

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to BIBLE FELLOWSHIP CHURCH HOMES, INC.

LEGAL ENTITY

To operate FELLOWSHIP TERRACE

NAME OF FACILITY OR AGENCY

Located at 3010 FELLOWSHIP DRIVE, WHITEHALL, PA 18052

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 101
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa. Code §§ 2600.231-239 - Capacity 24

This certificate is granted in accordance with the Public Welfare Code of 1967, P. L. 31, as amended, and Regulations

55 Pa. Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from January 24, 2012 until January 24, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 216480

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

JAN 26 2012

PHONE: (717) 783-3670
FAX: (717) 783-5662

Ms. Donna J. Conley, Executive V.P. of Operations
Bible Fellowship Church Homes, Inc.
3000 Fellowship Drive
Whitehall, Pennsylvania 18052

RE: Fellowship Terrace
3010 Fellowship Drive
Whitehall, Pennsylvania 18052

Dear Ms. Conley:

As a result of the Department of Public Welfare's licensing inspection on December 14, 2011 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

As a result of your personal care home's recent adjustment of the use of physical space, we are revising your SDCU licensed capacity.

Sincerely,

A handwritten signature in cursive script that reads "Ronald Melusky" followed by a date "1/98".

Ronald Melusky
Director

Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Fellowship Terrace, 3010 Fellowship Drive Whitehall, PA 18052		CURRENT LICENSE NUMBER 216480	
INSPECTION DATES (Include all dates of the inspection) 12/14/2011		REGIONAL REPRESENTATIVE Leslie Patton, Gerald Dumas	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Donna Conley, Executive V.P. of Operations</i>			
SIGNATURE OF LEGAL ENTITY <i>Donna Conley</i>	DATE <i>1-13-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Mofreulczyk</i>	DATE <i>1-20-12</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
89b Hot water temperature in areas accessible to the resident may not exceed 120°F.	Hot water and coffee measuring 174 degrees was available to residents of the dementia care unit at 11:00 a.m. The area nearest to the coffee was also unattended by staff. The Maxwell House Coffee dispenser was not locked which allowed residents access to the hot liquids.	<i>1-13-12</i>	<i>See attachment #1, b, c, d</i>	<div style="border: 1px solid black; padding: 5px; transform: rotate(-90deg); transform-origin: center;"> Steps have been taken to correct violation; full compliance is not verifiable. Date _____ Initials (DPW) _____ </div>
<div style="border: 1px solid black; padding: 10px; margin: 0 auto; width: 80%;"> <p style="font-size: 2em; margin: 0;">RECEIVED</p> <p style="font-size: 1.2em; margin: 5px 0 0 0;"><i>JAN 17 2012</i></p> <p style="margin: 0;">SCRANTON FIELD OFFICE Adult Residential Licensing</p> </div>				

1/13/12

Fellowship Terrace License #216480
Rosalind Haglund, Administrator

Steps have been taken to
correct violation; full
compliance is not verifiable
1-20-12 mm
Date Initials (DPW)

Plan of Correction

Attachment (1)

Regulation 89b Hot water temps shall not to exceed 120 degrees in order to protect residents from the risk of injury or contact with excessive water temperatures

On the day of inspection, the dietary aide on duty left the area of the dining area unattended leaving the Maxwell House Coffee dispenser unattended and unlocked. Protocol is to switch the coffee maker to "Night Mode" anytime the dining room is unattended and before and after meal service


The coffee dispenser was unplugged immediately and switched to "Night Mode" upon the return of dietary staff to the dining room area. The ability to secure the dispensing buttons on this machine was the reason it as purchased for the dementia care unit. A copy of the manufacturer statement indicating machine features is attached for your review. { Attachment 1(d) }

- To ensure the future safety of the residents a policy regarding the procedures for securing the machine has been developed. { Attachment (1b) }

Staff working in the dementia unit were retrained on this procedure 1/11/12 and 1/12/12 to ensure future compliance with this regulation. { See attachment (1c) signature acknowledgement sheet }

The Director of Dining Services and Dining Room Manager, Director of Resident Care Services and PCH Administrator shall make random rounds to ensure the procedure is being adhered to. Any non-compliance shall be addressed immediately

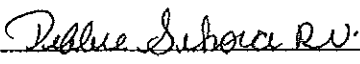
SIGNATURE OF PLAN OF CORRECTION ACKNOWLEDGEMENT:



