



**MAILING DATE: March 4, 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 inspection on February 22, 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 violations cited 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.

Sincerely,

A handwritten signature in black ink that reads "Brett Swanger". The signature is written in a cursive style.

Brett Swanger  
Human Services Licensing Supervisor

Enclosure  
Violation Report

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

<b>PCH Name:</b> FAITHFUL LIVING		<b>License Number:</b> 32258
<b>Address:</b> 2015 NORTH READING ROAD, DENVER, PA 17517		<b>County:</b> Lancaster
<b>Administrator:</b> Harry Yoder		<b>Region:</b> CENTRAL
<b>Legal Entity Name:</b> JAI JALARAM CARE LP		
<b>Legal Entity Address:</b> 2015 NORTH READING ROAD, DENVER, PA 17517		
<b>Certificate(s) of Occupancy</b> C-2 LP 06/26/1996 Labor and Industry		
<b>Staffing Hours</b> <b>Resident Support:</b> 0 <b>Total Daily Staff:</b> 72 <b>Waking Staff:</b> 54		
<b>Type of Inspection:</b> Partial <b>BHA Docket Number:</b> <b>Notice:</b> Unannounced		
<b>Reason(s) for Inspection(s)</b> Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 02/22/2019: Heemer, Laura		
<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> 75 <b>Number of Residents Served:</b> 68 <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> 1 <b>Number of Hospice Residents in past year:</b> 1	<b>Number of Residents who:</b> <b>Receive Supplemental Security Income:</b> 7 <b>Are 60 Years of Age or Older:</b> 59 <b>Have Mental Illness:</b> 31 <b>Have an Intellectual Disability:</b> 6 <b>Have a Mobility Need:</b> 4 <b>Have a Physical Disability:</b> 0	

Violation Report: 32258 - 02/22/2019 - Heemer, Laura  
 PCH Name: FAITHFUL LIVING

**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 most recent support plan for Resident 1 was developed on 7/10/2018. This assessment does not document the formal support services and contact information Resident 1 receives from the Lancaster County Office of Behavioral Health and Developmental Services. In addition, this assessment does not include Resident 1's diagnosis of Chest Pain as documented on Resident 1's Documentation of Medical Evaluation form completed on 7/6/2018.

**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.

*Resident 1 assessment updated on 2/27/19 with formal support services and contact information for Lancaster County Office of Behavioral Health + Developmental Services. On 2/27/19 PCP updated Resident 1 DME to include diagnosis of chest pain. Colonial Lodge staff updated Resident 1 assessment to include diagnosis of chest pain on 2/28/19. All resident RASPs will be reviewed for similar scenarios; to be completed by 3/31/19. The Director of Resident Services is responsible to review all resident RASPs and DME's at the time of their annual review as well as any significant change throughout the year.*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Harry Toder Administrator</i>	Date <i>3/2/19</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>3/4/19</u> (Date)	Plan of correction implementation status as of <u>3/4/19</u> (Date)
The above plan of correction was approved by <u>BAS</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