



July 26, 2019

Ms. Judy Grillo
Member
Jai Jalaram Care LP
2015 North Reading Road
Denver, Pennsylvania 17517

RE: Faithful Living
Certificate #: 322580

Dear Ms. Grillo:

As a result of the Department's Bureau of Human Services Licensing annual inspection on January 30 and 31, 2019 and March 8, 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.

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 "Carolyn K. Ellison". The signature is written in a cursive style.

Carolyn K. Ellison,
Deputy Secretary, Office of Administration
Shared Services for Health and Human Services

Enclosure
Violation Report

Violation Report: 32258 - 01/30/2019 - OPake, Hope
 PCH Name: FAITHFUL LIVING

1. REGULATION 55 Pa.Code §2600

2600.24 - A home shall provide the resident with assistance with personal hygiene as indicated in the resident's assessment and support plan. Personal hygiene includes one or more of the following:

- (1) Bathing.
- (2) Oral hygiene.
- (3) Hair grooming and shampooing.
- (4) Dressing, undressing and care of clothes.
- (5) Shaving.
- (6) Nail care.
- (7) Foot care.
- (8) Skin care.

2a. DESCRIPTION OF VIOLATION

The assessment and support plan for Resident #1 indicates that the resident requires minimal assistance with personal hygiene. On 12/28/18, the resident was found with unclean, matted hair and fecal matter on her legs, as she did not receive the assistance as required.

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.

Resident #1 had a history of depression, alzheimers dementia and psychosis. Resident was combative with staff, uncooperative and refused assistance when attempting to provide personal hygiene. Resident suffered with bouts of diarrhea. On 1/21/19 the Office of Aging was here to investigate. They found no evidence of neglect after researching resident notes and history. Going forward the director of resident services has been daily reading nurses notes of all residents and requesting any unusual incidents concerning resident care and personal hygiene to be reported. An audit of all RASPs was completed on 5/20/19. The director of resident services will continue to monitor.

The identified resident was hospitalized on 12/28/18, and subsequently was placed in a higher level of care. GE, 7/19/19

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Harry Goder* Date *6/21/19*

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

The above plan of correction is approved as of 7/19/19
 (Date)

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

Plan of correction implementation status as of 7/19/19
 (Date)

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

Violation Report: 32258 - 01/30/2019 - OPake, Hope
 PCH Name: FAITHFUL LIVING

1. REGULATION 55 Pa.Code §2600

2600.202 - The following procedures are prohibited:

- (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited.
- (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
- (3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
- (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.
- (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.
- (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

2a. DESCRIPTION OF VIOLATION

Resident #1 had a prescription of Ativan 0.5 mg, prescribed, "every six hours as needed for agitation."

Resident #2 had a prescription for Lorazepam 1.0 mg, prescribed to, "Apply 0.5 ml topically to skin every 4 hours as needed for agitation." The medication was administered on 1/2/19, 1/11/19, 1/18/19, 1/25/19, 1/28/19 and 1/31/19.

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 Director of Resident Services audited all orders on 2/1/19 to make sure that they were not indicative of a chemical restraint. On 2/1/19 the issue was addressed with the CRNP who prescribed the medications. The prescriber rewrote the orders to state that these particular medications in question can be used for anxiety only. The Director of Resident Services will weekly monitor resident diagnoses and meds to avoid further incidents.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Harry Yoder Administrator* Date *6/21/19*

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