



**Sent via e-mail dsamai@frederickliving.org  
September 9, 2020**

Mr. Jeremy Kauffman  
Interim CEO  
Frederick Mennonite Community  
2849 Big Road - Office  
Zieglerville, Pennsylvania 19492

RE: Frederick Living - Magnolia House  
License #: 127720

Dear Mr. Kauffman:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on December 9 and 10, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

*Claire Mendez*

Claire Mendez  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

## Violation Report

### Facility Information

Name: *FREDERICK LIVING - MAGNOLIA HOUSE*  
Address: *PO BOX 498, 2849 BIG ROAD,, FREDERICK, PA 19435*  
County: *MONTGOMERY*                      Region: *SOUTHEAST*

License Number: 12772

### Administrator

Name: *Daniel Samai*                      Phone: *6107547878*                      Email: *DSAMAI@FREDERICKLIVING.ORG*

### Legal Entity

Name: *FREDERICK MENNONITE COMMUNITY*  
Address: *PO BOX 498, 2849 BIG ROAD, FREDERICK, PA, 19435*

### Certificate(s) of Occupancy

Type: *C-2 LP*                      Date: *11/13/2001*                      Issued By: *PA Dept of L & I*

### Staffing Hours

Resident Support Staff: *0*                      Total Daily Staff: *80*                      Waking Staff: *60*

### Inspection

Type: *Full*                      BHA Docket #:                      Notice: *Unannounced*  
Reason: *Renewal*

### Inspection Dates and Department Representative

*12/09/2019 - On-Site: Denise Gillespie*  
*12/10/2019 - On-Site: Denise Gillespie, Michele Swisher*

### Resident Demographic Data as of Inspection Dates

#### General Information

License Capacity: *104*                      Residents Served: *79*

#### Secured Dementia Care Unit

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

#### Hospice

Current Residents: *2*

#### Number of Residents Who:

Receive Supplemental Security Income: *0*                      Are 60 Years of Age or Older: *79*  
Diagnosed with Mental Illness: *0*                      Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *1*                      Have Physical Disability: *1*

183e - Storing Medications

Regulations

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 12/10/19, One unidentified tan and brown capsule and one unidentified tan capsule was found loose in the bottom right drawer of the second floor medication cart.

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.)

Please see the attached documents - Thank you

Legal Entity Representative

Signature *D Samai*

Daniel Samai - PCA  
Printed Name and Title

2.28.2020  
Date

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The above plan of correction is approved as of 3/2/2020  
(Date)

Plan of correction implementation status as of 9/9/2020  
(Date)

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

Implemented  
 Not Implemented

## Plan of Correction (POC)

183e

What is the violation? 183e

Prescription medications, OTC and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light in accordance with the manufacturer's instructions.

One unidentified tan and brown capsule and one unidentified tan capsule was found loose in the bottom right drawer of the second floor medication cart.

Why did it occur?

The violation occurred because there was a large supply of blister packets medications in the bottom right drawer, which caused a blister packet to break open. The medication fell into the bottom drawer of the medication cart.

What do we do right now to fix the problem?

Who: Med Tech, RN Clinical Manager and Administrator

What: Med Tech will ensure that there are no loose medications in the carts when doing medication counts at change of shift. A visual check will be conducted prior to signing the cart over to the Med tech for the following shift. Clinical manager and Administrator met with Med tech to review regulation (183e) and corrected the cart.

When: Medication removed from the cart immediately on 12.10.2020. The blister pack was sent back to pharmacy for replacement. This cart, along with the other med carts will be checked on a daily basis for organization and cleanliness.

How do we prevent it from happening again?

Who: Med Tech, Nurse and the Administrator

What: Med Techs will conduct an ongoing check of the blister packs and a visual check of the carts during shift change. Nurse will maintain monitoring and oversight of this process on a weekly, and random spot check.


When: Weekly basis

Timeline/ work plan: what are the detailed steps needed to prevent it from happening again

Action taken/ owner/ completion date:

- Effective 1.16.2020, Med techs will check blister packs to ensure that medications are accounted during change of shift, and prior to signing off the med cart to the next shift.
- Med techs will conduct a visual check of the drawers, per shift, to ensure that there are no loose medications during med counts and shift changes.
- Clinical Manager and Administrator will continue to educate Staff on the regulation (183e), and utilize the Med tech trainer, and Staff Development manager for ongoing education and training for all staff including med techs.

