



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

OCT 25 2017

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 inspection on July 3, 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](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

JUL. 24. 2017 3:18PM

RECEIVED 07/24/2017 14:13 6107548008

FREDERICK LIVING PC  
NO. 7727 P. 4/17

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

Page 1 of 5

PCH Name: FREDERICK LIVING ASPEN VILLAGE		License Number: 13258
Address: PO BOX 498 2849 BIG ROAD, FREDERICK, PA 10435		County: Montgomery
Administrator: LAURA STRAUSSER		Region: SOUTHEAST
Legal Entity Name: FREDERICK MENNONITE COMMUNITY		
Legal Entity Address: PO BOX 498 2849 BIG ROAD, FREDERICK, PA 10435		
Certificate(s) of Occupancy		
C-2 LP 11/13/2001 PA Dept of L&I	C-2 LP 04/18/2000 PA Dept of L&I	C-2 LP 10/18/1999 PA Dept of L&I
Staffing Hours		
Resident Support: 0	Total Daily Staff: 58	Waking Staff: 44
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Incident		
On-Site Inspections Dates and Department Representatives On-Site 07/03/2017: Colon, Lisette		
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: 31 Number of Residents Served: 29 Secured Dementia Care Unit In Home: Yes Area: ENTIRE HOME Secured Dementia Unit Capacity, if Applicable: 31 Number of Residents Served in Secured Dementia Care Unit, if applicable: 29 Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 1		Number of Residents who: Receive Supplemental Security Income: 0 Are 80 Years of Age or Older: 29 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 29 Have a Physical Disability: 0

Violation Report: 13268 - 07/03/2017 - Colon, Lisabella  
 PCH Name: FREDERICK LIVING ASPEN VILLAGE

1. REGULATION 86 Pa.Code §2600  
 2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION  
 Resident #1 has a prescribed order for accu-checks to be done four times a day at 0800, 1130, 1600, and 2000, in which the resident is to be injected with NovoLog 100 unit/ml as per sliding scale if,

- 151 - 200 = 2 units
- 200 - 260 = 4 units
- 261 - 300 = 6 units
- 301 - 350 = 8 units
- 351 - 450 = 10 units
- 451+ if blood sugar is greater than 450 call MD.

On the following dates at 0600, staff member A, neglected to administer the insulin and recorded readings that were below physician's order to administer insulin, with the intention to withhold the resident's prescribed medication for diabetes,

- 8/13/17, staff member recorded 148 - glucometer 223 - 4 units of insulin withheld
- 8/10/17, staff member recorded 148 - glucometer 238 - 4 units of insulin withheld
- 8/17/17, staff member recorded 149 - glucometer 217 - 4 units of insulin withheld
- 8/18/17, staff member recorded 89 - glucometer 265 - 0 units of insulin withheld
- 8/10/17, staff member recorded 160 - glucometer 163 - 2 units of insulin withheld
- 8/24/17, staff member recorded 149 - glucometer 220 - 4 units of insulin withheld
- 8/27/17, staff member recorded 146 - glucometer 206 - 4 units of insulin withheld

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 Strausser*

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

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

The above plan of correction is approved as of *8/1/17* (Date)

Plan of correction implementation status as of *8/1/17* (Date)

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

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

License #132580

1. Regulation 2600.42(b) – A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

- a. Plan of Correction:

Through a self-audit practice, Frederick Living identified Staff Member A was not recording Resident #1 blood sugar readings according to the history of the resident's glucometer. Frederick Living immediately reported the suspicion of neglect and falsification of records to all appropriate parties, secured the safety of the resident that included immediately suspending Staff Member A and initiated an investigation. Frederick Living's investigation concluded with the confirmation of Staff Member A being neglectful of the care our residents and to her job responsibilities resulting in immediate termination of employment. Frederick Living will continue to self-audit and report/investigate any discrepancies to ensure on-going regulatory compliance. Frederick Living will continue to educate all staff on the importance of resident rights and accurate documentation at time of hire and annually. Med Techs that are diabetic certified will continue to receive annual training and re-certification on the use of glucometers and the administration of insulin.

