



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: cmengel@fellowshipcommunity.com
MAILING DATE: March 10, 2020

Ms. Donna J. Conley
Senior Vice President/Chief Operating Officer
Bible Fellowship Church Homes Inc.
3000 Fellowship Drive
Whitehall, Pennsylvania 18052

RE: Fellowship Terrace
3010 Fellowship Drive
Whitehall, Pennsylvania 18052
License #: 216480

Dear Ms. Conley:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on January 8, 2020 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 "Anne Graziano".

Anne Graziano
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: FELLOWSHIP TERRACE

License Number: 21648

Address: 3010 FELLOWSHIP DRIVE,, WHITEHALL, PA 18052

County: LEHIGH

Region: NORTHEAST

Administrator

Name: Cheryl Mengel

Phone: 6107694300

Email: CMENGEL@FELLOWSHIPCOMMUNITY.COM

Legal Entity

Name: BIBLE FELLOWSHIP CHURCH HOMES INC

Address: 3000 FELLOWSHIP DRIVE, WHITEHALL, PA, 18052

Certificate(s) of Occupancy

Type: C-2 LP

Date: 12/11/2002

Issued By: Labor & Industry

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 165

Waking Staff: 124

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal & Incident

Inspection Dates and Department Representative

01/08/2020 - On-Site: Gerald Dumas, Mike Palermo

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 165

Residents Served: 138

Secured Dementia Care Unit

In Home: Yes

Area: NA

Capacity: 24

Residents Served: 22

Hospice

Current Residents: 10

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 138

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 27

Have Physical Disability: 6

171b5 - First Aid Kit

Regulations

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

The first aid kit in the home's Mini Van , used to transport residents, did not contain tweezers and a thermometer.

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.)

See Attachment A: A-1

Legal Entity Representative

Cheryl Mengel RN, PCHA
Signature

VP of Personal Care
Cheryl Mengel RN, PCHA
Printed Name and Title

2-20-2020
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of *3-4-2020*
(Date)

Plan of correction implementation status as of *3-4-2020*
(Date)

The above plan of correction was approved by *ag*
(Initials)

Implemented
 Not Implemented

Plan of Correction

2/20/2020

Attachment A

Regulation 2600.171b – The following requirements apply whenever staff persons or volunteers of the home provide transportation.

5. The vehicle must have a first aid kit with the contents as specified in 2600.96 (relating to first aid kit).

Regulation 2600.96a-The home shall have a first aid kit that includes nonporous disposables gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

During the DHS Survey on 1/8/2020 it was found that the first aid kit in the home's Mini Van, used to transport residents, did not contain tweezers and a thermometer.

This was addressed immediately and all transportation vehicles were checked by the maintenance department and an administrator designee that they have all the appropriate items needed for the first aid kit.

To assure ongoing compliance all first aid kits will be audited monthly by the administrator or a designee. There is a sign on the first aid kits that anytime they are accessed they need to bring the kit into the Personal Care at the receptionist desk to have that kit checked and replenished of supplies. See attachment A-1 for monthly audit sheet.

Cheryl Mangel ED
2/26/2020

3-4-2020

ag

187a - Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

The Medication Administration Record (M.A.R), for resident # 1 was not initialed at the time the medications were administered on 1/5/20: Docasate Sodium - Take 1 capsule by mouth at bedtime not initialed on 1/5/20 at bedtime. Melatonin Take capsule at bedtime. Mirtazapine 1 tablet by mouth every night at bedtime and Systane instill 2 drops into both eyes nightly .

Repeat 12/4/18

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.)

See Attachment B, B-1, B-2

Legal Entity Representative

Signature Cheryl Mengel RN, PCHH

Cheryl Mengel RN, PCHH
VP of Personal Care
Printed Name and Title

2-20-2020
Date

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(Initials)

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Plan of Correction

2/20/2020

Attachment B

Regulation 2600.187a – A medication record shall be kept to include the following for each resident for whom medications are administered:

- 1) Resident's name**
- 2) Drug allergies**
- 3) Name of medication.**
- 4) Strength**
- 5) Dosage form.**
- 6) Dose**
- 7) Route of administration**
- 8) Frequency of administration**
- 9) Administration times.**
- 10) Duration of therapy, if applicable**
- 11) Special precautions, if applicable**
- 12) Diagnosis or purpose for the medication, including pro re nata (PRN)**
- 13) Date and time of medication administration.**
- 14) Name and initials of the staff person administering the medications.**

During the DHS Survey on 1/8/2020 the medication administration record for resident #1 was not initialed at the time the medications were administered on 1/5/20: Docusate Sodium-Take 1 capsule by mouth at bedtime not initialed on 1/5/20 at bedtime. Melatonin Take capsule at bedtime. Mirtazapine 1 tablet by mouth every night at bedtime and Systane instill 2 drops into both eyes nightly.

This was addressed immediately. The Team Leader responsible for giving the medications was present and stated she had given the medication to the resident but failed to document after she gave the medications. This employee was counseled on the importance of initialing after giving medication.

To assure ongoing compliance all employees who give medication to the resident will be re-educated on the medication administration process. This will include reporting any blanks in the MARs immediately to there supervisor. This will be completed by March 18, 2020. See Attachment B-1 for copy of education. Monthly audits will be completed on the MARs by the

Administrator or designee to check for blanks. See Attachment B-2 for copy of audit form.

*Change merged into PCHH
also page*

3-4-2020

ag

233a - Lock Approval

Regulations

2600.

233.a. Doors equipped with key-locking devices, electronic card operated systems or other devices that prevent immediate egress are permitted only if there is written approval from the Department of Labor and Industry, Department of Health or appropriate local building authority permitting the use of the specific locking system.

Description of Violation

The code for the external key locking device was not posted at the Courtyard gate in the home's secure dementia unit.

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.)

See Attachment C, C-1, C-2

Legal Entity Representative

Christ Mengel RW, PCHA
Signature

Christ Mengel RW, PCHA
VP of Personal Care
Printed Name and Title

2/30/20
Date

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The above plan of correction is approved as of 3-4-2020
(Date)
ag

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(Date)

The above plan of correction was approved by
(Initials)

Implemented
 Not Implemented

Plan of Correction

2/20/2020

Attachment C

Regulation 2600.233.a. – Doors equipped with key-locking devices, electronic card operated systems or other devices that prevent immediate egress are permitted only if there is written approval for the Department of Labor and Industry, Department of Health or appropriate local building authority permitting the use of the specific locking system.

During the DHS Survey on 1/8/2020 it was found that the code for the external key locking device was not posted at the Courtyard gate in the home's secure unit.

This was addressed immediately and the code was posted on the gate by the maintenance department. See Attachment C-1.

To assure ongoing compliance all secured doors will be audited weekly by the administrator or a designee. See attachment C-2 for weekly audit sheet.

*Cheryl Mangel RD, PCHH
2/20/20*