- Medication Administration will be an ongoing topic for staff meetings- Continuing at Scheduled meeting on 3.26.2020 and ongoing. Pharmacy has also provided additional education and training. Completion Date: 2.13.2020
- Med techs will conduct a monthly medication audit for all residents. This will be submitted to the nurse who will maintain oversight of this process and maintain records of the audit. The Administrator and Clinical manager will oversee and ensure that the monthly medication audits for all residents are being completed. Completion Date: January 16<sup>th</sup> 2020 and Ongoing.
- Med techs will conduct a weekly cleaning of all med carts. Cleaning will be done on the second shifts.
- A new Pharmacy provider was initiated effective 2.20.2020. A new packaging and medication sorting system was implemented that allows for adequate space in the med carts with less likelihood of breakage with the blister pack. The packaging system will also support better visualization of the blister packs and other medications. This also adds a pharmacy Consultant to monitor the organization and dispensing of medications. Completion Date: 2.27.2020.
- The medication sorting system as shown in the photo consists of a delivery of medications sorted per shift, for each cart. The packaging in the photo, which utilizes much less space in the med cart, contains medications for 20 residents for that particular shift. Completion Date: 2.20.2020

Signature  Printed Name and Title Daniel Samai - PCA Date 2.28.2020

183f - Discontinued Medications

Regulations

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

Bottle of Saline Nasal spray that has an expiration date on the bottle of 10/2019 is present in the second drawer of the first floor medication cart on 12/10/19.

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.)

Please see the attached documents - Thank you

Legal Entity Representative

*D Samai*

Signature

Daniel Samai - PCA

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## Plan of Correction (POC)

183f

What is the violation? 183f

Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and state regulations. When a resident permanently leaves the home, the resident's medication shall be given to the resident, the designated person, if any, or the person or entity taking responsibility of the new placement on the day of departure from the home.

A bottle of saline nasal spray that has an expiration date on the bottle of 10/2019 was present in the second drawer of the first floor medication cart.

Why did it occur?

The violation occurred because the Med techs did not complete an audit of medications in the medication cart, identify that the nasal spray needed to be removed and reordered, which caused it being left in the med cart beyond the expiration date.

What do we do right now to fix the problem?

Who: Med Tech, and Nurse

What: Nurse Supervisor immediately removed the medication from the med cart, and immediately place a reorder for the resident's nasal spray.

When: This medication was ordered immediately on 12.10.2019. Medication was ordered immediately and delivered on 12.11.2019. Please see attached documentation of the nasal spray that was delivered on 12.11.2019.

How do we prevent it from happening again?

Who: Med Tech, Nurse, and Administrator

What: Med Techs will identify all medications, during med pass, that need to be reordered and replaced in the med cart. Med tech will complete the medication reorder form and will fax the form to the Pharmacy. The med tech will review the medication ordered in contrast to the medication delivered to ensure that the medication is replaced. Clinical manager or Administrator will maintain oversight, and will sign off on the medication audit process to ensure completion.

When: As completed on a Daily basis


Timeline/ work plan: what are the detailed steps needed to prevent it from happening again

Daniel Samai - PCA 2.28.2020



Action taken/ owner/ completion date:

- The Clinical manager or the Administrator will conduct ongoing education on the regulations. The Clinical manager will sign-off on the completed medication audit tool for each resident. Completion Date: Begin 3.9.2020
- Med techs will ensure checking all medications during the shift, and identify medications that need to be reordered – Completion date: 1.16.2020
- Med techs will complete and fax the medication order form, remove and replace the old medications with the newly ordered medications – Completion Date: 1.16.2020
- Med techs will conduct a medication audit for all residents, submit completion of the audit to the nurse for review. The nurse will witness, and randomly check the med carts and maintain oversight of this audit and maintain records of the audit.
- Medication audit will be completed on a monthly basis- Completion Date: January 16<sup>th</sup> 2020.

Signature  Printed Name and Title Daniel Samai - PCA Date 2.28.2020

184b - Resident's Meds Labeled

Regulations

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On 12/10/19 a package of Macular Complete Protect was in the first floor medication cart and was not labeled with the resident's name.

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.)

Please see the attached documents - Thank you

Legal Entity Representative

Signature 

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## Plan of Correction (POC)

184b

What is the violation? 184b

If the OTC medications and CAM belongs to the resident, they shall be identified with the resident's name.

