

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to FREDERICK MENNONITE COMMUNITY

LEGAL ENTITY

To operate FREDERICK LIVING - MAGNOLIA HOUSE

NAME OF FACILITY OR AGENCY

Located at PO BOX 498, 2849 BIG ROAD, FREDERICK, PA 19435

(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 104
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

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 July 22, 2012 until July 22, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 127720

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

PHONE: (717) 783-3670

FAX: (717) 783-5662

AUG 02 2012

Ms. Jeanette De La Rosa, Personal Care Administrator
Frederick Mennonite Community
Frederick Living – Magnolia House
P.O. Box 498, 2849 Big Road
Frederick, Pennsylvania 19435

Dear Ms. De La Rosa:

As a result of the Department of Public Welfare's licensing inspection on June 18, 2012 and June 19, 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.

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

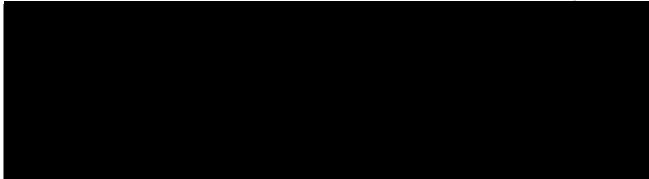
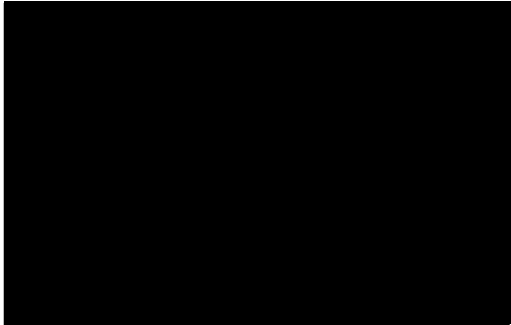
Sincerely,

A handwritten signature in black ink, appearing to read 'R. Melusky', with a long horizontal stroke extending to the right.

Ronald Melusky
Director

Enclosures
License
Violation Report

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

PCH Name: FREDERICK LIVING MAGNOLIA HOUSE		License Number: 127720						
Address: PO BOX 498 2849 BIG ROAD, FREDERICK, PA 19435		County: Montgomery						
Administrator: Jeanelle De La Rosa		Region: SOUTHEAST						
Legal Entity Name: FREDERICK MENNONITE COMMUNITY								
Legal Entity Address: PO BOX 498 2849 BIG ROAD, FREDERICK, PA 19435								
Certificate(s) of Occupancy <table border="0"> <tr> <td>C-2 LP</td> <td>C-2 LP</td> </tr> <tr> <td>11/13/2001</td> <td>04/19/2000</td> </tr> <tr> <td>PA L&I</td> <td>PA L&I</td> </tr> </table>			C-2 LP	C-2 LP	11/13/2001	04/19/2000	PA L&I	PA L&I
C-2 LP	C-2 LP							
11/13/2001	04/19/2000							
PA L&I	PA L&I							
Staffing Hours <table border="0"> <tr> <td>Resident Support: 0</td> <td>Total Daily Staff: 89</td> <td>Waking Staff: 67</td> </tr> </table>			Resident Support: 0	Total Daily Staff: 89	Waking Staff: 67			
Resident Support: 0	Total Daily Staff: 89	Waking Staff: 67						
<table border="0"> <tr> <td>Type of Inspection: Full</td> <td>BHA Docket Number:</td> <td>Notice: Unannounced</td> </tr> </table>			Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced			
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced						
Reason(s) for Inspection(s) Renewal								
On-Site Inspections Dates and Department Representatives On-Site 06/18/2012: McHale, Christine; Yellenic, Cindy 06/19/2012: McHale, Christine; Yellenic, Cindy								
Off-Site Inspection Dates and Inspectors, if Applicable 								
Other Details <table border="0"> <tr> <td>Partial or Full Triggers:</td> <td>Random Indicators:</td> </tr> </table>			Partial or Full Triggers:	Random Indicators:				
Partial or Full Triggers:	Random Indicators:							
Resident Demographic Data as of Inspection Dates								
Licensed Capacity: 104 Number of Residents Served: 67 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: 	Number of Residents who: 							

Violation Report: 12772 - 06/18/2012 - McHale, Christine
 PCH Name: FREDERICK LIVING MAGNOLIA HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.42(d) - A resident shall be informed of the rules of the home and given 30 days' written notice prior to the effective date of a new home rule.

2a. DESCRIPTION OF VIOLATION
 On 1/1/2012, the home revised the home rules by making the campus smoke-free and implementing a no smoking policy. Resident #1 was not informed of this change in advance.

