



pennsylvania
DEPARTMENT OF HUMAN SERVICES

FEB 05 2015

Ms. Donna J. Conley, COO
Bible Fellowship Church Homes Inc.
3000 Fellowship Drive
Whitehall, Pennsylvania 18052

RE: Fellowship Terrace
3010 Fellowship Terrace
Whitehall, Pennsylvania 18052
License #: 216480

Dear Ms. Conley:

As a result of the Department of Human Services' licensing inspection on November 20, 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 February 8, 2015 to February 8, 2016 was issued on October 22, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones".

Matthew J. Jones
Director

GH

Enclosure
License Inspection Summary

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

PCH Name: FELLOWSHIP TERRACE		License Number: 21648
Address: 3010 FELLOWSHIP DRIVE, WHITEHALL, PA 18052		County: Lehigh
Administrator: Cheryl Mengel		Region: NORTHEAST
Legal Entity Name: BIBLE FELLOWSHIP CHURCH HOMES INC		
Legal Entity Address: 3000 FELLOWSHIP DRIVE, WHITEHALL, PA 18052		
Certificate(s) of Occupancy		
C-2 LP	A-2	
12/11/2002	12/11/2002	
Dept of L&I	Dept of L&I	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 137	Waking Staff: 103
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
11/20/2014: Foulkes, Kimberli; O'Haire, Anne; Rushin, Julianne		
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: 165 Number of Residents Served: 114 Secured Dementia Care Unit in Home: Yes Area: n/a Secured Dementia Unit Capacity, if Applicable: 24 Number of Residents Served in Secured Dementia Care Unit, if applicable: 23 Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 9		Number of Residents who: Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 114 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 23 Have a Physical Disability: 5

Violation Report: 21648 - 11/20/2014 - Foulkes, Kimberli
 PCH Name: FELLOWSHIP TERRACE

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

Resident #1's glucometer was used for resident #2 on 11/9/14 at 7am, 11/10/14 at 7am, 11/14/14 at 4pm, 11/14/14 at 8pm and 11/15/14 at 7am.

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 A, A-1, A-2

See attached

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) Cheryl Mengel RN, PCH-A

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cheryl Mengel RN, PCH-A VP of Personal Care Services Date 12/22/14

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

The above plan of correction is approved as of <u>1/22/15</u> (Date)	Plan of correction implementation status as of <u>1/22/15</u> (Date)
The above plan of correction was approved by <u>m</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

Plan of Correction

12/22/14

Attachment A

Regulation 85(a) - Sanitary conditions shall be maintained. According to Centers for Disease Control testing strips and glucometers should not be used for more than one resident.

During the DHS Survey on 11/20/14 it was found that Resident #1 glucometer was used for Resident #2 on 11/9/14 at 7am, 11/10/14 at 7am, 11/14/14 at 4pm, 11/14/14 at 9pm and 11/15/14 at 7am.

Immediately all Personal Care Aid Team Leaders were notified by email and signs were hung (see attachment A-1) Informing all PCA TL to never use one residents glucometer for another resident.

Additional Education will be provided to all PCA-TL by 12/29/14. (See attachment A-2).

To assure ongoing compliance monthly audits will be completed by the Licensed nursing staff and reviewed by the administrator.

1/22/15
[Signature]

Violation Report: 21648 - 11/20/2014 - Foulkes, Kimberl
 PCH Name: FELLOWSHIP TERRACE

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

2a. DESCRIPTION OF VIOLATION
 The refrigerator located in the serving kitchen for the secured dementia unit, had a container with 2 raw eggs that had no expiration date listed on the container.

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 B, B-1, B-2

See attached

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

Signature of Legal Entity Representative (Required on EVERY Page) Cheryl Mengel RN, PCNA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cheryl Mengel RN, PCNA VP of Personal Care Services Date 1/22/14

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The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Plan of Correction

12/22/14

Attachment B

Regulation 103(i) stated outdated or spoiled food or dented cans may not be used.

During the DHS survey on 11/20/14 it was noted that two raw eggs with expiration date were found in the kitchen. These eggs were immediately removed from the kitchen and thrown away.

