



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAR 30 2016

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

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

Dear Ms. Conley:

As a result of the Department of Human Services' annual licensing inspection on November 17, 2015 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.

Sincerely,

A handwritten signature in black ink that reads "Matthew Jones".

Matthew J. Jones  
Director

Enclosure  
License Inspection Summary



Violation Report: 21648 - 11/17/2015 - Novak, Ryan  
 PCH Name: FELLOWSHIP TERRACE

1. REGULATION 55 Pa.Code §2600  
 2600.20(b)(8) - The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

2a. DESCRIPTION OF VIOLATION  
 Copies of the itemized quarterly transactions for resident #'s 1 & 2 were not available for review.

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

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, PCHA

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Cheryl Mengel RN, PCHA VP of Personal Care Services Date 1/28/16

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

The above plan of correction is approved as of <u>1-26-16</u> (Date)	Plan of correction implementation status as of <u>1-26-16</u> (Date)
The above plan of correction was approved by <u>[Signature]</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

p 2 Ag 3

1/8/16

Attachment A

**Regulation 20(b)(8)-The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.**

**During the DHS Survey on 11/17/15 it was found that Resident #1 & 2 financial statement paperwork there was no way of proving that the statements had been sent to the resident and resident's designated person quarterly.**

**A letter was developed that will be sent with the statement and a copy of that letter will be kept in the resident's file as proof that the statement was sent to the resident and the resident's designated person. See Attachment A-1.**

**Education was provided to the employees responsible for sending out the statements in the Business Office.**

**To assure ongoing compliance the Personal Care Home Administrator will review all the forms quarterly.**

*Anne Shogren* RLA  
1-26-16

Violation Report: 21648 - 11/17/2015 - Novak, Ryan  
 PCH Name: FELLOWSHIP TERRACE

1. REGULATION 55 Pa.Code §2600  
 2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION  
 A small unattached drainage hose ran across the threshold of the west emergency exit door located on the first floor. The unattached hose presented a tripping hazard.

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*

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

Printed Name and Title of Legal Entity Representative <i>Cheyl Mengel RN, PCHA</i> (Required on EVERY Page) <i>VP of Personal Care Services</i>	Date <i>1/8/16</i>
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The above plan of correction is approved as of <u>1-26-16</u> (Date)  The above plan of correction was approved by <u><i>OP</i></u> (Initials)	Plan of correction implementation status as of <u>1-26-16</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
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Plan of Correction

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Attachment B

Regulation 100(a) states the exterior of the building grounds or yard must be in good repair and free of hazards.

During the DHS survey on 11/17/15 a small unattached drainage hose ran across the threshold of the west emergency exit door located on the first floor. The unattached hose presented a tripping hazard.

To assure compliance with this regulation the hose was immediately removed from the area. The hose had been left at the exit door by a contracted service provider.

Ongoing compliance will include periodic safety checks that will include insuring that building grounds and yards are free of any hazards. This will be monitored by the VP of Facility Engineering.

Admin or Designee will also conduct random periodic walk throughs of the home and grounds to ensure ongoing compliance. 1-26-16.

Gene Lhajian, RLA  
1-26-16