



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Mailing Date: September 11, 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 inspection on and August 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 blue ink that reads "Brett Swanger".

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report

Facility Information

Name: FAITH FRIENDSHIP VILLA OF MOUNTVILLE
Address: 128 WEST MAIN STREET,, MOUNTVILLE, PA 17554
County: LANCASTER **Region:** CENTRAL

License Number: 32202

Administrator

Name: Charis Gramm **Phone:** 7172855596 **Email:**

Legal Entity

Name: FAITH FRIENDSHIP MINISTRIES INC
Address: PO BOX 567, MOUNTVILLE, PA, 17554

Certificate(s) of Occupancy

Type: Other **Date:** **Issued By:**

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 73 **Waking Staff:** 55

Inspection

Type: Partial **BHA Docket #:** **Notice:** Unannounced
Reason: Incident

Inspection Dates and Department Representative

09/03/2019 - On-Site: Michael Showers, Kellie Cargile

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 74 **Residents Served:** 73

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 48 **Are 60 Years of Age or Older:** 39
Diagnosed with Mental Illness: 52 **Diagnosed with Intellectual Disability:** 14
Have Mobility Need: 0 **Have Physical Disability:** 1

225c - Additional Assessment

Regulations

2600.

225.c. The resident shall have additional assessments as follows:

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

The most recent assessment of Resident 1, dated 1/15/2019 was not updated to include the identified needs of regular wound care subsequent to a surgery the resident had on 8/9/2019. This significant change was not addressed in the resident's current assessment and support plan.

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.)

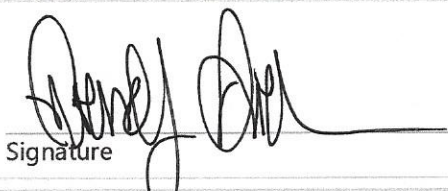
P.C.H.A. reviewed the RASP with staff. All Rasps were re-checked for accuracy. A policy for 2 hour night shift bed checks was created and distributed to all staff.

*All staff will be re-educated to immediately inform administration when there is a significant change in the ability level and/or care needs of the residents so that proper service planning can be provided. This education will be provided to the staff by 10/4/2019.

The administrator, and/or designee, will review a resident's discharge information from each medical visit to ensure that all necessary information is update into the resident's support plan.

BAS 9/11/2019

Legal Entity Representative


Signature


Printed Name and Title

9-9-19
Date

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The above plan of correction is approved as of 9/11/2019 (Date) Plan of correction implementation status as of 9/11/2019 (Date)

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

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