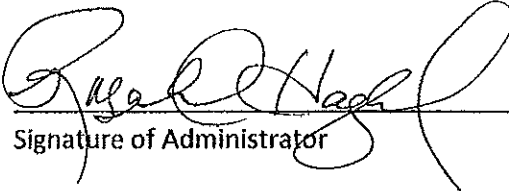
Signature of Director of Dining Services



Signature of Dining Services Manager



Signature of Resident Care Services


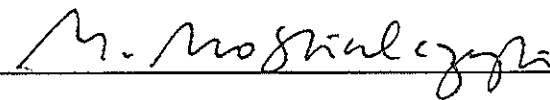


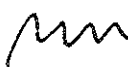
Signature of Administrator

Date 1 / 13 / 12

Steps have been taken to
correct violation; full
compliance is not verifiable
1-20-12 mm
Date Initials (DPW)

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Fellowship Terrace, 3010 Fellowship Drive Whitehall, PA 18052		CURRENT LICENSE NUMBER 216480	
INSPECTION DATES (Include all dates of the inspection) 12/14/2011		REGIONAL REPRESENTATIVE Leslie Patton, Gerald Dumas	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center; font-size: 1.2em;">Donna Conley, Executive V.P. of Operations</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 1-13-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 1-20-12

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
93a Each ramp, interior stairway and outside steps shall have a well-secured handrail.	The walkway leading from the southeast emergency exit does not have a handrail. The walkway is at a slight descending pitch down to the parking lot.	1-13-12	see attachment #2, b	 1-20-12

1/13/12

Fellowship Terrace License #216480
Rosalind Haglund, Administrator

Plan of Correction

Attachment(2)

Regulation 93a For the safety of resident and staff egress, each ramp, interior stairway and outside steps shall have a well-secured handrail.

On the day of inspection the southeast ground level exit of the Terrace did not have the required handrail in place.

To ensure the safety of residents, visitors and staff, a handrail was ordered and installed on 1/11/12. Pictures of the installed handrail are attached for your review. { Attachment 2(b)}

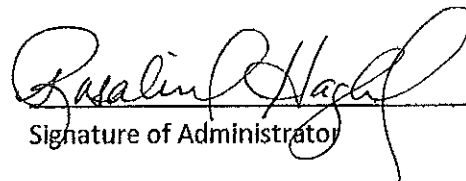
To ensure that all existing stairways, ramps and outside steps in the Terrace are in compliance with Regulation 93a a walk-thru inspection was conducted by the Director of Facility Engineering on 12/15/11.

The Director of Engineering and Administrator shall ensure that any future installations of ramps, stairs or new construction shall be in compliance with this regulation.

SIGNATURE OF PLAN OF CORRECTION ACKNOWLEDGEMENT:




Signature of Director of Facility Engineering


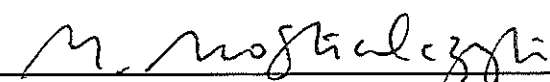


Signature of Administrator

Date 1 / 13 / 12


1-20-12

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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125a Combustible and flammable materials may not be located near heat sources or hot water heaters.	A one-gallon plastic empty bottle and a black sock were found behind the home's dryer in the Dementia Unit (Courtyard) laundry room.	1-13-12	See attachment 3,b,c	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: 0.8em;">Steps have been taken to correct violation; full compliance is not verifiable</div> <div style="display: flex; gap: 5px;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: 0.8em;">Date</div> <div style="border-bottom: 1px solid black; width: 40px;"></div> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: 0.8em;">Initials (DPW)</div> </div> </div>

1/13/12

Fellowship Terrace License #216480
Rosalind Haglund, Administrator

Plan of Correction

Attachment(3)

Regulation 125a To reduce the risk of fire in the facility, Combustible and flammable materials shall not be located near heat sources.

On the day of inspection a sock had fallen behind the dryer in the laundry room of the ground floor. It is undetermined when or how the clean plastic empty bottle fell behind the dryer. Both these items were recovered from behind the dryer immediately upon discovery.


To prevent future violations of this regulation, the area behind the dryers shall be checked by Aides after each dryer use and a nightly inspection of the area behind the dryer shall be documented.

Attached is a copy of the training handout provided to aides on 1/11/12 & 1/12/12 on the regulation as well as a signature sheet acknowledging this training. {Attachment 3(b) }


Each nightly inspection of both laundry areas in the Terrace (ground floor and 2nd floor) is also documented on the tracking sheet posted in the laundry area. {Attachment 3(c) }

To ensure future compliance of this regulation and ensure the above training and nightly inspections are adhered to the Director of Housekeeping, Director of Resident Care and Administrator shall conduct random walk-thru inspections of both laundry areas of the Terrace.

