



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Mailing Date: May 13, 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 April 29, 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".

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report

Facility Information

Name: FAITHFUL LIVING

License Number: 322580

Address: 2015 NORTH READING ROAD, DENVER, PA 17517

County: LANCASTER

Region: CENTRAL

Administrator

Name: Harry Yoder

Phone: 7173684109

Email: na

Legal Entity

Name: JAI JALARAM CARE LP

Address: 2015 NORTH READING ROAD, PA, 17517

Certificate(s) of Occupancy

Type: C-2 LP

Date:

Issued By:

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 70

Waking Staff: 53

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Incident

Inspection Dates and Department Representative

04/29/2019 - On-Site: Jason McCloskey

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 75

Residents Served: 67

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 11

Are 60 Years of Age or Older: 55

Diagnosed with Mental Illness: 29

Diagnosed with Intellectual Disability: 6

Have Mobility Need: 3

Have Physical Disability: 1

101r - Bedroom - shades/drapes/window covering

Regulations

2600.

101.r. There must be drapes, shades, curtains, blinds or shutters on the bedroom windows. Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

Description of Violation

The horizontal mini-blinds in Resident 1's bedroom have damaged louvers allowing people outside the home to see into the room.

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.)

Mini-blind was replaced on 5/1/19. Housekeeping staff will report any window coverage needs to the Administrator going forward.

*Within 10 days from the receipt of this plan, the home will conduct an inspection of each residents room to ensure that there are window coverings and that the covering are in good repair. BAS 5/13/19

Legal Entity Representative

Harry Yoder
Signature

Harry Yoder Administrator 5/10/19
Printed Name and Title Date

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The above plan of correction is approved as of 5/13/19 Plan of correction implementation status as of 5/13/19
(Date) (Date)

The above plan of correction was approved by BAS Fully Implemented
(Initials) Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

187b - Date/Time of Medication Admin.

Regulations

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident 1 is prescribed Gabapentin 600 mg to be given 3 times a day. This medication was administered on 4/20/19 at 0800 and 1200, however, the medication was not marked as given on Resident 1's medication administration record.

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.)

All resident MARs were audited and completed on 4/30/19. To prevent such incidents in the future the Director of Resident Services will be monitoring by doing checks/audits of all resident MARs at a minimum of 2 times a week. The Director is required to keep a log of the audits.

Legal Entity Representative

Harry Yoder
Signature

Harry Yoder Administrator 5/13/19
Printed Name and Title Date

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(Date)

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(Date)

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- Not Implemented

187d - Follow Prescriber's Orders

Regulations

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident 1 is prescribed B-12 1000 mcg, Vitamin c 500 mg, and Gabapentin 600 mg. These medications were not administered to the resident on 4/17/19 at 0800.

Resident 1 is prescribed Gabapentin 600 mg to be given 3 times a day. However, this medication was not administered to Resident 1 on 3/12/19 at 0800 and 1200 because the medication was not available in the home.

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.)

All med techs were reminded at a staff training on 5/3/19 that not having the med available is considered a med error. They have been instructed to have all meds available 24/7. They have also been instructed that families are required to take the meds with them when taking a resident home. The Director of Resident Services is responsible with the audits to assure that all resident meds are available at the home. The administrator will review the Director's weekly logs as well. *The administrator will review the home's procedures for ordering medications.

Changes shall be made to ensure that prescriptions are ordered/reordered in a timely manner so that residents do not go without their medications. This procedure review will be completed within 5 days from the receipt of this plan. BAS 5/13/19

Legal Entity Representative

this plan. BAS 5/13/19

Mary Godec
Signature

Mary Godec Administrator 5/13/19
Printed Name and Title Date

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188b - Medication Error Reporting

Regulations

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident 1 is prescribed B-12 1000 mcg, Vitamin C 500 mg, and Gabapentin 600 mg at 0800. These medications were not given on 4/17/19 at 0800 and these errors were not reported to the prescriber.

Resident 1 is prescribed Gabapentin 600 mg to be given 3 times a day. This medication was not available to be given On 3/12/19 at 0800 or 1200. This medication error was not reported to the prescriber.

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.)

All medtechs were instructed at a staff meeting on 5/3/19 that if a med is not available or not given to the resident it has to be immediately reported to the prescriber. Again this responsibility to follow through for monitoring has been assigned to the Director Resident Services and managed with the weekly audits. The administrator will be reviewing the Director's weekly logs.

*

Legal Entity Representative

Darry Yoder
Signature

Darry Yoder Administrator 5/10/19
Printed Name and Title Date

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225c - Additional Assessment

Regulations

2600.
225.c.2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident 1's most recent assessment, completed 9/14/18, identifies him as having minimal or no problems regarding irritability, judgement, agitation and aggression. Since the completion of this assessment, Resident 1 has displayed multiple instances of aggressive behaviors that were documented by the home, but not updated into the 9/14/18 assessment. These behaviors included:

- on 4/25/19, the resident "cornered" the hairdresser
- on 4/4/19, Resident 1 shoved a staff person into another staff person
- on 3/26/19, Resident 1 "was agitated and not cooperating with staff" while receiving care
- on 3/22/19, the resident was "extremely agitated"
- on 3/11/19, Resident 1 tried to hit a staff person
- on 1/23/19, Resident 1 yelled at, grabbed, and pinned a staff person up against a wall

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's assessment was changed on the RASP on 4/20/19 to moderate concerning his irritability, judgement, agitation and aggression. Staff will continue to be trained in completing the RASP for any resident with similar issues. RASPs to be monitored and reviewed by the Director Resident Services to avoid such incidents or violations in the future.

Legal Entity Representative

(Continued on Page 6A)

Harry Yoder
Signature

Harry Yoder Administrator
Printed Name and Title

5/10/19
Date

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2600.225(c) Continued

The administrator and/or Director of Resident Services will complete an audit all resident assessments and support plans (RASPs) to ensure that an accurate assessment of the current needs and abilities of each resident, and a description of how the needs of each resident will addressed by the home, has been documented. The audit and completion of any new RASPs shall be completed within 30 days from the receipt of this plan. BAS 5/1319