



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 11 2017

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

RE: Frederick Living – Magnolia House
Certificate #: 127720

Dear Ms. Strausser:

As a result of the Department of Human Services' annual licensing inspection on June 29, 2017 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,

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

JUL. 24. 2017 3:19PM RECEIVED 07/24/2017 14:13 6107548008

FREDERICK LIVING PC
NO. 7727 P. 13/17

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: LAURA STRAUSSER		Region: SOUTHEAST
Legal Entity Name: FREDERICK MENNONITE COMMUNITY		
Legal Entity Address: PO BOX 488 2849 BIG ROAD, FREDERICK, PA 19435		
Certificate(s) of Occupancy		
C-2 LP 11/13/2001 PA Dept of L&I	C-2 LP 04/10/2000 PA Dept of L&I	C-2 LP 10/18/1999 PA Dept of L&I
Staffing Hours	Total Daily Staff: 77	Working Staff: 58
Resident Support: 0		Holidays: Unannounced
Type of Inspection: Full	BHA Docket Number:	
Reason(s) for Inspection(s) Renewal		
On-Site Inspection Dates and Department Representatives On-Site 08/29/2017: Colon, Lieselle		
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: 104 Number of Residents Served: 74 Secured Dementia Care Unit in Home: NO Area: Secured Dementia Unit Capacity, if Applicable:	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 74 Have Mental Illness: 0 Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 3	Have a Mobility Need: 3 Have a Physical Disability: 0	

RECEIVED 07/24/2017 14:13 6107548008
 JUL. 24. 2017 3:20PM

FREDERICK LIVING PC
 NO. 7727 P. 14/17

Violation Report: 12772 - 06/29/2017 - Colon, Lisselle PCH Name: FREDERICK LIVING MAGNOLIA HOUSE
1. REGULATION 55 Pa.Code §2600 2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.
2a. DESCRIPTION OF VIOLATION On 6/20/17, there was an accumulation of lint in the lint trap of the dryer located on the first and second floor,
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.

License #127720

- Regulation 2600.105(g)(1) – To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

a. Plan of Correction:

On 6/29/2017 lint was found in one of the residents' dryers. This regulation is important to help reduce the risks of fire hazards. The lint was immediately removed from the dryer and a sign was placed on all resident dryers in Magnolia House to remind residents to discard dryer lint after each use. Residents were reminded of this practice at the July Neighborhood Meeting. To monitor on-going regulatory compliance, housekeeping will check each resident dryer on all three floors during their daily rounds to remove facility trash. Housekeeping will report their findings to Personal Care Administration.

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		
Laura Strausser, PC Administrator		Date 7/20/2017
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!		
The above plan of correction is approved as of	<i>[Signature]</i> (Date)	Plan of correction implementation status as of
		<i>[Signature]</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

JUL. 24. 2017 3:20PM

RECEIVED 07/24/2017 14:13 6107540008

FREDERICK LIVING PC
NO. 7727 P. 15/17

Violation Report: 12772 - 08/26/2017 - Colon, Liselle
PCH Name: FREDERICK LIVING MAGNOLIA HOUSE

1. REGULATION 55 Pa.Code §2000
2600.105(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
- On 6/29/17, resident # 1's "as needed" Guaifenesin Cough Syrup and Acetaminophan 325mg tablets were not available in the home.
- On 6/29/17, resident # 2's glucometer was not calibrated to the correct date and time.

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.

Please see attached

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Laura Strauss*

Printed Name and Title of Legal Entity Representative Date
(Required on EVERY Page) *Laura Strauss, PC Administrator* 7/26/2017

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

The above plan of correction is approved as of *8/9/17*
(Date)

Plan of correction implementation status as of *8/11/17*
(Date)

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

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

2. Regulation 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.

- a. Plan of Correction

Resident #1's "as needed" Guaifenesin Cough Syrup and Acetaminophen 325mg had been reordered with the resident's pharmacy on 6/9/2017 but was not delivered per established standard. Please see attached reorder verification form. During self-audit practices, the resident's medication had been reordered based on current supply was expired. Resident had not used either medication for several months. On 6/29/2017, the pharmacy was contacted and the "as needed" medications were delivered same day. Related to monitoring of delivered medications, the Nurse Supervisor and/or med tech checking in the daily pharmacy deliveries will verify delivery against Daily Order Form for pharmacy accountability. If a medication ordered is not contained in the delivery, the pharmacy shall be contacted for verification the medication will be sent with next delivery. Resident #2's glucometer was not calibrated to the correct day and time. On 6/29/2017, the glucometer was immediately calibrated by the med tech. Prior to the annual inspection, Frederick Living's Personal Care Leadership was working with Medical Records Coordinator to enhance self-audit practices of resident medications, medical equipment and medication carts. As of 8/1/2017, Frederick Living's EMAR (electronic medication administration record) will prompt med techs to audit each resident in Personal Care every day based on resident apartment. The audit will include all resident medication and medical equipment. Med Techs will verify the completion of audit through EMAR documentation. The EMAR system will now assign the audits for each resident upon admission and regenerate monthly. Monthly spot checks of audits will be completed by certified Medication Administration Trainers assigned to Magnolia House and Aspen Village to ensure on-going compliance. Any discrepancies with auditing practices will be reported to Personal Care Administration.