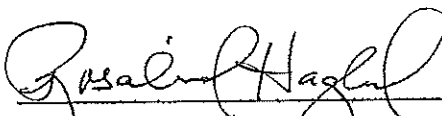
SIGNATURE OF PLAN OF CORRECTION ACKNOWLEDGEMENT:




Signature of Director of Housekeeping



Signature of Director of Resident Care



Signature of Administrator

Steps have been taken to
correct violation; full
compliance is not verifiable
1-20-12 / 
Date Initials (DPW)

Date 1 / 13 / 12

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
184c Sample prescription medications shall have written instructions from the prescriber that include the components specified in 184a.	A sample of Lumigan eye drops prescribed to resident #1 did not contain all of the elements required to be attached to the sample. The attached information did not indicate the name and title of the prescriber or the date the medication was prescribed.	1-13-12	see attachment 4, b, c	<div style="border: 1px solid black; padding: 5px; transform: rotate(-90deg); transform-origin: center;"> <p style="margin: 0;">Steps have been taken to correct violation. (u) compliance is not verifiable Date Initials (DPW)</p> </div>

1/13/12

Fellowship Terrace License #216480
Rosalind Haglund, Administrator

Plan of Correction

Attachment(4)

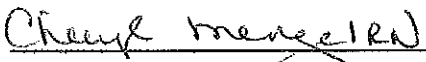
Regulation 184c To ensure the 5 Rights of medication administration are applied during the administering of sample medications to residents the written instructions, name and title of the prescriber and the date of order shall be attached to the sample.

On the day of inspection a bottle of sample Lumigan eye drops for Resident#1 did not contain all the elements required in the regulation. Immediately upon discovery, a label containing the required information required was attached to sample. { Attachment 4(b) Copy of information that was attached day of inspection }

To prevent future violations of this regulation, a sample medication policy was developed on 12/29/11. { Attachment 4(c) } Training on this policy shall be provided to all current Team Leader Med Techs no later than 1/25/12. The signature sheet acknowledging their receipt of training shall be faxed to the DPW no later than 1/26/12. Training of future Med Techs conducted by the Education Director shall also include this information. As indicated in the policy, the Med Tech receiving the samples shall apply a label containing the required information. The Director of Resident Care shall be informed that a new sample has been received and shall ensure that the label is in regulatory compliance as outlined.

The Education Director, Director of Resident Care and Administrator shall be responsible for ensuring training and future regulatory compliance.

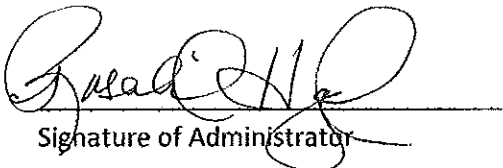
SIGNATURE OF PLAN OF CORRECTION ACKNOWLEDGEMENT:



Signature of Education Director



Signature of Resident Care Director



Signature of Administrator

Date 1 / 13 / 12

Steps have been taken to correct violation; full compliance is not verifiable
1-20-12

Date Initials (DPW)

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Donna Conley</i>	DATE 1-13-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Mogniolo</i>	DATE 1-20-12

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
185a 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.	The following PRN medications prescribed to the stated individuals were not on-hand at the time of the inspection: Resident #2; Dulcolax suppository 10mg Resident #3; Imodium Resident #4; Maalox Resident #5; Milk of Magnesia	1-13-12	See attachment 5, b, c, d, e, f	Steps have been taken to correct violation; full compliance is not verifiable <i>[Signature]</i> Date Initials (D/W)

1/13/12

Fellowship Terrace License #216480
Rosalind Haglund, Administrator

Plan of Correction

Attachment(5)

Regulation 185a To ensure that residents have the prescribed medications on hand when needed and as ordered by physician.

On the day of inspection Residents #2, 3, 4, and 5 did not have PRN medications available as were noted on their Medication Administration Record.

An audit for medication availability based on the MAR was conducted by the Director of Resident Care for each resident of the Terrace during the period of 12/14/11 – 1/3/12 . Physicians were contacted for medications not utilized in the past 30 days that were not available as a result of "standing orders". As ordered by resident physicians certain medications were discontinued. The availability of all other medications was verified during the audit.

To verify remediation of the violations discovered on the day of inspection the following information is attached:

Attachment 5(b) Resident #2 Dulcolax Suppository - the order was discontinued on 12/30/11 by physician due to non-use. Copy of signed order attached.