On 12.10.2019, a package of Macular Complete Protect was in the first floor medication cart and was not labeled with the resident's name

Why did it occur?

The violation occurred because family provided Macular Complete Protect for resident, and upon receipt of the medication, the Med tech did not label the medication appropriately with the resident's name and room number.

What do we do right now to fix the problem?

Who: Med Tech and Admin Assistant

What: Med tech immediately labeled the medication with a label of the resident's name and room number.

When: Medication labeled immediately with a printed resident specific label. Labeling of medications will be done immediately upon receipt of a medication on a daily basis

How do we prevent it from happening again?

Who: Med Tech and Administrative Assistant

What: Med Techs will receive medications in the care-base, and will immediately ensure that all medications are labeled appropriately with resident's information. The Med Techs will utilize preprinted resident specific labels available for each resident.

Education on regulation 184b and the importance of correct and timely labeling of residents' medications upon receipt of Pharmacy will occur 3.9.2020.

When: Medications labeled on a daily basis.


Timeline/ work plan: what are the detailed steps needed to prevent it from happening again

Action taken/ owner/ completion date:

- The Clinical manager or the Administrator will sign-off on the completed medication audit tool for each resident. Completion Date: Begin 3.9.2020
- Education on the regulation, process of labeling and safety considerations will be ongoing. A Staff meeting including this topic is scheduled for 3.9.2020.
- Med techs will check medications during med administration to ensure that all medications are labeled appropriately with the resident's information. Med techs will

make sure this process is completed prior to taking the medications to the respective medication carts - Completion Daily effective 12.11.2019.

- Med techs will continue to conduct a monthly medication audit for all residents, submit completion of the audit to the nurse, and the nurse will witness and maintain oversight of this process, and maintain records of the audit - Completion Date: January 16<sup>th</sup> 2020. The Medication audit tool is designed to capture, and ensure that each medication is labeled with the resident's name and apartment number. This will also go along with ongoing education and training on the regulation, and consistent oversight from the Clinical Manager and the Administrator.

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185a - Implement Storage Procedures

Regulations

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident # 1 is prescribed Ibuprofen 600 mg as needed. On 12/10/19 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.)

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## Plan of Correction (POC)

185a

What is the violation? 185a

The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Resident 1 is prescribed Ibuprofen 600 mg as needed. On 12.10.2019 the medication was not available in the home.

Why did it occur?

The violation occurred because resident's medication was previously ordered, but hadn't been received by pharmacy. Med tech did not ensure that the medication is available in the medication cart.

What do we do right now to fix the problem?

Who: Med tech, Nurse

What: Nurse reached out to pharmacy immediately regarding the medication to ensure that it is delivered to the home.

When: Pharmacy was contacted immediately on 12.10.2019, and resident #1's Ibuprofen 600 mg was delivered on 12.11.2019.

How do we prevent it from happening again?

Who: Med Tech

What: Med Techs, upon medication administration, will identify medication that need to be reordered, complete the medication order form, and fax it to the pharmacy. This will be done prior to medication becoming unavailable to the resident in the home.

The Nurse clinical leader will monitor the logs of orders placed and received.

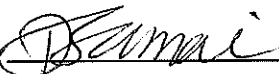
When: Medication identified and reordered on a daily basis.

Timeline/ work plan: what are the detailed steps needed to prevent it from happening again

Action taken/ owner/ completion date:

- Med techs will identify medications during med pass to be reordered. The med tech will pull the order stickers from the medication container immediately in order to ensure timely delivery of medications – Completion Effective:12.11.2019

- Med techs will also conduct a monthly medication audit worksheet for all residents, and verify for medications that need to be reordered. Nurse will maintain oversight of the audit tool worksheet, and documentation - Completion Date: January 16<sup>th</sup> 2020
- The Clinical Manager and the Administrator will oversee and sign off on the audit tool when it is completed. Completion Date: Begin 3.9.2020
- Continued education will be provided to staff as requires, and as needed for refresher through the Med Tech Trainer, and Staff Development.
- Frederick Living initiated a new pharmacy provider that was contracted and began services on 2.20.2020. This provided for more frequent deliveries of medications to ensure timely administration. Frederick Living Personal Care has installed an Omnicell with storage of 300 medications, which may be accessed for emergencies. A back-up contract was also implemented with a local pharmacy for emergencies. The Personal Care home now has 24 hour pharmacy support.

Signature  Printed Name and Title Daniel Samai - PCA Date 2.28.2020