

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 - ASPEN VILLAGE

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 31
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 31

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: 132580

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 – Aspen Village
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.

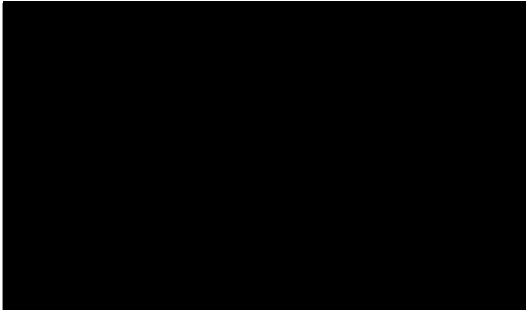
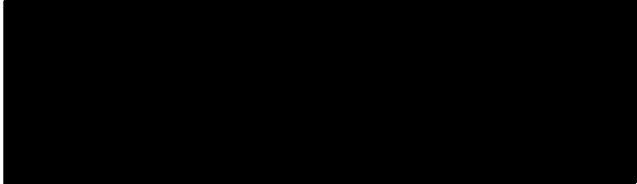
Sincerely,

A handwritten signature in black ink, appearing to read 'R. Melusky', written over a long horizontal line.

Ronald Melusky
Director

Enclosures
License
Violation Report

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

| | | |
|---|--------------------------------|--|
| PCH Name: FREDERICK LIVING ASPEN VILLAGE | | License Number: 132580 |
| Address: PO BOX 498 2849 BIG ROAD, FREDERICK, PA 19435 | | County: Montgomery |
| Administrator: Jeanette 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 | | |
| C-2 LP 11/13/2001 PA L&I | C-2 LP 04/19/2000 PA L&I | |
| Staffing Hours | | |
| Resident Support: 0 | Total Daily Staff: 52 | Waking Staff: 39 |
| 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 | | |
| Partial or Full Triggers: | | Random Indicators: |
| Resident Demographic Data as of Inspection Dates | | |
| Licensed Capacity: 31 | Number of Residents who: |  |
| Number of Residents Served: 26 | | |
| Secured Dementia Care Unit In Home: Yes | | |
| Area: whole licensed home | | |
| Secured Dementia Unit Capacity, if Applicable: 31 | | |
|  | | |

Violation Report: 13258 - 06/18/2012 - McHale, Christine
 PCH Name: FREDERICK LIVING ASPEN VILLAGE

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 6/26/12. (See addendum attached)
 The responsible party was issued a mailed copy of smoking policy for signature. Please see confirmation attached.
 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)

Jennette De La Rosa

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

Jennette De La Rosa

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

JR
 (Initials)

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

Violation Report: 13258 - 06/18/2012 - McHale, Christine
 PCH Name: FREDERICK LIVING ASPEN VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION
 A container of petroleum jelly, with a manufacture's label indicating "if swallowed get medical help or contact a poison control center right away", was unlocked and accessible to residents in the spa room. None of the residents of the home have been assessed capable of recognizing and using poisons safely.

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.

2600.82(c)
 The container of petroleum jelly was immediately removed and spa room was locked.
 An inservice was conducted to all staff on 6/27/12 on keeping poisonous materials locked and inaccessible. (See sign in sheet attached). Staff were instructed to assess all rooms daily to ensure any poisonous materials are kept inaccessible to residents. In addition the Memory care supervisor/PC Administrator will conduct periodic rounds to 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 <u>7/3/12</u> (Date) The above plan of correction was approved by <u><i>SR</i></u> (Initials) | Plan of correction implementation status as of <u>7/8/12</u> (Date) <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: 13258 - 06/18/2012 - McHale, Christine
 PCH Name: FREDERICK LIVING ASPEN VILLAGE

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)

Tranette De La Rosa

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

Tranette De La Rosa

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

TR
 (Initials)

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

Violation Report: 13258 - 06/18/2012 - McHale, Christine
 PCH Name: FREDERICK LIVING ASPEN VILLAGE

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)

[Handwritten Signature]

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

Stenetta De La Rosa

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