



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

AUG 23 2016

Ms. Laura Strausser, Personal Care Administrator  
Frederick Mennonite Community  
P.O. Box 498, 2849 Big Road  
Frederick, Pennsylvania 19435

RE: Frederick Living – Aspen Village  
License #: 132580

Dear Ms. Strausser:

As a result of the Department of Human Services' annual licensing inspections on June 6, 2016 and June 7, 2016 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 "Jay Bausch".

Jay Bausch  
Deputy Secretary

Enclosure  
License Inspection Summary

**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 65 Pa.Code Chapter 2600**

Page 1 of 3

PCH Name: FREDERICK LIVING ASPEN VILLAGE		License Number: 13258
Address: PO BOX 498 2849 BIG ROAD, FREDERICK, PA 19435		County: Montgomery
Administrator: Laura Strausser		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: 62	Working Staff: 47
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
06/06/2016: Kazimer, Lauren; Gray, Dean		
06/07/2016: Kazimer, Lauren; Gray, Dean		
<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: 31	Number of Residents who:	
Number of Residents Served: 31	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: Yes	Are 60 Years of Age or Older: 31	
Area: Aspen Village	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable: 31	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable: 31	Have a Mobility Need: 31	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 1		

Violation Report: 13258 - 06/06/2016 - Kazimer, Lauren  
PCH Name: FREDERICK LIVING ASPEN VILLAGE

1. REGULATION 55 Pa.Code §2609  
2609.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Za. DESCRIPTION OF VIOLATION  
The telephone located in room #1208 and room #1314 did not have emergency service numbers posted nearby.

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.

This violation was immediately corrected by adding new phone stickers to Magnolia apartments 1208 and 1314. Both apartments had multiple phones that did have emergency phone stickers on them. This regulation is important to facilitate quick response from the appropriate agency in the event of an emergency as well as give residents the opportunity to contact the Department in private, to report concerns. To prevent further incident, Frederick staff will place the emergency phone stickers on all resident phones at time of move in educating residents and their responsible party on this regulation. Assigned housekeeping staff will audit all resident phones during weekly apartment cleanings. All housekeeping carts will be stocked with emergency phone stickers to replace any that are missing. Quarterly audits by leadership team will continue to ensure on-going compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Laura Strausser</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Laura Strausser, Personal Care Administrator</i>			Date <i>6/27/2016</i>
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of <i>6/29/16</i> (Date)		Plan of correction implementation status as of <i>6/29/16</i> (Date)	
The above plan of correction was approved by <i>[Signature]</i> (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: 13258 - 06/08/2016 - Kazimer, Lauren  
PCH Name: FREDERICK LIVING ASPEN VILLAGE

1. REGULATION 56 Pa.Code §2600

2600.227(h) - If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

2a. DESCRIPTION OF VIOLATION

There was no notation on resident #1's support plan, dated 2/16/2016, of the resident's inability or refusal to sign.

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.

Notation that resident #1 was unable to sign should have been done at the time the RASP was completed. The support plan was then finalized on 3/14/2016 and a new RASP completed. The notation was made at that time that the resident was unable to sign. This regulation is important to provide documentation that the resident and/or designated person participated in the development of the support plan. To prevent further incident and ensure on-going compliance the Assistant Administrator and Aspen Supervisor will audit the RASP at the 30 day resident and family care conference. Continued audits will occur with annual resident and family care conference and if significant change occurs.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Laura Straussner*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

Laura Straussner, Personal Care Administrator

Date 6/27/2016

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The above plan of correction is approved as of

*6/27/16*  
(Date)

Plan of correction implementation status as of

*6/27/16*  
(Date)

The above plan of correction was approved by

*[Signature]*  
(Initials)

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