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.

2600.42(d)
 Resident #1 signed the no smoking policy on 12/1/11.
 (See addendum attached) Please note: smoking addendum was not able to be located at time of survey, but was later found). Chart reviews were conducted on all resident charts to ensure compliance.
 Going forward, PC Administrator/designee will conduct an audit once an addendum is issued to the home rules.

Repeat Violation: No	Date(s) of Previous Violation(s):
----------------------	-----------------------------------

Signature of Legal Entity Representative
 (Required on EVERY Page) *Jannelle De La Rosa*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jannelle De La Rosa, PC Admin</i>	Date <i>6/28/12</i>
--	------------------------

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>7/3/12</u> (Date)	Plan of correction implementation status as of <u>7/3/12</u> (Date)
The above plan of correction was approved by <u><i>SN</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 12772 - 06/18/2012 - McHale, Christine
 PCH Name: FREDERICK LIVING MAGNOLIA HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.


2a. DESCRIPTION OF VIOLATION
 On 6/19/12, a container of strawberries that was not labeled or dated was found in the refrigerator in the kitchen on the second floor outside of the dining room.

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.

2600.103(i)
 Container of strawberries was immediately labeled at time of survey. All food items will be checked by a Dining manager during daily check out procedures. All Dining staff will be In-serviced on proper labeling and dating procedure by July 15. The Dining Manager/designee will monitor for compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative
 (Required on EVERY Page)



Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Joseph De La Rosa	6/25/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>7/3/12</u> (Date)	Plan of correction implementation status as of <u>7/3/12</u> (Date)
The above plan of correction was approved by <u>SW</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

Violation Report: 12772 - 06/18/2012 - McHale, Christine
 PCH Name: FREDERICK LIVING MAGNOLIA HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION
 The home's written emergency procedures have not been submitted to the municipal emergency management agency since 2010.

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.

2600.107(d)
 The Frederick Living Emergency Management Plan for 2012 was updated and submitted to the Montgomery Emergency Management Agency and the Lower Frederick Township on 6/26/2012. See Letters attached. PC Administrator/designee will update and submit Emergency Management Plan annually to the local emergency Management agency as per regulations. PC Administrator will Report to the Quality Improvement Committee annually as part of the Quality Management Plan.

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative
 (Required on EVERY Page) *Jeanette De La Rosa*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jeanette De La Rosa, PC Admin* Date *6/25/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7/3/12
 (Date)

Plan of correction implementation status as of 7/3/12
 (Date)

The above plan of correction was approved by *JN*
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 12772 - 06/18/2012 - McHale, Christine
 PCH Name: FREDERICK LIVING MAGNOLIA HOUSE

1. REGULATION 55 Pa.Code §2600

2600.171(b)(4) - If staff persons or volunteers of the home provide transportation for the residents, at least one staff member transporting or accompanying the residents shall have completed the initial new hire direct care staff person training as specified in § 2600.65 (relating to direct care staff person training and orientation).

2a. DESCRIPTION OF VIOLATION

Staff persons A, B, C, D, E, F and G have not completed the initial new hire direct care staff person training, nor do any staff persons accompany residents on the trip.

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.

2600.171(b)(4)
 Staff person A, B, C, D, E, F and G will be completing the new Hire direct care staff training as specified in 2600.65 by July 26th, 2012.
 The Transportation Director/designee and HR department will ensure all new hires who provides transportation services for the residents meet the direct care staff training as per regulation specified above. The Transportation Director will also ensure they meet the DPW annual direct care staff education requirements. PC Administrator will monitor for compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative
 (Required on EVERY Page) *Jannelle De La Rosa*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jannelle De La Rosa</i>	Date <i>6/25/12</i>
--	---------------------

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7/3/12
 (Date)

The above plan of correction was approved by *ES*
 (Initials)

Plan of correction implementation status as of 7/13/12
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 12772 - 06/18/2012 - McHale, Christine
 PCH Name: FREDERICK LIVING MAGNOLIA HOUSE

1. REGULATION 55 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed Lorazepam 0.5 as needed. This medication was not available in the home.

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.

