



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 26 2018

Ms. Donna J. Conley
Chief Operating Officer
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' (Department) annual licensing inspection on December 5, 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,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 21648 - 12/05/2017 - Novak, Ryan
PCH Name: FELLOWSHIP TERRACE

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
 Residents #1 & #2's glucometer had blood on the machines.

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.

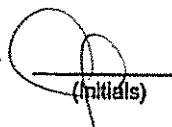
See Attachment A, + A-1

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, RCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Cheryl Mengel RN, RCHA</i> <i>VP of Personal Care Services</i>	Date <i>1-9-2018</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u><i>1-29-18</i></u> (Date)	Plan of correction implementation status as of <u><i>1-29-18</i></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

Plan of Correction

P2A8 11

1-9-2018

Attachment A

Regulation 2600.85(a)-Sanitary condition shall be maintained.

During the DHS Survey on 12/05/2017 it was found that resident # 1 , and resident #2 had what appeared to be dried blood on their accu-check machines.

We immediately cleaned all machines with 70% isopropyl alcohol wipe. All staff were educated on cleaning each machine after every use. A new policy was established about glucometers and care of them. See Attachment A-1.

To assure ongoing compliance the Personal Care Home Administrator along with the Personal Care Staffing Director will monitor that the machines are cleaned when doing the Team Leaders medication pass audits for their medication training.

OK
CF
1-29-18

Violation Report: 21648 - 12/05/2017 - Novak, Ryan
 PCH Name: FELLOWSHIP TERRACE

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
 The commercial dryers, in the laundry room, had an abundance of lint across the lint trap. The staff stated they are only cleaning the lint traps once a day.

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
 (Regulred on EVERY Page) Cheryl Mengel RD, PCH


Printed Name and Title of Legal Entity Representative
 (Regulred on EVERY Page) Cheryl Mengel RD, PCH
 VP of Personal Care Services Date 1-9-2018

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 (Date)

Plan of correction implementation status as of 1-29-18
 (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

P3A 8 11

1-9-2018

Attachment B

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.

During the DHS Survey on 12/05/2017 it was found that the lint trap in the Industrial Dryers was filled with lint.

The lint traps were immediately cleaned. The Director of Environmental Services educated all laundry staff on cleaning the lint traps after each cycle to reduce the risk of fire hazards. A sign was placed above the dryer stating "All Lint Traps Must Be cleaned Out After Each Load". Also a lint trap removal log was put in the laundry room that has to be dated and signed after each load.

To assure ongoing compliance the Director of Environmental Services, the Environmental Service Supervisor along with the Personal Care Home Administrator will check frequently that the Laundry Department is following through with the removal of the dryer lint per the regulations.

OK
1-29-18

Violation Report: 21648 - 12/05/2017 - Novak, Ryan

PCH Name: FELLOWSHIP TERRACE

1. REGULATION 55 Pa.Code §2500

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

The magnetic lock keypad, located on the gate in the courtyard, is not working. The keypad is recessed making it impossible for fingers to push the keys on the keypad to unlock the magnetic lock, preventing egress in the event of an emergency.

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 + C-1

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Cheyl Mengel, PCHA

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

*Cheyl Mengel PCH, PCHA
V.P. of Personal Care*

Date *1-9-2018*

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(Date)

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(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

Plan of Correction

P4A 8/11

1-9-2018

Attachment C

Regulation 2600.121(a)-Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

During the DHS Survey on 12/05/2017 it was found that a magnetic lock keypad for the gate outside our secured unit was not working properly. The fence on the gate had been worked on recently which made the cover for keypad to move away from the keypad. This made it difficult for someone with large hands to press the keypad.

This was immediately fixed by our maintenance department.

