

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

May 22, 2025

[REDACTED], EXECUTIVE DIRECTOR  
EVANGELICAL MANOR, INC.  
8401 ROOSEVELT BOULEVARD  
PHILADELPHIA, PA, 19152

RE: WESLEY ENHANCED LIVING  
PENNYPACK PARK  
8401 ROOSEVELT BOULEVARD  
PHILADELPHIA, PA, 19152  
LICENSE/COC#: 17638

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/31/2025 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 PENNYPACK PARK* License #: *17638* License Expiration: *06/02/2025*  
 Address: *8401 ROOSEVELT BOULEVARD, PHILADELPHIA, PA 19152*  
 County: *PHILADELPHIA* Region: *SOUTHEAST*

**Administrator**

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

**Legal Entity**

Name: *EVANGELICAL MANOR, INC.*  
 Address: *8401 ROOSEVELT BOULEVARD, PHILADELPHIA, PA, 19152*  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *Other* Date: *02/20/2023* Issued By: *Phila L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *23* Waking Staff: *17*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *03/31/2025*

**Inspection Dates and Department Representative**

*03/31/2025 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *50* Residents Served: *23*

**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: *23*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**03/31/2025 - Full**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/19/2025*

**04/22/2025 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *05/21/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/27/2025*

Inspections / Reviews *(continued)*

04/29/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/21/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 05/02/2025

05/22/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/21/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

65f - Training Topics

1. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person A did not receive training in the following topics during training year 2024:

- Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- Personal care service needs of the resident.

Plan of Correction

Accept ( ) - 04/29/2025

An audit was conducted on 3/31/2025 to ensure that all direct care staff had received required yearly training of 65f (2,5). PCHA or designee will continue to conduct monthly in-service training on 65f. for all direct care staff. PCHA, or designee, will conduct a month end review of all direct care staff files to ensure training was completed. This will be implemented by 4/30/2025

Licensee's Proposed Overall Completion Date: 04/30/2025

Implemented ( ) - 05/22/2025

162c - Menus Posted

2. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

On 3/31/2025, there were several menus posted on the dining-room wall, reading, "Week 1", "Week 2," etc., but the weeks were not dated. Therefore, a resident could not look ahead to future meals without asking which menu represented the current week.

Plan of Correction

Accept ( ) - 04/22/2025

Violation resolved the next day. The PCHA and/or designee along with the Dining Manager will conduct weekly checks to ensure the correct menus are displayed for the residents to read. The menus will reflect both the current week's rotation along with the current week. All PC & Dining staff were educated on how to read the menu.

Licensee's Proposed Overall Completion Date: 04/30/2025

Implemented ( ) - 05/22/2025

**185a - Implement Storage Procedures****3. 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 3/31/2025, the glucometer for resident #1 was calibrated one hour slow. This caused the resident's glucometer readings to be logged with incorrect times.*

**Plan of Correction****Accept (█ - 04/22/2025)**

*Violation corrected on our end on 3/31/2025. All staff in-serviced on calibrating the glucometers to reflect the correct date and time. The PCHA and/or the designee will conduct weekly checks to ensure all glucometers are properly calibrated.*

**Licensee's Proposed Overall Completion Date: 04/30/2025****Implemented (█ - 05/22/2025)**