



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
100 LACKAWANNA AVENUE
ROOM 330, SCRANTON STATE OFFICE BUILDING
SCRANTON, PENNSYLVANIA 18503-1923

ADULT RESIDENTIAL LICENSING

PHONE: (570) 963-3209
1-800-833-5095
FAX: (570) 963-3018

Sent via email to: [REDACTED]

MAILING DATE: June 7, 2012

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 May 2, 2012 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.

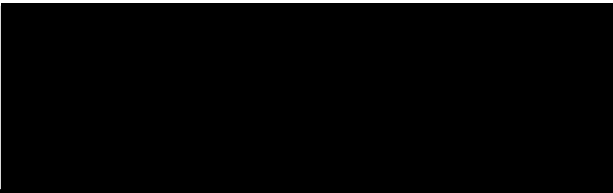

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing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

Sincerely,

Anne Graziano
Regional Licensing Administrator

Enclosure
Violation Report

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

PCH Name: FELLOWSHIP TERRACE		License Number: 216480
Address: 3010 FELLOWSHIP DRIVE, WHITEHALL, PA 18052		County: Lehigh
Administrator: Rosalind Haglund		Region: NORTH
Legal Entity Name: BIBLE FELLOWSHIP CHURCH HOMES INC		
Legal Entity Address: 3000 FELLOWSHIPM DRIVE, WHITEHALL, PA 18052		
Certificate(s) of Occupancy R-3 03/02/2012 Whitehall Township		
Staffing Hours Resident Support: 0 Total Daily Staff: 107 Waking Staff: 80		
Type of Inspection: Partial BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 05/02/2012: Novak, Ryan		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 101 Number of Residents Served: 84 Secured Dementia Care Unit in Home: Yes Area: N/A Secured Dementia Unit Capacity, if Applicable: 24 	Number of Residents who: 	

Violation Report: 21648 - 05/02/2012 - Novak, Ryan

1. REGULATION 55 Pa.Code §2600
 2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2. DESCRIPTION OF VIOLATION
 The home conducted a fire drill on 3/26/12. The fire drill took 5 minutes and 11 seconds. The letter from the fire safety expert notes 5 minutes as being a safe evacuation time based on the physical construction of the home. The home exceeded the maximum time for evacuation.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See Attachment B, B(1), B(2), and B(3)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Donna J. Conley*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Donna J. Conley</i>	Date <i>5/30/12</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!


The above plan of correction is approved as of <u>6-5-12</u> (Date)	Verification of Legal Entity Representative Signature <u>6-5-12</u> (Date)
The above plan of correction was approved by <i>CO</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Plan of Correction

5/29/2012

Attachment B

Adhering to Regulation 2600.132(d) ensures residents will be evacuated from the building to a fire-safe area within the period of time specified by the fire safety expert. Employee [REDACTED] misunderstood her role in a fire drill therefore delaying timely evacuation. Employee [REDACTED] was immediately educated to her role on 3/26/12 by the Fire Safety Expert. See Attachment B(1). Fire Drill was again conducted on 4/23/2012 and [REDACTED] demonstrated her role during that drill properly. See Attachment B(2). Fire Drills will be completed monthly and the Fire Safety Expert will continue to educate staff on their roles during a fire drill. If any future Fire Drill exceeds the specified time frame all employees involved will be reeducated on their roles and the monthly fire drills shall be repeated. The Fire safety expert is responsible for educating all staff on their roles during fire evacuation. The Fire Safety Expert was reeducated regarding repeat fire drills and successfully meeting time frames on 4/16/12. Documentation of that education is attached. Attachment B(3). Administrator will monitor timeliness of fire drills through audit to assure compliance with specified time frames of evaluations.

 6-5-12

Violation Report: 21643 - 05/02/2012 - Novak, Ryan

1. REGULATION 55 Pa. Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2. DESCRIPTION OF VIOLATION

Resident #1 returned to the facility on 4/11/12 from a skilled nursing facility due to suffering a stroke. Resident #1's most recent RASP was completed on 4/27/12. The home did not complete a significant change in the assessment portion of the RASP within 5 calendar days of returning to the facility.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See Attachment A, A(1), and A(2)

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative
(Required on EVERY Page) *Donna J. Conley*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Donna J. Conley</i>	Date <i>5/30/12</i>
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The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Plan of Correction

05/29/2012

Attachment A

Regulation 2600.225(c) states that the resident shall have additional assessments if the condition of the resident significantly changes prior to the annual assessment. Assessments are completed to assure the residents assessment support plan accurately defines the current residents needs. Director of Resident Care initiated new RASP form but mistakenly overlooked timeframe requirement for a significant change. Director of Resident Care became aware of problem during time of survey 5/2/12. Director of Resident Care was educated and assures that all RASPs are completed in the time frame required. Documentation of this education on day of survey is attached. See Attachment A(1). Also provided is copy of a RASP for resident [REDACTED] completed since with accurate time frame. See Attachment A(2). RASP completion will be monitored by the administrator and/or designee to evaluate compliance with completion in the proper timeframes.

 6-5-12