To assure ongoing compliance the Personal Care Home Administrator along with the Maintenance staff will inspect the keypad. The maintenance department will complete an audit at least monthly. Please see Attachment C-1 for audit form. (Yes)

JK
1-29-18

Violation Report: 21648 - 12/05/2017 - Novak, Ryan
 PCH Name: FELLOWSHIP TERRACE

1. REGULATION 55 Pa.Code §2600
 2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION
 There were 3 cardboard boxes located close to the gas hot water heaters, posing a possible fire 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 D + D-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, PCAA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cheryl Mengel RN, PCAA Date 1-9-2018
 VP of Personal Care Services

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 (Date)

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

Plan of Correction

1-9-2018

Attachment D

Regulation 2600.125(a)-Combustible and flammable materials may not be located near heat sources or hot water heaters.

During the DHS Survey on 12/05/2017 it was found that 3 cardboard boxes were located close to the gas hot water heaters posing a possible fire hazard in mechanical room.

This was immediately removed by our maintenance department.

To assure ongoing compliance yellow and black striped tape was put on floor around the hot water heaters to alert staff to not place anything in this area. See Attachment D-1 for ~~the~~ picture of tape applied around area. Ongoing the Personal Care Home Administrator along with the Maintenance staff will inspect that nothing is place by these boilers.

OK
CP
1-29-18

Violation Report: 21648 - 12/05/2017 - Novak, Ryan
 PCH Name: FELLOWSHIP TERRACE

1. REGULATION 55 Pa.Code §2600

2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

2a. DESCRIPTION OF VIOLATION

On 12/5/17 staff person A gave resident #4 at 9am the following medications to self-administer: Artificial Tears, Ventolin Inhaler, Advair Discus and Aero Chamber Flow. This resident has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner to be able to self-administer medications.

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):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Cheryl Mengel RN, PCNA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cheryl Mengel RN, PCNA* Date *1-9-2018*
VPO of Personal Care

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 (Date)

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 (Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Plan of Correction

pkaf (1)

1-9 -2018

Attachment E

Regulation 2600.181(c)-A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

During the DHS Survey on 12/05/2017 it was found that Resident # 4 had a Ventolin HFA inhaler with spacer, Advair diskus and Artificial tears at bedside. Resident DME did not have that resident could self-administer.

These medications were immediately removed from resident's room. On 12/6/17 we received an order from PCP that resident could self-administer and keep at bedside Ventolin HFA inhaler with spacer, Advair diskus, and Artificial tears.

To assure ongoing compliance all team leaders were educated on medication administration including self-administration of medication. This training was completed by 12/20/2017. Medication Administration Train the Trainers along with Personal Care Administrator and licensed staff will do ongoing audits to make sure that medications are not left at bedside without an order.

OK
1-29-18

Violation Report: 21648 - 12/05/2017 - Novak, Ryan
 PCH Name: FELLOWSHIP TERRACE

1. REGULATION 55 Pa.Code §2600

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

On 12/5/17 staff person A gave resident #1 at 9am the following medications to self-administer and left them with the resident: Artificial Tears, Ventolin Inhaler, Advair Diskus and Aero Chamber Flow. At 2:10pm these medications were retrieved from the resident's room. These medications were unlocked and accessible in resident #1's room from 9am until 2:10pm on 12/5/17.

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.

See Attachment G.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative *Cheryl Mengel RA, ACHA*
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative *Cheryl Mengel RA, ACHA* Date *1-9-2018*
 (Required on EVERY Page) *VPO of Personal Care Services*

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Plan of correction implementation status as of 1-29-18
 (Date)

The above plan of correction was approved by _____
 (Initials)

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

Plan of Correction

PGA 8/11

1-9 -2018

Attachment G

Regulation 2600.183(b)-Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

During the DHS Survey on 12/5/2017 staff person A gave resident #1 at 9am the following medications to self-administer and left them with the resident. Artificial Tears, Ventolin Inhaler, Advair Diskus and Aero Chamber Flow. At 2:10pm these medications were retrieved from the resident's room. These medications were unlocked and accessible in resident #1's room from 9am until 2:10pm on 12/5/2017.

