



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 15 2017

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 December 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Rowe'.

Jacqueline L. Rowe
Director

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 12/11/2002 Dept. of Labor & Industry		
Staffing Hours		
Resident Support: NM	Total Daily Staff: 158	Waking Staff: 119
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
12/07/2016: Rushin, Julienne; Hummel, Jesse; Harvey, Jason		
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: 1658 Number of Residents Served: 133 Secured Dementia Care Unit in Home: Yes Area: Courtyard Secured Dementia Unit Capacity, if Applicable: 24 Number of Residents Served in Secured Dementia Care Unit, if applicable: 24 Number of Current Hospice Residents: 7 Number of Hospice Residents in past year: 23	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 132 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 25 Have a Physical Disability: 8	

Violation Report: 21648 - 12/07/2016 - Rushin, Julienne
 PCH Name: FELLOWSHIP TERRACE

1. REGULATION 55 Pa.Code §2600
 2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION
 On 8/11/16 the Whitehall Police Department arrived at the facility in response to a report of theft. Resident #2 reported a platinum wedding band, a ¾ karat diamond ring, as well as a gold charm bracelet were missing. Resident #2 reported that someone helped the resident remove the rings. The facility failed to report this allegation of theft as well as Police response to the Department as required.

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):		
----------------------	-----------------------------------	--	--

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

Printed Name and Title of Legal Entity Representative <i>Cheryl Menger RN, PCHA</i> (Required on EVERY Page) VP of Personal Care	Date <i>12-19-16</i>
---	----------------------

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

The above plan of correction is approved as of <u><i>12/24/16</i></u> (Date)	Plan of correction implementation status as of <u><i>12/24/16</i></u> (Date)
The above plan of correction was approved by <u><i>m</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

Plan of Correction

12-19-2016

Attachment A

Regulation 2600.16(c)- The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15(relating to abuse reporting covered by law). An incident requiring the services of an emergency management.

During the DHS Survey on 12/7/2016 it was found that on 8/11/16 the Whitehall Police Department arrived at the facility in response to a report of theft by a residents

██████████ Resident #2 reported a platinum wedding band, a ¾ karat diamond ring, as well as a gold charm bracelet were missing. Resident #2 reported that someone helped the resident remove the rings. The facility failed to report this allegation of theft as well as Police response to the Department as required.

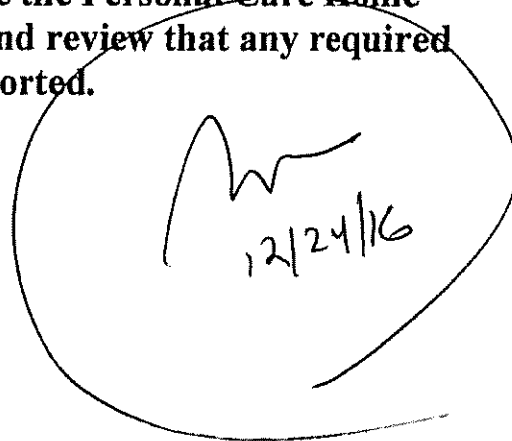
On 8/11/2016 at 8:20pm Whitehall Police Detective arrived at the facility after it was reported by Resident#2's ██████████ that ██████████ had missing jewelry. These articles were last seen by ██████████ on 8/9/2016. ██████████ stated that ██████████ states someone helped ██████████ remove the rings while ██████████ was in the bathroom. Resident #2 does have a diagnosis of dementia and when questioned at different times ██████████ gave three different stories. They were 1.) "I don't know what happened to them." 2.) "I could have removed them I do not know." 3.) "Someone helped me take them off." We did an intensive search thought out the room, floor, garbage,

12/24/16

and laundry. Upon further investigation we could not justify that any theft occurred.

Education will be provided to any administrative designee that completes state reportables that includes what is the criteria that must be reported to the DHS. See Attachment A-1.

→ To assure ongoing compliance the ~~Personal Care Home~~ Administrator will monitor and review that any required incidents will be properly reported.

A handwritten signature and the date "12/24/16" are enclosed within a hand-drawn circle.

Cheryl
Meyer
12-19-16

Violation Report: 21648 - 12/07/2016 - Rushin, Julianne
 PCH Name: FELLOWSHIP TERRACE

1. REGULATION 55 Pa.Code §2600
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

Department Representatives observed the G&E refrigerator located in the Villa East activity area. The refrigerator contained food items for residents. The refrigerator does not have a thermometer to measure the temperature inside of the refrigerator to ensure that the resident food is being stored at the proper temperature.

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):		
----------------------	-----------------------------------	--	--

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 12-19-16

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

The above plan of correction is approved as of 12/24/16 (Date)

Plan of correction implementation status as of 12/24/16 (Date)

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

The above plan of correction was approved by  (Initials)

Plan of Correction

12-19-2016

Attachment B

Regulation 2600.103(f)- Food requiring refrigeration shall be stored at or below 40 degree Fahrenheit. Frozen food shall be kept at or below 0 degrees Fahrenheit.