To assure compliance with this regulation all dietary staff were educated on this regulation. See Attachment B-1

- Ongoing compliance will include monthly inspections of all food in the kitchens by the dietary supervisors and findings will be monitored by the PCHA and/or designee. See Attachment B-2

1/22/15

Violation Report: 21648 - 11/20/2014 - Foulkes, Kimberli
 PCH Name: FELLOWSHIP TERRACE

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The fire drill record for the drills conducted on 7/25/14, 8/19/14, 9/28/14, and 10/22/14, state "hallway" for the exit route used. This does not accurately reflect the actual evacuation route used.

The fire drill record for the drill conducted on 3/23/14 states that there were 86 residents in the home and 80 residents evacuated. This does not accurately reflect the actual number of residents evacuated.

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 C

See attached

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

Signature of Legal Entity Representative (Required on EVERY Page) *Cheryl Menger RN, PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cheryl Menger RN, PCHA* Date *12/22/14*
VP of Personal Care Services

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

The above plan of correction is approved as of 1/22/15
 (Date)

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

Plan of correction implementation status as of 1/22/15
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - inadequate Progress
- Not Implemented

Plan of Correction

12/22/14

Attachment C

Regulation 2600.132(c) states a written drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

During the DHS survey on 11/20/14 they noted that on 7/25/14, 8/19/14, 9/28/14, and 10/22/14 the fire record states "hallway" for the exit route used. This does not accurately reflect the actual evacuation routes.

- The employee conducting the drills was immediately informed to provide more detail as to the exact area of evacuation.
- Also during the survey it was found that the fire drill record for the drill conducted on 3/23/14 stated that there were 86 residents in the home and 80 residents were evacuated. This does not accurately reflect the actual number of residents evacuated.
- The employee conducting the fire drill stated that all residents were evacuated during this drill and the number stated was inaccurate.
- * To assure that the fire drill report is completed accurately in the future the PCHA and/or designee will monitor monthly fire drills for compliance and accuracy in documentation.

1/22/15

Violation Report: 21648 - 11/20/2014 - Foulkes, Kimberli
 PCH Name: FELLOWSHIP TERRACE

1. REGULATION 55 Pa.Code §2600

2600, 132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

From 7/2014 through 10/2014 the home conducted two separate fire drills for each area of the home. The residents who live in the "Terrace" and the residents who live in the "Villa" did not evacuate at the same time during a monthly fire drill.

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 D, D-1

See Attached

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

Signature of Legal Entity Representative (Required on EVERY Page) Cheryl Mengel RN, PCHHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cheryl Mengel RN PCHHA Date 12/22/14
 VP of Personal Care Services

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

The above plan of correction is approved as of 1/22/15
 (Date)

The above plan of correction was approved by M
 (initials)

Plan of correction implementation status as of 1/22/15
 (Date)

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

Plan of Correction

12/22/14

Attachment D


Regulation 132(d) states residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert with the period of time specified in writing within the past year by a fire safety expert.

During the DHS survey on 11/20/14 it was found that from 7/2014 through 10/2014 the home conducted two separated fire drills for each area of the home. The residents who live in the "Terrace" and the residents who live in the "Villa" did not evacuate at the same time during a monthly fire drill.

Effective immediately all fire drills will be conducted with all residents in personal care participating.

To assure ongoing compliance all staff was educated (see Attachment D-1) that all fire drill in Personal Care will need all residents and staff participation.

- Findings will be monitored by the PCHA and/or designee and actions taken as necessary to assure compliance at all times.


1/22/15

Violation Report: 21648 - 11/20/2014 - Foukes, Kimberll
 PCH Name: FELLOWSHIP TERRACE

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
 The Medical Evaluation for resident # 3 (dated 5/14/14) does not indicate if the resident requires body positioning.

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 E

See Attached

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

Signature of Legal Entity Representative (Required on EVERY Page) *Cheryl Menger*, PCHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cheryl Menger, PCHA
 VP of Personal Care Services Date 12/22/14

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Plan of Correction


12/22/14

Attachment E

Regulation 141(a)(2) states the medical evaluation must include the following: (1) through (10).