2600.185(a)
 Lorazepam 0.5mg as needed for resident #2 was ordered and delivered on 6/19/12.
 Please see attached. As needed medication administration records/med carts will be reviewed periodically by charge nurse for compliance. A print out of all PRN medications will be obtained from the electronic medication administration software.
 Assigned med techs will compare the Medication Administration record and ensure that all as needed medications are available in med cart. All med techs will be in serviced by July 15.
 PC Administrator/designee will monitor for compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative
 (Required on EVERY Page) *Jeanette De La Rosa*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jeanette De La Rosa, PC Admin</i>	Date <i>6/28/12</i>
--	---------------------

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>7/3/12</u> (Date)	Plan of correction implementation status as of <u>7/3/12</u> (Date)
The above plan of correction was approved by <u><i>Sm</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

Violation Report: 12772 - 06/18/2012 - McHale, Christine
 PCH Name: FREDERICK LIVING MAGNOLIA HOUSE

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

-The pre-admission screening form for resident #3, admitted 4/16/12, does not include a determination that the home can meet the service needs of the resident.

-The pre-admission screening form for resident #4, admitted 2/28/12, does not include a determination that the home can meet the service needs of the resident.

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.

2600.224(a)
 Resident #3 and #4 were assessed by RN Process Coordinator on 6/19/12. A determination was made that the needs of the resident can be met by the services provided at Frederick Personal Care Home. Pre admission screening for resident #3 and #4 was amended to reflect the change. See Prescreening assessment attached. RN Process Coordinator/designee will conduct periodic chart reviews to ensure compliance. PC Administrator/designee will monitor for compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative (Required on EVERY Page) *Jeanette De La Rosa*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jeanette De La Rosa, PC Admin* Date *6/28/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7-3-12 (Date)

Plan of correction implementation status as of 7/3/12 (Date)

The above plan of correction was approved by *JN* (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 12772 - 06/18/2012 - McHale, Christine
 PCH Name: FREDERICK LIVING MAGNOLIA HOUSE

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.

2a. DESCRIPTION OF VIOLATION

Resident #1 had a rate increase on 3/1/12 due to requiring more assistance with personal hygiene, bathing, grooming and dressing. Specifically full assistance with bathing, daily set up in bathroom and clothing selection, help with dressing, and assistance with TED stockings. The resident's assessment dated 5/11/12 states that the resident is independent in all activities of daily living.

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.

2600.225(c)
 Resident #1 was assessed on 6/19/12 by RN Process Coordinator. It was determined that resident #1 requires additional assistance with ADL's. The Assessment was amended on 6/19/12 to reflect the change. Please see attached. RN Process Coordinator/designee will conduct periodic chart reviews to ensure compliance and determine a proper assessment of personal care needs on every significant change and annually as per regulation. PC Administrator/designee will monitor for compliance.

The home will review all resident records to ensure that the RASP reflects the care residents need by 7/15/12.

(Signature)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Sealbe De La Rosa

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Sealbe De La Rosa, PC Admin

Date *6/25/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

7/3/12
 (Date)

Plan of correction implementation status as of

7/13/12
 (Date)

The above plan of correction was approved by

(Signature)
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 12772 - 06/18/2012 - McHale, Christine
 PCH Name: FREDERICK LIVING MAGNOLIA HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.226(a) - The resident shall be assessed for mobility needs as part of the resident's assessment.

2a. DESCRIPTION OF VIOLATION
 - Resident #4's medical evaluation dated 3/9/12 states that the resident has a mobility need. The resident's assessment dated 3/21/12 states that the resident does not have a mobility need.
 - Resident #5's medical evaluation dated 10/20/11 states that the resident has a mobility need. The resident's assessment dated 11/14/11 states that the resident does not have a mobility need.

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.

2600.226(a)
 Resident #4 was re-assessed for mobility needs on 6/19/2012 by the RN Process Coordinator and PCP (Dr. [redacted]). It was determined that Resident #4 needs limited physical or oral assistance to evacuate in an emergency. The medical evaluation was amended by Dr. [redacted] on 6/19/12 to reflect the change. Please see attached.

Resident #5 was also re-assessed for mobility needs on 6/19/12 by RN Process Coordinator. PCP was contacted to re-evaluate mobility need. A telephone order was obtained by PCP stating resident #5 requires limited physical or oral assistance to evacuate in an emergency. Please see verbal Order attached to reflect the change by PCP, RN Process Coordinator will conduct periodic chart reviews to ensure the medical Evaluation and Assessment reflects similar mobility needs. PC Administrator will monitor for compliance.

The RN Process Coordinator will review all resident records to determine if the mobility needs of each resident are accurately documented on the RASP. *SN*

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative
 (Required on EVERY Page) *Jeanette De La Rosa*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jeanette De La Rosa, PC Admin</i>	Date <i>6/28/12</i>
--	---------------------

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>7-3-12</u> (Date)	Plan of correction implementation status as of <u>7/3/12</u> (Date)
The above plan of correction was approved by <u><i>SN</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