Attachment 5(c) Resident #3 Immodium - the order was discontinued on 12/30/11 by physician due to non-use. Copy of signed order attached.

Attachment 5(d) Resident #4 Maalox - the order was discontinued on 12/30/11 by physician due to non-use. Copy of signed order attached.

Attachment 5(e) Resident #5 Milk of Magnesia - the order was discontinued on 12/30/11 by physician due to non-use. Copy of signed order attached.

On 1/9/12 the Terrace Policy #48 Medication Administration was reviewed and updated (see #14 and 15) to include the assurance of medication availability. { Attachment 5(f) }. To prevent future violations of this regulation training on the availability of all resident medications will be provided to current Team Leader Med Techs no later than 1/25/12. An outline of the training content and signature sheet acknowledging the training shall be faxed to the DPW on 1/26/12. Training of future Med Techs conducted by the Education Director shall also include this information.

To ensure future compliance with this regulation each Med Tech will ensure that the medications noted on the MAR are available. In any event the medication is found to be unavailable the pharmacy shall be notified immediately for a STAT delivery. New medication orders shall be checked in by the Med Tech on duty, double checked by the next shift Med Tech and checked by the Director of Resident Care to ensure the medication is on hand.

The Education Director, Director of Resident Care and Administrator shall be responsible for ensuring training and future regulatory compliance.

SIGNATURE OF PLAN OF CORRECTION ACKNOWLEDGEMENT:

Cheryl Mangel RN
Signature of Education Director

Debbie Schora R.N.
Signature of Resident Care Director

Rosal Hg
Signature of Administrator

Date 1 / 13 / 12

[Faint, illegible text]


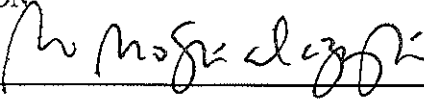
Steps have been taken to
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VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	Zoloft 100mg was administered to resident #6 the evening of 12/13/11. The resident's Medication Administration Record (MAR) indicates the medication was administered at "hour of sleep." The MAR does not indicate the specific time the medication was administered.	1-13-12	see attachment b, b, c	<div style="border: 1px solid black; padding: 5px; transform: rotate(-90deg); transform-origin: center;"> Steps have been taken to correct violation full compliance is not verifiable Date: 1/20/12 Initials (DPW): </div>

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.	<div style="font-size: 1.5em; font-weight: bold; margin-bottom: 10px;">RECEIVED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">JAN 17 2012</div> <div style="font-weight: bold;">SCRANTON FIELD OFFICE</div> Adult Residential Licensing			

1/13/12

Fellowship Terrace License #216480
Rosalind Haglund, Administrator

Plan of Correction

Attachment(6)

Regulation 187a To ensure that documentation of medication administered to residents is accurate and specific.

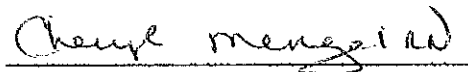
On the day of inspection it was discovered that the specific time of administration for a medication ordered for Resident#6 was not documented on the MAR. The specific time of administration was corrected at the time of inspection. { Attachment 6(b) Copy of MAR for resident#6 }

On 1/9/12 the Terrace Policy #45 Medication Administration Record was reviewed and updated (see #4 and #11) to include the specific time of administration. { Attachment 6(c) }. To prevent future violations of this regulation retraining on the documentation of administration times will be provided to current Team Leader Med Techs no later than 1/25/12. An outline of the training content and signature sheet acknowledging the training shall be faxed to the DPW no later 1/26/12. Training of future Team Leader Med Techs conducted by the Education Director shall also include this information.


To ensure future compliance with this regulation each Med Tech will ensure that physician orders that do not contain specific times of administration are verified and indicated the MAR. New medication orders shall be checked entered by the Med Tech on duty, double checked by the next shift Med Tech and a final check conducted by the Director of Resident Care to ensure the administration time is specific.

The Education Director, Director of Resident Care and Administrator shall be responsible for ensuring training and future regulatory compliance.

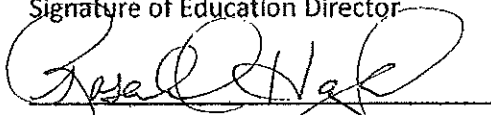
SIGNATURE OF PLAN OF CORRECTION ACKNOWLEDGEMENT:



Signature of Education Director



Signature of Resident Care Director



Signature of Administrator

Date 1 / 13 / 12

Steps have been taken to correct violation; full compliance is not verifiable
1/20/12 DPW
Date Initials (DPW)