During the DHS survey on 11/20/14 it was found that the Medical Evaluation for resident #3 (dated 5/14/14) does not indicate if the resident requires body positioning.

To assure compliance effective immediately all medical evaluations will be checked by Licensed nursing staff for completion and any non completed areas will be addressed with the PCP completing the form.


1/22/15

Violation Report: 21648 - 11/20/2014 - Foulkes, Kimberli
 PCH Name: FELLOWSHIP TERRACE

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The medication administration record for resident #1 does not include date and time of administration and the name and initials of the staff person administering the medication for Trazedone 50mg, one tablet by mouth at bedtime as needed for Insomnia, on 11/1/14, 11/4/14, and 11/9/14.

The medication administration record for resident #4 does not include the date and time of administration and the name and initials of the staff person administering the medication Acetamin/Codeine #3 at 7am on 11/1/14, 11/2/14, and 11/3/14.

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 F, F-1, F-2, and F-3, and F-4

See Attached

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page) *Cheryl Mengerl RN, PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Cheryl Mengerl RN PCHA VP of Personal Care Services</i>	Date <i>12/22/14</i>
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Plan of Correction

187a cont

12/22/14

Attachment F

Regulation 187(a) states a medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name
- (2) Drug allergies
- (3) Name of medication
- (4) Strength
- (5) Dosage form
- (6) Dose
- (7) Route of administration
- (8) Frequency of administration
- (9) Administration times
- (10) Duration of therapy, if applicable
- (11) Special precautions, if applicable
- (12) Diagnosis or purpose for the medication, including pr re nata (PRN)
- (13) Date and time of medication administration
- (14) Name and initials of the staff persona administering the medication

During the DHS survey on 11/20/14 it was found that the medication administration record for resident #1 does not include date and time of administration and the name and initials of the staff person administering the medication for Trazedone 50 mg, one tablet by mouth at bedtime as needed for insomnia, on 11/1/14, 11/4/14, and 11/9/14. Also it was found that the medication administration record for resident #4 does not include the date and time of administration and the name and initials of the staff person administering the medication Acetamin/Codeine #3 at 7 am on 11/1/14, 11/2/14, and 11/3/14.

M 11/22/15

187a
cont.

After further investigation it was discovered that Resident #4 Acetamin/Codeine #3 was given and signed off as a routine medication at 7am (see attached MAR) and taken from the prn supply of medication because the pharmacy had not packaged the medication with the routine medication. Beginning on 11/4/14 the medication is now sent with the residents routine medications in the talyst pack. See Attachment F-1, F-2, and F-3.

To assure compliance all Personal Care Aid Team Leaders will be re-educated on documentation required when giving medications to residents. They will have education on when changing a medication from a prn to routine medication that it needs to be part of our routine medication or must be on a separate narcotic sheet with the correct medication information from the pharmacy and cannot be substituted from another medication. This will be completed by 12/31/14. See Attachment F-4.

To assure ongoing compliance this will be checked by the Medication Train the Trainer monthly when doing MAR reviews.

MW
11/22/15

Violation Report: 21848 - 11/20/2014 - Foulkes, Kimberli
 PCH Name: FELLOWSHIP TERRACE

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 # 5 dated 12/17/13 does not indicate whether the needs of the resident can be met 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.

See Attachment G.

See Attached

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

Signature of Legal Entity Representative (Required on EVERY Page) Cheryl Mengel RN, ACHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cheryl Mengel RN, ACHA VP of Personal Care Services Date 12/22/14

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The above plan of correction is approved as of 1/22/15 (Date)

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

Plan of correction implementation status as of 1/22/15 (Date)

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

Plan of Correction

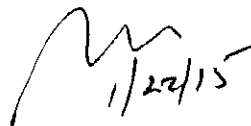
12/22/14

Attachment G

Per Regulation 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.

During the DHS survey on 11/20/14 it was discovered that the pre-admission screening form for resident #5 dated 12/17/13 does not indicate whether the needs of the resident can be met in the home.

To assure ongoing compliance starting immediately PCHA and/or designee will double check all pre-admission screenings to assure that all parts of the form are completed.


1/22/15