



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 03 2019

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's Bureau of Human Services Licensing annual inspection on December 4, 2018 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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
Violation Report

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

PCH Name: FELLOWSHIP TERRACE		License Number: 21648
Address: 3010 FELLOWSHIP DRIVE, WHITEHALL, PA 18052		County: Lehigh
Administrator: Cheryl Mengel		Region: NORTHEAST
Legal Entity Name: BIBLE FELLOWSHIP CHURCH HOMES INC		
Legal Entity Address: 3000 FELLOWSHIP DRIVE, WHITEHALL, PA 18052		
Certificate(s) of Occupancy C-2 LP 12/11/2002 L&I		
Staffing Hours Resident Support: 0 Total Daily Staff: 152 Waking Staff: 114		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 12/04/2018: Harvey, Jason; OHaire, Anne; Mendez, Vanessa		
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: 165 ✓ Number of Residents Served: 128 ✓ Secured Dementia Care Unit in Home: Yes Area: Ground Level Secured Dementia Unit Capacity, if Applicable: 24 Number of Residents Served in Secured Dementia Care Unit, if applicable: 22 ✓ Number of Current Hospice Residents: 10 ✓ Number of Hospice Residents in past year: 16 ✓	Number of Residents who: Receive Supplemental Security Income: 0 ✓ Are 60 Years of Age or Older: 127 ✓ Have Mental Illness: 0 ✓ Have an Intellectual Disability: 1 ✓ Have a Mobility Need: 24 ✓ Have a Physical Disability: 7 ✓	

Violation Report: 21648 - 12/04/2018 - Harvey, Jason
 PCH Name: FELLOWSHIP TERRACE

1. **REGULATION 55 Pa.Code §2600**
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. **DESCRIPTION OF VIOLATION**
 The sink located in the bathroom in room #151 and #254 was blocked and did not drain properly. The stop lever in the bathroom sink of room #262 did not work properly, causing the water in the sink not drain properly.

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 Mengler, RCHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cheryl Mengler, RCHA VP of Personal Care Services	Date 2-20-2019
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>2-26-19</u> (Date) The above plan of correction was approved by <u>AG</u> (Initials)	Plan of correction implementation status as of <u>2-26-19</u> (Date) <ul style="list-style-type: none"> <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
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Plan of Correction

2/20/2019

Attachment A

Regulation 2600.95 – Furniture and equipment must be in good repair, clean and free of hazards.

During the DHS Survey on 12/4/2018 it was found that the sink located in the bathroom in room #151 and #254 was blocked and did not drain properly. The stop lever in the bathroom sink of room #262 did not work properly, causing the water in the sink not to drain properly.

This was addressed immediately and all drains were audited on 12/5/2018 for problems with water not going down the drain and any issues were fixed immediately.

To assure ongoing compliance all direct staff were informed to report any sink not draining properly to the maintenance department immediately. Random audits will be done monthly by the administrator or administrator designee. See attachment A-1 for copy of audit sheet.

Violation Report: 21648 - 12/04/2018 - Harvey, Jason
 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
 Resident #1's medication of Debrox 6.5% ear drops were stored in the home's medication cart after the medication was discontinued in November 2018.

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: Yes	Date(s) of Previous Violation(s):	12/05/2017
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Signature of Legal Entity Representative (Required on EVERY Page) Cheryl Menge RN, PCHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cheryl Menge RN, PCHA VP of Personal Care Date 2-20-2019

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Plan of Correction

2/20/2019

Attachment B

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 12/4/2018 it was found that Resident #1's medication of Debrox 6.5% ear drops were stored in the home's medication cart after the medication was discontinued in November 2018.

This medication was immediately discarded properly. 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 12/31/2018.

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.

Violation Report: 21648 - 12/04/2018 - Harvey, Jason
 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

The Medication Administration Record for resident #2 did not indicate a dosage for Senna-S tablet.

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

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/05/2017	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Cheryl Mengele RN, PCA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Cheryl Mengele RN, PCA VPOF Personal Care Services</i>	Date <i>2-20-2019</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 2-26-19
 (Date)

The above plan of correction was approved by *mg*
 (Initials)

Plan of correction implementation status as of 2-26-19
 (Date)

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

Plan of Correction

2/20/2019

Attachment C

Regulation 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 of 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.**

During the DHS Survey on 12/4/2018 it was found that the medication administration record for Resident #2 did not indicate a dosage for Senna-S tablet.

We then notified the PCP for a dosage of the medication and the order was written and transferred on the Medication Administration Record and our pharmacy was made aware of order. The pharmacy felt that the reason the dosage was not documented was because this medication only comes in the one standard dosage of 8.6 mg of Senna and 50mg of docusate sodium.

All staff was instructed that all medication need a dosage. This training was completed by 12/31/2018.

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 medication orders also have dosage as part of order.

Violation Report: 21648 - 12/04/2018 - Harvey, Jason
 PCH Name: FELLOWSHIP TERRACE

1. REGULATION 55 Pa.Code §2600
 2600.231(e) - Each resident record shall have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

2a. DESCRIPTION OF VIOLATION
 Resident #3 was admitted to the SDCU on 3/20/18. The home has no documentation that the resident and the resident's designated person have not objected to the admission.

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 Attached D

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, PCH A*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Cheryl Mengel RN, PCH A</i> <i>VP of Personal Care</i>	Date <i>2-20-2019</i>
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Plan of Correction

2/20/2019

Attachment D

Regulation 2600.231(e) – Each resident record must have documentation that the resident and the resident’s designated person have not objected to the resident’s admission or transfer to the secured dementia care unit.

During the DHS Survey on 12/4/2018 it was found that Resident #3 was admitted to the SDCU on 3/20/2018. The home has no documentation that the resident and the resident’s designated person have not objected to the admission.

This was addressed on 12/5/2018 and the consent for admission to the secured dementia unit was signed by the POA and resident as well as the Personal Care Home Administrator.

To assure ongoing compliance the Personal Care Home Administrator will audit all paperwork for residents entering the secured dementia unit that consent for admission is signed by the resident and Power of Attorney for that resident prior to admission.