



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JUN 08 2018

Mr. Jerry D. Lile,  
President/Chief Executive Officer  
Fairmount Homes  
333 Wheat Ridge Drive  
Ephrata, Pennsylvania 17522

RE: Fairmount Homes – Farm Crest  
1100 Farm Crest Drive  
Ephrata, Pennsylvania 17522  
Certificate #: 321980

Dear Mr. Lile:

As a result of the Department's Bureau of Human Services Licensing annual inspection on February 26, 2018 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 that reads "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary

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

Page 1 of 3

<b>PCH Name:</b> FAIRMOUNT HOMES FARM CREST		<b>License Number:</b> 32188
<b>Address:</b> 1100 FARM CREST DR, EPHRATA, PA 17522		<b>County:</b> Lancaster
<b>Administrator:</b> Donna Hamly		<b>Region:</b> CENTRAL
<b>Legal Entity Name:</b> FAIRMOUNT HOMES		
<b>Legal Entity Address:</b> 333 WHEAT RIDGE DRIVE, EPHRATA, PA 17522		
<b>Certificate(s) of Occupancy</b> C-2 LP 08/06/1998 L&I		
<b>Staffing Hours</b> Resident Support: 0                      Total Daily Staff: 20                      Working Staff: 15		
Type of Inspection: Full                      BHA Docket Number:                      Notice: Unannounced		
<b>Reason(s) for Inspection(s)</b> Renewal		
<b>On-Site Inspection Dates and Department Representatives On-Site</b> 02/26/2018: Hoover, Douglas; Gillespie, Denise		
<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>		
<b>Licensed Capacity:</b> 38 <b>Number of Residents Served:</b> 20 <b>Secured Dementia Care Unit in Home:</b> No <b>Area:</b> <b>Secured Dementia Unit Capacity, if Applicable:</b> <b>Number of Residents Served in Secured Dementia Care Unit, if applicable:</b> <b>Number of Current Hospice Residents:</b> 0 <b>Number of Hospice Residents in past year:</b> 1	<b>Number of Residents who:</b> <b>Receive Supplemental Security Income:</b> 1 <b>Are 60 Years of Age or Older:</b> 20 <b>Have Mental Illness:</b> 1 <b>Have an Intellectual Disability:</b> 0 <b>Have a Mobility Need:</b> 0 <b>Have a Physical Disability:</b> 0	

**Violation Report:** 32198 - 02/28/2018 - Hoover, Douglas  
**PCH Name:** FAIRMOUNT HOMES FARM CREST

**1. REGULATION 55 Pa.Code §2600**

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

**2a. DESCRIPTION OF VIOLATION**

Resident #1's contract, dated [redacted]/18, was not signed by the payer.

**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.*

1. Upon admission, the Administrator or designee will review the homes agreement with the resident and the residents designated person or payee if any. The Administrator or designee will assure that the resident and guarantor agrees to have the guarantor or payee be named to handle any resident's financial obligations.
2. If the resident and the guarantor agree to the above, the Administrator or designee will assure to have both parties sign the agreement after the completion of reviewing the agreement..
3. Prior to making copies of the agreement for the resident., the Administrator or designee will assure all signatures are in place where indicated on page 18 of the agreement.
4. The Administrator or designee will complete a tickler system to be added to the Quality Management book in which all Agreements will be reviewed quarterly.
6. The Administrator or designee will review all the residents agreements listed on the roster by April 30, 2018, to assure are signatures are in place and will obtain and correct any missed signature.

\*\*\* See attachment A

<b>Repeat Violation:</b> No	<b>Date(s) of Previous Violation(s):</b>	
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**Signature of Legal Entity Representative**  
*(Required on EVERY Page)* Donna Harnly LPN, PCHA

<b>Printed Name and Title of Legal Entity Representative</b> <i>(Required on EVERY Page)</i> Donna Harnly LPN, PCHA	<b>Date</b> 03/20/2018
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 3-20-18  
 (Date)

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

Plan of correction implementation status as of 3-20-18  
 (Date)

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

Violation Report: 32198 - 02/26/2018 - Hoover, Douglas

PCH Name: FAIRMOUNT HOMES FARM CREST

1. REGULATION 55 Pa.Code §2600

2600.42(o) - A resident has the right to freely associate, organize and communicate with others privately.

2a. DESCRIPTION OF VIOLATION

The contracts for Resident #1, dated [redacted]/18, and Resident #2, dated [redacted]/14, state, "Fairmount's policies prohibit persons of the same or opposite sex (other than husband and wife), to have sexual relations."

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.

1. The sentence, " Fairmount's policies prohibits person's of the same or opposite sex ( other than husband and wife), to have sexual relations." in the Farm Crest Personal Care Admission Agreement provision 12.4, has been removed from the agreement by the Admissions Director on March 7, 2018.

See Attachment (B)

Provision 12.4 now reads as follows:

12.4 POLICY of DOUBLE OCCUPANCY: Married couples may continue to share accommodations unless the specifically arrange to live apart, or, due to health concerns, one requires additional supervision or services can not be provided on the unit on which the spouse resides. Persons of the opposite sex (other than husband and wife) are not permitted to occupy the same unit/apartment. In certain cases/units, an exception will be made for siblings.

2. In addition, the attached Addendum (C), will be presented to Resident #1, Resident #2 and their respective Power of Attorney/Designated Person for their review and signature by April 30, 2018. The Personal Care Home Administrator will also have all current Farm Crest Personal Care residents and their respective Power of Attorney/Designated Person to sign the Addendum by April 30, 2018.

3. The Personal Care Administrator will provide education to Farm Crest Personal Care team members, regarding the change to the agreement by March 31, 2018.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) Donna Harnly LPN, PCHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Donna Harnly LPN, PCHA Date 03/20/2018

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

The above plan of correction is approved as of 3-20-18 (Date)

Plan of correction implementation status as of 3-20-18 (Date)

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

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