



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

MAY 16 2014

Mr. Jerry D. Lile, President/CEO
Fairmount Homes
333 Wheat Ridge Drive
Ephrata, Pennsylvania 17522

RE: Fairmount Homes – Wheat Ridge
License #: 321960

Dear Mr. Lile:

As a result of the Department of Public Welfare's licensing inspection on February 26, 2014, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period May 18, 2014 to May 18, 2015 was issued on February 10, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew U. Jones", with a long horizontal flourish extending to the right.

Matthew U. Jones
Director

Enclosure
License Inspection Summary

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

PCH Name: FAIRMOUNT HOMES WHEAT RIDGE		License Number: 321960
Address: 333 WHEAT RIDGE DRIVE, EPHRATA, PA 17522		County: Lancaster
Administrator: Marcia Mummert		Region: CENTRAL
Legal Entity Name: FAIRMOUNT HOMES		
Legal Entity Address: 333 WHEAT RIDGE DRIVE, EPHRATA, PA 17522		
Certificate(s) of Occupancy C-2 LP 05/13/2004 Labor & Industry		
Staffing Hours Resident Support: 0 Total Daily Staff: 32 Waking Staff: 24		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 02/26/2014: Minnich, Ron; McCloskey, Jason		
Off-Site Inspection Dates and Inspectors, if Applicable <p align="center">RECEIVED APR 04 2014 CENTRAL REGION FIELD OFFICE Human Services Licensing</p>		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 36 Number of Residents Served: 32 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 3 Are 60 Years of Age or Older: 32 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 1	

Violation Report: 32196 - 02/26/2014 - Minnich, Ron
 PCH Name: FAIRMOUNT HOMES WHEAT RIDGE

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 and B did not receive training in fire safety from a fire safety expert during the training year of 2013.

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 Page 2A &c

- If an employee conducts fire safety training for staff members, the employee must be trained by a fire safety expert to conduct such trainings. Documentation of the completion of such training shall be maintained. OK

- During calendar year 2014, staff persons A and B must complete the required fire safety training for 2013 as soon as possible. The same staff must complete the annual fire safety training for 2014. LAL

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Rachel M. Zellars*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Rachel M. Zellars, VP of Health Services* Date *April 4, 2014*

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

The above plan of correction is approved as of 4.10.14
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

Plan of correction implementation status as of 4.10.14
 (Date)

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



Retirement Community

Page 2A of 3 je

333 WHEAT RIDGE DRIVE, EPHRATA, PA 17522-8558

TELEPHONE: 717.354.1800 • FAX: 717.354.6665 • www.fairmounthomes.org

Regulation 2600.65(g)

The Director of Environmental Services, [REDACTED], contacted the Fire Safety Expert (Farmersville Fire Chief) to obtain documentation enabling him to conduct our annual fire safety training. In addition, [REDACTED] requested that the Fire Safety Expert review a video tape to be utilized during the annual fire safety training.

Once the necessary documentation has been received, John Becker will provide Fire Safety training to Staff Person A and B utilizing the approved video tape.

All direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers will be encouraged to attend the annual fire safety training conducted by the Farmersville Fire Company Chief that will be held in June or July, (date to be determined based on the availability of the Fire Chief). Any individuals who are unable to attend this training will receive alternate training by John Becker utilizing the approved video tape by August 15, 2014.

The Personal Care Home Administrator will be responsible for assuring that all direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers are trained either during the annual training conducted by the Fire Chief or the alternate training provided by John Becker. This training will be required to be completed by August 15th of each subsequent year.

Rachel M. Zellers

April 4, 2014

Rachel M. Zellers
VP of Health Services

Violation Report: 32196 - 02/26/2014 - Minnich, Ron
 PCH Name: FAIRMOUNT HOMES WHEAT RIDGE

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Resident #1's vial of Lantus Insulin had an expiration date of 2/24/14 written on the bottle. According to February's medication administration record for resident #1, the insulin was administered on the evening of 2/25/14.

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 Page 3A *yc*

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Rachel M. Zellers*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Rachel M. Zellers, VP of Health Services</i>	Date <i>April 4, 2014</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 4.10.14
 (Date)

Plan of correction implementation status as of 4.16.14
 (Date)

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

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



Retirement Community

333 WHEAT RIDGE DRIVE, EPHRATA, PA 17522-8558

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Fairmount Homes – Wheat Ridge License # 321960

Plan of Correction for Regulation 2600.183 (d):

Step 1 – All current insulin vials were checked for “Date Opened”. All are in compliance.

Step 2 – Vials of insulin are received from the pharmacy with a colored label applied. When a new vial is opened for use, the person opening is to log on the label the date opened, the date of expiration (28 or 42 days from open date) and their initials.

Our Plan of Correction, effective immediately, when the above steps have taken place, the person opening the new vial will also place a “Post-It” Flag note on the MAR insulin entry block as a reminder to note the expiration date.

This will serve as a second-step reminder to persons administering insulin.

(In the next month we will be changing over to insulin pens instead of vials. I placed a call to the pharmacist to inquire about expiration dates on insulin pens. The same rule applies to insulin pens as well as to vials. Once opened, the insulin is not to be used after the 28th or 42nd day after opening. The correction steps put into place now will continue to take place with use of pens.)

Rachel M. Zellers

VP of Health Services

April 4, 2014