



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

MAY 1 2 2014

Ms. Jeannette De La Rosa, Administrator  
Frederick Mennonite Community  
P.O. Box 498, 2849 Big Road  
Frederick, Pennsylvania 19435

RE: Frederick Living – Magnolia House  
License #: 127720

Dear Ms. De La Rosa:

As a result of the Department of Public Welfare's licensing inspection on April 3, 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 July 22, 2014 to July 22, 2015 was issued on April 23, 2014. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones  
Director

Enclosure  
License Inspection Summary

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

PCH Name: FREDERICK LIVING MAGNOLIA HOUSE		License Number: 12772
Address: PO BOX 498 2849 BIG ROAD, FREDERICK, PA 19435		County: Montgomery
Administrator: Jeanette DeLaRosa		Region: SOUTHEAST
Legal Entity Name: FREDERICK MENNONITE COMMUNITY		
Legal Entity Address: PO BOX 498 2849 BIG ROAD, FREDERICK, PA 19435		
<b>Certificate(s) of Occupancy</b>		
C-2 LP 10/18/1999 PA Dept. of L&I	C-2 LP 04/19/2000 PA Dept. of L&I	C-2 LP 11/13/2001 PA Dept. of L&I
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 116	Waking Staff: 87
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for inspection(s)</b>		
Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
04/03/2014: Kazimer, Lauren; Miller, Chevon		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 104	<b>Number of Residents who:</b>	
Number of Residents Served: 73	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 73	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 43	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 6		

Violation Report: 12772 - 04/03/2014 - Kazimer, Lauren  
 PCH Name: FREDERICK LIVING MAGNOLIA HOUSE

**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**

Ancillary staff person A did not receive training in Fire Safety, Emergency Preparedness, Resident Rights, OAPSA, and Falls and Accident Prevention during training year 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.*

Staff Person A is a seasonal employee in the Dining department who works for the facility during summer vacations. Staff Person A is currently in college. Staff Person A was notified on 4/9/2014 via phone of his Pre-employment requirements prior to returning. Staff Person A must have clearance by Human Resources and complete all educational requirements as per regulation 2600.65(g) before returning to work. A thorough review was conducted on all seasonal employees by the Staff Development Department. All Seasonal employees will be required to obtain clearance from the Human Resource Department prior to returning to work. An audit sheet will be kept to track all seasonal employees to ensure all educational requirements have been met-please see attached. Staff Development/Human Resource Designee along with the Department Manager will monitor for compliance.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/22/2013
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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* Date *4/24/14*

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

The above plan of correction is approved as of <u>4/25/14</u> (Date)	Plan of correction implementation status as of <u>4/25/14</u> (Date)
The above plan of correction was approved by <u><i>CRM</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 - 04/03/2014 - Kazimer, Lauren  
 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 # 1's PRN Biscolax 10mg suppositories were not available in the home.  
 - On 2/8/2012, resident # 2 was prescribed 20 tablets of Acetaminophen with Codeine 30-300mg PRN for pain for a dental procedure, the medication was still on the resident's medication administration record for April 2014. Resident # 2 was prescribed Acetaminophen with Codeine 30-300mg PRN for pain for a dental procedure on 3/8/2013 and the medication was still on the resident's medication administration record for April 2014. The home could not locate the narcotic count sheets for these medications.

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 Biscolax 10 mg as needed for resident # 1 was ordered on 4/23/2014. See packing slip and medication label attached. All PRN (as needed) medications will be reviewed quarterly by nurse/designee and Pharmacy Consultant for compliance. A print out of all PRN medications will be obtained from the electronic medication administration software. The print out will be utilized as a tool to facilitate and ensure PRN medication is readily available at the home per regulation 2600.185(a). All nurses will be in-serviced by May 7. PC Clinical Manager/designee and Pharmacy Consultant will monitor for compliance.

Acetaminophen with Codeine 30-300mg PRN order was discontinued on resident # 2. See attached discontinued order along with physician order sheet on resident # 2. All PRN (as needed) medications will be reviewed quarterly by nurse/designee and Pharmacy Consultant for compliance. A print out of all PRN medications will be obtained from the electronic medication administration software. The print out will be utilized as a tool to facilitate and ensure PRN medication is readily available at the home per regulation 2600.185(a). All nurses will be in-serviced by May 7. PC Clinical Manager/designee and Pharmacy Consultant will monitor for compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jonette De La Rosa</i>	Date <i>4-24-14</i>
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