



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via email to [REDACTED]  
MAILING DATE: October 11, 2018

Ms. Paula Sagan-Hahn  
Executive Director  
Lakewood Senior Living-Drums LLC  
159 South Old Turnpike Road  
Drums, Pennsylvania 18222

RE: Fritzingertown Senior Living Community  
License #: 201660

Dear Ms. Sagan-Hahn:

As a result of the Department's Bureau of Human Services Licensing inspection on August 23, 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.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Moskalczyk".

Michele Moskalczyk  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary



Violation Report: 20166 - 08/23/2018 - Deluca, Amy  
 PCH Name: FRITZINGERTOWN SENIOR LIVING COMMUNITY

**1. REGULATION 55 Pa.Code §2600**  
 2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

**2a. DESCRIPTION OF VIOLATION**  
 The Resident Assessment and Support Plan (RASP) dated 1/3/2018 for resident #1 does not indicate that the resident required a wander guard and was not updated to address the resident's frequent combative and exit seeking behaviors.

**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.*

The deficiency cites that the January 3, 2018 RASP did not indicate that resident required a wander - guard and had combative and exit seeking behaviors. In fact, when the January 3, 2018 RASP was developed this resident was neither combative nor was he exhibiting exit seeking behaviors .It was not until April 27, 2018 that these symptoms occurred at which time resident was sent to hospital , was diagnosed with urinary tract infection and antibiotic therapy was prescribed .He was returned to facility. It was at that time that a wanderguard was applied for resident safety.

Nursing staff did overlook documenting the application of the wanderguard.

In response, nursing staff has been re-educated to the requirements of this regulation (2600.227(d)) and the necessity for accurate and ongoing evaluation and documentation of this device.

Director of Nursing will monitor for ongoing compliance weekly.

Executive Director will monitor for ongoing compliance monthly.

Repeat Violation: No	Date(s) of Previous Violation(s):
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Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Paula Sagan*

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

*Paula Sagan - Executive Director* Date *09/25/18*

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The above plan of correction is approved as of <u>10/01/18</u> (Date)	Plan of correction implementation status as of <u>10/01/18</u> (Date)
The above plan of correction was approved by <u>MM</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