



JUN 21 2013

Ms. Jeannette 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 April 22, 2013 and April 23, 2013, 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.

Your regular license for the period of July 22, 2013 to July 22, 2014 was issued on April 29, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky".

Ronald Melusky
Director

Enclosure
Violation Report

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

PCH Name: FREDERICK LIVING ASPEN VILLAGE		License Number: 13258
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 10/18/1999 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 04/22/2013: Kurtz, Andrea; Adams, Patricia 04/23/2013: Kurtz, Andrea; Adams, Patricia		
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 Served: 26 Secured Dementia Care Unit in Home: Yes Area: first floor Secured Dementia Unit Capacity, if Applicable: 31 Number of Residents Served in Secured Dementia Care Unit, if applicable: 26 Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 4	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 26 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 26 Have a Physical Disability: 0	

Violation Report: 13258 - 04/22/2013 - Kurtz, Andrea
 PCH Name: FREDERICK LIVING ASPEN VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Staff person A did not receive training in Older Adult Protective Services Act and Resident Rights during training year 2012.

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.

All Personal Care Employees in 2013 will receive Chapter 2600 PA training on the Older Adult Protective Service Act and PA Resident Rights as per regulation 2600.65. Staff Person A has been assigned to receive the required annual training for 2013. Our Electronic Employee training is through Upstairs Solutions. The material was submitted to Upstairs Solution to include the PA Chapter 2600 training content on the OAPS and PA Resident Rights. (See Exhibit A for the content of educational material). The Staff Development Coordinator/ PC Administrator is monitoring process to ensure compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 *5-15-13*

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

The above plan of correction is approved as of 5/21/13 (Date) Plan of correction implementation status as of 5/21/13 (Date)

The above plan of correction was approved by MEM (Initials)

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

Violation Report: 13258 - 04/22/2013 - Kurtz, Andrea
 PCH Name: FREDERICK LIVING ASPEN VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

In room 3103 the bed for Resident #1 is located along the wall. The call bell equipment is located on the wall above the bed. The call bell equipment contained exposed wires and a 1.5 inch piece of metal protruding out over bed area that could cause the resident injury.

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.

The call bell equipment located in room 3103 from resident # 1 was immediately removed during survey. All rooms were inspected for any hazard items. The Aspen (SDCU) checklist was updated to include the inspection of furniture and equipment on all resident rooms and common areas and ensure they are in good repair, clean and free of hazards. (See Exhibit B for Checklist). PC Administrator/Supervisor is monitoring process to ensure compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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>5-15-13</i>
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The above plan of correction is approved as of <u>5/21/13</u> (Date) The above plan of correction was approved by <u>CVM</u> (Initials)	Plan of correction implementation status as of <u>5/21/13</u> (Date) <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
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Violation Report: 13258 - 04/22/2013 - Kurtz, Andrea
 PCH Name: FREDERICK LIVING ASPEN VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION
 Resident #2 was admitted on 2-19-13. The resident's medical was completed on 10-18-12.

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.

Resident # 2 will be evaluated by residents PCP ([redacted]) on 5/31/13 and a new medical evaluation will be completed. An audit will be conducted periodically to ensure medical evaluations are completed within 60 days prior to admission or within 30 days after admission. (see Exhibit C for audit sheet). RN Process Coordinator/PC Administrator is monitoring process to ensure compliance. Please see attached resident [redacted] medical evaluation on a recent admission which shows compliance. *Exhibit J*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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>5-15-13</i>
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Violation Report: 13258 - 04/22/2013 - Kurtz, Andrea
 PCH Name: FREDERICK LIVING ASPEN VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

On 4-15-13, at 6:30 am, resident #3's Omeprazole 20 mg was administered. Staff person B did not record the date and time of administration.

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.

Resident # 3 received the Omeprazole medication by Med tech on 4/15/13. Med Tech documented in chart on 4/27/13-(see Exhibit D for note). Med tech was counseled on medication administration protocols. Education was provided to all med techs on 4/25/13 (see Exhibit E) and a session scheduled for 5/29/13. A med cart check audit tool will be implemented for all med techs. (See Exhibit F for audit tool). Periodic audits are being conducted by Charge nurse/PC Administrator to ensure compliance.

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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</i>	Date <i>5-15-13</i>
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Violation Report: 13258 - 04/22/2013 - Kurtz, Andrea
 PCH Name: FREDERICK LIVING ASPEN VILLAGE

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 for for Resident #4, admitted 1-5-12 does not include the date the screening was completed.

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.

Pre admission screenings will be fully completed by the RN Process Coordinator as per regulation 224. An audit tool has been implemented and will be completed monthly to ensure compliance-see Exhibit C for audit sheet). In addition a checklist will be utilized upon admission to verify the form was completed-(see Exhibit G). RN Process Coordinator/designee is monitoring for compliance. Please see Exhibit H for a preadmission screening on a recent admission which shows compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Janelle De La Rosa*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Janelle De La Rosa</i>	Date <i>5-15-13</i>
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Violation Report: 13258 - 04/22/2013 - Kurtz, Andrea
 PCH Name: FREDERICK LIVING ASPEN VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION
 Resident #2, admitted to the SDCU on 2-19-13, had a medical evaluation that did not document the resident's need for SDCU.
 Resident #5, admitted to the SDCU on 4-3-13, had a medical evaluation that did not document the resident's need for SDCU.
 Resident #6, admitted to the SCCU on 2-22-13, had a medical evaluation that did not document the resident's need for SDCU.

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.

Orders were received for resident # 2,#5, and #6 by the primary care physicians certifying residents were admitted to the SDCU-see Exhibit I). The medical evaluation are being reviewed by the RN Process coordinator/Aspen Supervisor upon admission to ensure compliance. An audit tool (Exhibit C) has also been implemented and to be completed monthly by RN Process Coordinator/designee. Please see Exhibit J for a most recent admission medical evaluation which shows compliance.

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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>5-15-13</i>
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