JUL. 24. 2017 3:19PM

RECEIVED 07/24/2017 14:13 6107548008

FREDERICK LIVING PC  
NO. 7727 P. 7/17

Violation Report: 1325B - 07/03/2017 - Colon, Lisselle  
PGH Name: FREDERICK LIVING ASPEN VILLAGE

1. REGULATION 56 Pa.Code §2800  
2800.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION  
Resident # 1 has a prescribed order for accu-checks to be done at 0600, 1130, 1600, and 2000, in which resident # 1 is to be injected with NovoLog 100 unit/ml as per sliding scale. Staff member A did not administer NovoLog at 0600 on the following dates,  
  
6/13/17  
8/10/17  
8/17/17  
8/18/17  
8/19/17  
8/24/17  
8/27/17

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 Strausser*

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

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

The above plan of correction is approved as of *8/13/17*  
(Date)

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

Plan of correction implementation status as of *8/13/17*  
(Date)

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

3. Regulation 2600.187(d) – The home shall follow the directions of the prescriber.

a. Plan of Correction:

Through a self-audit practice, Frederick Living identified Staff Member A was not recording Resident #1 blood sugar readings according to the history of the resident's

glucometer. This resulted in Staff Member A withholding the administration of insulin on seven different occasions. Frederick Living immediately reported the suspicion of neglect and falsification of records to all appropriate parties, secured the safety of the resident that included immediately suspending Staff Member A and initiated an investigation. Frederick Living's investigation concluded with the confirmation of Staff Member A being neglectful of the care our residents and to her job responsibilities resulting in immediate termination of employment. Frederick Living will continue to self-audit and report/investigate any discrepancies to ensure on-going regulatory compliance. Frederick Living will continue to educate all staff on the importance of resident rights and accurate documentation at time of hire and annually. Med Techs that are diabetic certified will continue to receive annual training and re-certification on the use of glucometers and the administration of insulin by following the directions of the prescriber.

Violation Report: 13258 - 07/03/2017 - Colon, Lissette  
 PCH Name: FREDERICK LIVING ASPEN VILLAGE

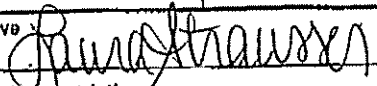
1. REGULATION 55 Pa.Code §2600  
 2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

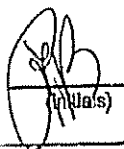
2a. DESCRIPTION OF VIOLATION  
 On the following dates, at 0800, resident # 1's medication administration occurred involving missed units of insulin. The error was not reported to the designated person and the prescriber until 6/27/17,

- 6/13/17
- 6/10/17
- 6/17/17
- 6/18/17
- 6/19/17
- 6/24/17
- 6/27/17

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

<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of <u>8/3/17</u> (Date)	Plan of correction implementation status as of <u>8/11/17</u> (Date)
The above plan of correction was approved by  (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

- l. 2600.188(b) – A medication error shall be immediately reported to the resident, the resident’s designated person and the prescriber.

- a. Plan of Correction:

On 6/27/2017 through a self-audit practice, Frederick Living identified Staff Member A was not recording Resident #1 blood sugar readings according to the history of the resident’s glucometer and the withholding of resident medication. On 6/27/2017, Frederick Living immediately reported the suspicion of neglect, falsification of records and the medication error to all appropriate parties that included the resident, the resident’s Power of Attorney, the resident’s primary care physician, The Department of Human Services, Adult Protective Services and the local ombudsman on the day of discovery. Frederick Living secured the safety of the resident that included immediately suspending Staff Member A and initiated an investigation. Frederick Living’s investigation concluded with the confirmation of Staff Member A being neglectful of the care our residents and to her job responsibilities resulting in immediate termination of employment. Frederick Living will continue to self-audit and report/investigate any discrepancies to ensure on-going regulatory compliance. Frederick Living will continue to educate all staff on the importance of resident rights and accurate documentation at time of hire and annually. Med Techs that are diabetic certified will continue to receive annual training and re-certification on the use of glucometers and the administration of insulin. Frederick Living will continue to immediately report medication errors to the resident, the resident’s designated person and the prescriber.