



Mailing Date: February 7, 2020

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on December 16, 2019 and December 17, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Brett Swanger".

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: FAITHFUL LIVING

License Number: 32258

Address: 2015 NORTH READING ROAD,, DENVER, PA 17517

County: LANCASTER

Region: CENTRAL

Administrator

Name: Lauren Haggarty

Phone: 7173684109

Email:

Legal Entity

Name: JAI JALARAM CARE LP

Address: 2015 NORTH READING ROAD, DENVER, PA, 17517

Certificate(s) of Occupancy

Type: C-2 LP

Date: 06/26/1996

Issued By: Labor and Industry

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 74

Waking Staff: 56

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal, Complaint

Inspection Dates and Department Representative

12/16/2019 - On-Site: Laura Heemer, Dale Rosenblatt

12/17/2019 - On-Site: Laura Heemer, Dale Rosenblatt

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 75

Residents Served: 71

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 10

Are 60 Years of Age or Older: 63

Diagnosed with Mental Illness: 26

Diagnosed with Intellectual Disability: 4

Have Mobility Need: 3

Have Physical Disability: 1

42o - Associate/Communicate

Regulations

2600.

42.o. A resident has the right to freely associate, organize and communicate with others privately.

Description of Violation

The facility's established Home Rules state that residents must have written permission from administration to take other residents in their cars.

Plan of Correction (POC)

On January 7, 2020, the facility home rules were edited to remove the statement requiring residents to obtain permission from administration to have other residents transported in their personal vehicles. There will not be potential for violation in the future, as the statement was completely removed. Updated home rules are attached for reference.

In addition, the change in house rules was provided in writing to residents via resident memo on January 17, 2019. Resident memo attached for reference.

Legal Entity Representative

Signature 

Lauren Haggarty Administrator
Printed Name and Title

1/17/20
Date

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The above plan of correction is approved as of 1/22/2020
(Date)

Plan of correction implementation status as of 2/7/2020
(Date)

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

Implemented
 Not Implemented

141a 1-10 Medical Evaluation Information

Regulations

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident 1 uses a bedside enabler bar for mobility needs. Resident 1's medical evaluation, dated 6/26/19, does not document the physician's assessment that the resident requires this bed enabler bar for assistance.

Plan of Correction (POC)

Resident I received an order from Nurse Practitioner on January 2, 2020 for the bedside enabler. Resident's medical evaluation was updated to reflect the need for equipment to assist with body positioning and bed mobility. For the future, any resident needing an assistive device will have a physician's order and have the need documented on the medical evaluation. The Director of Resident Services will be responsible for ensuring mobility assessment needs are appropriately documented upon admission.

An audit of all current residents utilizing assistive devices was completed on January 2, 2020 by the Director of Resident Services. The Director of Resident Services got a physician's order for each device being used by each resident and ensured the DME and RASP documents were updated on January 17, 2020. Audit sheet attached for reference.

Legal Entity Representative


Signature

Lauren Haggerty Administrator 1/17/20
Printed Name and Title Date

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182c - Medication Administration

Regulations

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

1. Identify the correct resident.
2. If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
3. Remove the medication from the original container.
4. Crush or split the medication as ordered by the prescriber.
5. Place the medication in a medication cup or other appropriate container, or in the resident's hand.
6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).
7. Complete documentation in accordance with § 2600.187 (relating to medication records).

Description of Violation


On 12/17/2019, Staff Person A was observed filling medication cups for six Residents and placing the cups on a tray. Staff Person A then took the tray to each resident, administered the medications, and then returned to the medication cart to log all of these medication administrations.

Plan of Correction (POC)

Staff person A was retrained during two shifts on December 31, 2019 and January 1, 2020 (see attached signature page). The training consisted of proper medication administration, documentation, and medication rights. A training for all med tech staff will be held on January 10, 2020 to review correct order of activities of medication administration.

Staff person A also had a medication administration observation performed by a med tech trainer on January 17, 2020 (observation checklist attached).

Legal Entity Representative


Signature

Lauren Haggarty Administrator 1/17/20
Printed Name and Title Date

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187d - Follow Prescriber's Orders

Regulations

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

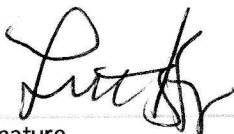
Resident 2 is prescribed Ted Hose to be applied in the morning and removed in the evening for edema. However, this treatment was not administered to Resident 2 on 12/12/19 through 12/17/2019 because the Ted Hose were not available in the home.

Plan of Correction (POC)

Written notice was posted for all med tech staff on January 7, 2020 to reiterate if medication or equipment are not received from the pharmacy within 24 hours of placing the order, they need to inform the Director of Resident Services. If an item is not available in the home, the Director of Resident Services will investigate why the home has not received the item and will find another supplier to get the item from as soon as possible. The Director of Resident Services is responsible for ensuring all medications, treatments, and durable medical equipment are available at the home.

An audit was completed by the Administrator on January 14, 2020 to identify the residents that require medical equipment for treatments and verify the equipment is available in the facility. The Director of Resident Services will review resident MARS/TARs weekly, for four weeks to ensure residents are receiving medications and treatments as ordered. Initial audit attached. Final documentation of weekly audits will be provided to the department for review on February 5, 2020.

Legal Entity Representative


Signature

 Administrator
Printed Name and Title

1/17/20
Date

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227d - Support Plan Medical/Dental

Regulations

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. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

- Resident 1 uses a bedside enabler bar for mobility needs. However, the support plan for Resident 1, dated 8/28/2019, does not document Resident 1's need for this assistive device.
- Resident 3 has an Administrative Case Manager from Lancaster Behavioral Health and Developmental Services. This information has not been documented in Resident 3's support plan, dated 10/31/2019.

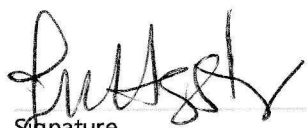
Plan of Correction (POC)

Resident 1 support plan was updated on December 30, 2019 to reflect need for assistive device. The addition of an enabler bar was added to the "turning and positioning in bed" section of the plan. The Director of Resident Services populated a list of current residents who have an enabler bar and updated all support plans in the same section. Director of Resident Services will perform monthly assessments of residents to ensure safety of continued use. For future residents, Administrator will include all durable medical equipment on pre-screen forms to ensure inclusion on initial resident plans.

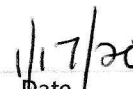
Resident 3 support plan was updated on January 3, 2020 to include case manager from BHDS. For future residents utilizing any case management or behavioral health service, the provider will be identified upon admission and included in the support plan. The Direct of Resident Services is responsible for updating the support plan if the service changes or is discontinued.

On January 17, 2020 the Administrator completed an audit of all resident RASPs to ensure all assistive devices and service providers have been identified and included on current plan. Audit documentation is attached.

Legal Entity Representative


Signature


Printed Name and Title Administrator


Date

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