirements

2600.

107.b. The home shall have written emergency procedures that include the following:

1. Contact information for each resident's designated person.
2. The home's plan to provide the emergency medical information for each resident that ensures confidentiality.
3. Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.
4. Means of transportation in the event that relocation is required.
5. Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.
6. Alternate means of meeting resident needs in the event of a utility outage.

Description of Violation

The home's written emergency procedures do not include the contact information for each resident's designated person.

Plan of Correction

Accept (█) - 02/14/2025

107B Emergency Procedures

PCHA requested that the Emergency Resident Profile Binder be audited and updated by the new Director of Personal Care. This was completed on 1/23/2025.

Director of Personal Care will audit and update the Emergency Resident Profile Binder weekly to assure updated and accurate data to include contact information for each resident's designated person.

New residents will be added to the Emergency Resident Profile Binder upon admission and discharged residents will be removed upon discharge.

Licensee's Proposed Overall Completion Date: 02/13/2025

Implemented (█) - 03/03/2025

125a - Combustible Storage

4. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

On 1/23/2025, there were two cans of Oatey PVC Cement marked as flammable stored near the boilers and the hot water heaters.

Plan of Correction

Accept (█) - 02/14/2025

125a Combustible storage

PCHA and Facility Director have removed the two cans of Oatey PVC that were found near the boiler and hot water heater. This violation was corrected on 1/23/2025.

PCHA and Facility Director will complete an in-service with all maintenance staff of regulation 125a and the importance of fire safety. This will be completed by 2/28/2025.

125a - Combustible Storage (continued)

PCHA and or Facility Director will conduct a daily audit to ensure no flammable contents are not left near the boiler or hot water heaters.

Licensee's Proposed Overall Completion Date: 02/13/2025

Implemented (█) - 03/03/2025

127a - Portable Space Heaters

5. Requirements

2600.
127.a. Portable space heaters are prohibited.

Description of Violation

On 1/23/2025 at 9:00 a.m., five portable space heaters were in use in the facility's main entrance.

Plan of Correction

Accept (█) - 02/14/2025

On 1/23/2025 all space heaters were removed.

PCHA and Facility Director will conduct an in-service with all Upper Moreland employees that space heaters are prohibited, this will be completed during annual fire safety training. The first session was conducted on 2/6/2025.

PCHA and Facility Director will complete daily audit to ensure no space heaters are in use.

Licensee's Proposed Overall Completion Date: 02/13/2025

Implemented (█) - 03/03/2025

185a - Implement Storage Procedures

8. 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 2 is prescribed Insulin LISP INJ 100 ml, 10 units subcutaneously before lunch and dinner for █ hold if glucose is < 100, and Insulin LISP INJ 100 ml, 7 units before breakfast for █ hold if glucose is < 100. However, staff persons do not record all the readings in the medication record each time that is read. On 1/22/2024 it was recorded twice, and the glucometer reads three times; on 1/20/2024 it was recorded once, and the glucometer reads three times; on 1/19/2025 it was recorded twice, and the glucometer reads three times.

Plan of Correction

Directed (█) - 02/14/2025

185a implement Storage Procedures

PCHA and or designee updated Resident 2 orders to reflect if glucose is < 100 a recording of the glucose will be required.

Directed Plan of Correction (█ 2/14/25): the PCHA or DON will conduct a training to all staff administering medication to ensure they are aware of the importance of documenting all blood sugar values as taken for all residents, by 2/24/25.

185a - Implement Storage Procedures (continued)

PCHA and or designee will conduct daily audit to ensure the accuracy of glucose numbers will reflect the order.

Proposed Overall Completion Date: 02/13/2025

Directed Completion Date: 02/24/2025

Implemented (████) - 03/03/2025)

227g -Support Plan Signatures

9. Requirements

2600.

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

Description of Violation

Resident 3, who participated in the development of █████ support plan on █████ did not date the support plan.

Staff person C, who participated in the development of the support plan for resident 3, did not sign or date the support plan.

Plan of Correction

Accept (████) - 02/14/2025)

227g Support Plan Signatures

Resident 3 was made aware that █████ signature was required on █████ RASP, this was completed on 1/23/2025.

Staff person C was also made aware that █████ signature was required on Resident 3 RASP, this was also completed on 1/23/2025.

PCHA and or designee will conduct an in-service with all nursing and Direct Care Staff that signatures are required for all RASP, this will be completed by 2/28/2025.

PCHA and or designee will complete monthly audit to ensure that all required signatures are completed during resident admission, re-admission, significant change.

Licensee's Proposed Overall Completion Date: 02/13/2025

Implemented (████) - 03/03/2025)