



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JAN 25 2019

Ms. Gwedolyn F. Didden  
Executive Director  
Faith Friendship Ministries, Inc.  
P.O. Box 567  
Mountville, Pennsylvania 17544

RE: Faith Friendship Villa of Mountville  
128 West Main Street  
Mountville, Pennsylvania 17544  
Certificate #: 322020

Dear Ms. Didden:

As a result of the Department's Bureau of Human Services Licensing's annual licensing inspection on January 15, 2019 and January 16, 2019 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](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  
Violation Report

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

<b>PCH Name:</b> FAITH FRIENDSHIP VILLA OF MOUNTVILLE		<b>License Number:</b> 32202
<b>Address:</b> 128 WEST MAIN STREET, MOUNTVILLE, PA 17554		<b>County:</b> Lancaster
<b>Administrator:</b> Gwen Didden		<b>Region:</b> CENTRAL
<b>Legal Entity Name:</b> FAITH FRIENDSHIP MINISTRIES INC		
<b>Legal Entity Address:</b> PO BOX 567, MOUNTVILLE, PA 17554		
<b>Certificate(s) of Occupancy</b> Commercial 9/10/2015 Mountville Borough		
<b>Staffing Hours</b>		
<b>Resident Support:</b> 0	<b>Total Daily Staff:</b> 71	<b>Waking Staff:</b> 53
<b>Type of Inspection:</b> Full	<b>BHA Docket Number:</b>	<b>Notice:</b> Unannounced
<b>Reason(s) for Inspection(s)</b> Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 01/15/2019: Showers, Michael; McCloskey, Jason 01/16/2019: Showers, Michael; McCloskey, Jason		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
<b>Partial or Full Triggers:</b>		<b>Random Indicators:</b>
<b>Resident Demographic Data as of Inspection Dates</b>		
<b>Licensed Capacity:</b> 74 <b>Number of Residents Served:</b> 71 <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> 0	<b>Number of Residents who:</b> <b>Receive Supplemental Security Income:</b> 53 <b>Are 60 Years of Age or Older:</b> 41 <b>Have Mental Illness:</b> 55 <b>Have an Intellectual Disability:</b> 18 <b>Have a Mobility Need:</b> 0 <b>Have a Physical Disability:</b> 2	

Violation Report: 32202 - 01/15/2019 - Showers, Michael  
 PCH Name: FAITH FRIENDSHIP VILLA OF MOUNTVILLE

**1. REGULATION 55 Pa.Code §2600**

2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

**2a. DESCRIPTION OF VIOLATION**

The informative influenza poster was not posted in a public and conspicuous place in the home as required by the Influenza Awareness Act of 2016.

**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.*

Personal care home administrator posted the poster and printed 36 page document within 15 minutes of discovery. Poster is posted on common area wall and 36 page document is in binder, in med office for all staff to access.

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



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

Brandon Diden, Administrator Date 1-17-2019

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

The above plan of correction is approved as of <u>1/18/19</u> (Date)	Plan of correction implementation status as of <u>1/18/19</u> (Date)
The above plan of correction was approved by <u>BAS</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 32202 - 01/15/2019 - Showers, Michael  
 PCH Name: FAITH FRIENDSHIP VILLA OF MOUNTVILLE

**1. REGULATION 55 Pa.Code §2600**

2600.102(i) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

**2a. DESCRIPTION OF VIOLATION**

On 1/16/2019, a cake of bar soap for common use was located in a restroom used by residents of the home. In another bathroom used by residents of the home there was no soap available.

**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.

Bar of soap was removed immediately upon discovery. Staff was instructed to check bathrooms for bar soap upon daily cleaning and restock of toilet paper and liquid soaps as well as when trash is emptied daily and on each shift

\*The administrator will monitor the bathrooms for appropriate supplies during walkthroughs of the facility. BAS 1/18/19

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christina J. [unclear] Executive Director* Date *1-17-2019*

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Violation Report: 32202 - 01/15/2019 - Showers, Michael  
 PCH Name: FAITH FRIENDSHIP VILLA OF MOUNTVILLE

**1. REGULATION 55 Pa.Code §2600**

2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

**2a. DESCRIPTION OF VIOLATION**

The Documentation of Medical Evaluation form for Resident 1, dated 1/2/2019, does not include documentation regarding the resident's Immunization History, Allergies, Body Positioning/Movement, and Cognitive Functioning.

The Documentation of Medical Evaluation form for Resident 2, dated 2/6/2018, does not include documentation regarding the resident's Allergies, Immunization History, Ability to self-administer medications, Health Status, Body Positioning, Cognitive Functioning, and an assessment of the resident's mobility needs.

**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.*

In the future, we will have a plan in place that will ensure the correct completion of the D.M.E. forms for every resident. Care Directors will instruct Doctor on completing the forms in its entirety. Direct supervisor will inspect forms to verify completion prior to filing.

\* The administrator, and/or a designated staff member, will audit the most recent DME forms for all current residents to ensure that the documents have been completed in entirety. Missing information shall be corrected with the physician's approval. This audit will be completed within 20 days of the receipt of this plan. BAS 1/18/19

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

1-17-2019

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 (Date)

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- Not Implemented