Medication was immediately removed from resident's room when found. All Team Leader were educated on always keeping medication in a locked area even when in a resident's room. This training was presented by the Administrator and completed by 12/20/2017.

To assure ongoing compliance the Medication Administration Train the Trainer will be doing audits along with the licensed staff and Personal Care Administrator that all self-administered medications are kept in a locked area in resident's room.

OK

OK
CP
1-29-18

Violation Report: 21648 - 12/05/2017 - Novak, Ryan

PCH Name: FELLOWSHIP TERRACE

1. REGULATION 55 Pa.Code §2600

2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

On 12/5/17, Bisac-evac sup 10mg with a start date of 12/22/16 prescribed for Resident #4 was located in the home's medication cart. This medication was discontinued on 11/21/17.

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.

See Attachment #


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

Printed Name and Title of Legal Entity Representative *Cheryl Mangel RN, PCHA*
(Required on EVERY Page) *VP of Personal Care Services* Date *1/9/2018*

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(Date)

The above plan of correction was approved by 
(Initials)

Plan of correction implementation status as of 1-29-18
(Date)

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

P9A 811

Plan of Correction

1-9-2018

Attachment H

Regulation 2600.183(d)-Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

During the DHS Survey on 12/05/2017 it was found that Resident # 4 had Bisac-evac sup 10mg in the medication cart which had been discontinued on 11/21/2017.

This medication was immediately discarded in the Destroyer Medication Disposal container. All staff was instructed when any medication is discontinued to remove that medication from the medication cart and discard immediately. This training was completed by 12/20/2017.

To assure ongoing compliance the Medication Administration Train the Trainers will be doing audits along with the licensed staff and Personal Care Administrator to make sure that all discontinued medication are removed from the facility.

OK
1-29-18

Violation Report: 21648 - 12/05/2017 - Novak, Ryan
 PCH Name: FELLOWSHIP TERRACE

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #6 was administered Debrox 6.5% ear drops on 12/3/17 at 9pm by staff person B and the staff did not initial the medication administration record (MAR).

Resident #7 has an order for blood glucose readings 4 times daily per a sliding scale. On 12/4/17 at 11am the units administered were not documented on the MAR.

[Redacted] Withdrawn 1/31/18 MEG

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 I

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) <u>Cheryl Mengel RN, PCHA</u> <u>VPO of Personal Care Services</u>	Date <u>1/9/2018</u>
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Violation Report: 21648 - 12/06/2017 - Novak, Ryan
 PCH Name: FELLOWSHIP TERRACE

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #5 on 8/19/17 was prescribed Tamsulosin HCL 0.4 mg capsule, take one capsule by mouth at bedtime. From 9/19/17 through 12/4/17 the staff were administering this medication at 9am.

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 J

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 Date 1/9/2018
VPO of Personal Care Services

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 (Date)

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 (Initials)

Plan of correction implementation status as of 1-29-18
 (Date)

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

Plan of Correction

1-9-2018

P11A 811

Attachment J

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

During the DHS Survey on 12/05/2017 it was found that Resident # 5 on 9/19/2017 was prescribed Tamsulosin HCL 0.4 mg capsule, take one capsule by mouth at bedtime. From 9/19/2017 through 12/4/2017 the staff was administering this medication at 9am.

PCP was immediately notified and on 12/05/2017 clarification order was written. "D/C Tamsulosin HCL 0.4mg by mouth every AM DX. BPH. Give Tamsulosin HCL 0.4mg by mouth every day at 9pm for Dx. BPH." All Team Leader were educated on always doing 3 checks prior to giving medication which includes right time. This training was completed by 12/20/2017. A state reportable was completed and emailed to the DHS on 12/5/2017.

To assure ongoing compliance the Medication Administration Train the Trainers will be doing audits along with the licensed staff and Personal Care Administrator will be double checking all orders that they are transcribed correctly.

OK
C.
1-29-18