Thermometers are required in refrigerators and freezers.

During the DHS Survey on 12/7/2016 it was found that the refrigerator located in the Villa East Activity area contained food items for the residents. The refrigerator did not have a thermometer to measure the temperature inside of the refrigerator to ensure that the resident food is being stored at the proper temperature.

We immediately obtained a thermometer for the Villa East activity area refrigerator. 11-7 was educated by the nursing supervisor to do nightly temperature audits of all refrigerators.

To assure ongoing compliance the Personal Care Home Administrator will be receiving monthly audits of the temperature checks of all the refrigerators and freezers in Personal Care.



12/24/16

Cheryl Menge (w)
12-19-16

Violation Report: 21648 - 12/07/2016 - Rushin, Julienne
 PCH Name: FELLOWSHIP TERRACE

1. REGULATION 55 Pa.Code §2600

2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION

The notification to the Fire Department dated 11/1/16, regrading resident's with mobility needs, does not include the total capacity of the facility as required.

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, and C-1

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

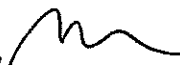
Signature of Legal Entity Representative (Required on EVERY Page) Cheryl Menger RD, PCHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cheryl Menger RD, PCHA VPO of Personal Care Date 12-19-2016

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

The above plan of correction is approved as of 12/24/16 (Date)

Plan of correction implementation status as of 12/24/16 (Date)

The above plan of correction was approved by  (Initials)

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

Plan of Correction

12-19-2016

Attachment C

Regulation 2600.124- The home shall notify the local fire department in writing of the address of the home location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

During the DHS Survey on 12/7/2016 it was found that the notification to the Fire Department dated 11/1/2016, regarding resident's with mobility needs, does not include the total capacity of the facility as required.

Whitehall Fire Department was notified on 12-19-16 of resident mobility needs that included total capacity of the home is 165. See attachment C-1.



To assure ongoing compliance the Personal Care Home Administrator will update the Whitehall Fire Company of any changes in mobility needs.

12/24/16

Christina Mendenhall
12-19-16

Violation Report: 21648 - 12/07/2016 - Rushin, Julienne
 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 #1 dated 10/6/2016 did not indicate health status and cognitive functioning.

 The medical evaluation completed on 2/24/16 for resident #3 does not include the license number of the medical professional that completed the evaluation form.

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.

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

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) VP of Personal Care Services Date 12-19-16

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

The above plan of correction is approved as of <u>12/24/16</u> (Date)	Plan of correction implementation status as of <u>12/24/16</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


12-19-2016

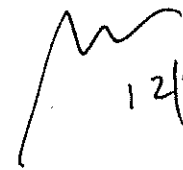
Attachment D

Regulation 2600.141(a)(2)- The medical evaluation must include the following (1) through (10)

During the DHS Survey on 12/7/2016 it was found that the medical evaluation for resident #1 dated 10/6/2016 did not indicate health status and cognitive functioning. The medical evaluation completed on 2/24/16 for resident #3 does not include the license number of the medical professional that completed the evaluation form.

Both of these evaluations were immediately corrected by the Director of Resident Care contacting the PCPs for both residents.

 **To assure ongoing compliance all DMEs will be checked by the Director of Resident Care and then double checked by the Personal Care Home Administrator for completion.**


12/24/16

Violation Report: 21648 - 12/07/2018 - Rushin, Juliette
 PCH Name: FELLOWSHIP TERRACE

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident # 4 is prescribed RW-M (7) Dust Inject - Allergy - Injection .5ml every other week on Wednesdays. The medication is stored in the refrigerator. The medication container does not include the prescribed dosage and instructions for administration.

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

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Cheryl Mangel RN, PCHH

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

*Cheryl Mangel RN PCHH
 VP of Personal Care*

Date
 12-19-16

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

The above plan of correction is approved as of 12/24/16
 (Date)

Plan of correction implementation status as of 12/24/16
 (Date)

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

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

Plan of Correction

12-19-2016

Attachment E

Regulation 2600.184(a)- The original container for prescription medications shall be labeled with a pharmacy label that includes the following: (1) The residents name, (2) the name of the medication, (3) the date the prescription was issued, (4) the prescribed dosage and instructions for administration, and (5) the name and title of the prescriber.

During the DHS Survey on 12/7/2016 it was found that Resident #4 was prescribed RW-M(7) Dust Inject-Allergy-Injection 0.5 ml every other week on Wednesdays. The medication is stored in the refrigerator. The medication container does not include the prescribed dosage and instructions for administration.

The medication is supplied by Resident #4's allergist doctor. They were contacted immediately and sent over the documentation that included the resident's name, the medication, the date the medication was issued, the prescribed dosage including instructions for administration, and the name and title of the prescriber.

To assure ongoing compliance the licensed nursing staff along with the Personal Care Staffing Director will do monthly audits on all medications and this will be monitored ongoing by the Personal Care Administrator.

[Signature]
12/24/16

Cheryl Meyer (RD)
12-19-16