



Sent via e-mail [sandyl@fairmounthomes.org]

MAILING DATE: April 27, 2020

Mr. Jerry D. Lile  
President/CEO  
Fairmount Homes  
333 Wheat Ridge Drive  
Ephrata, Pennsylvania 17522

RE: Fairmount Homes – Farm Crest  
1100 Farm Crest Drive  
Ephrata, Pennsylvania 17522  
Certificate #: 321980

Dear Mr. Lile:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Office of Long-term Living) review on January 30, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

*Gloria Emick*

Gloria Emick  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# Violation Report

## Facility Information

Name: FAIRMOUNT HOMES - FARM CREST

License Number: 32198

Address: 1100 FARM CREST DRIVE,, EPHRATA, PA 17522

County: LANCASTER

Region: CENTRAL

## Administrator

Name: Sandy Longenecker

Phone: 7173541823

Email: sandyL@FAIRMOUNTHOMES.ORG

## Legal Entity

Name: FAIRMOUNT HOMES

Address: 333 WHEAT RIDGE DRIVE, EPHRATA, PA, 17522

## Certificate(s) of Occupancy

Type: C-2 LP

Date: 08/08/1998

Issued By: Labor and Industry

## Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 24

Waking Staff: 18

## Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

## Inspection Dates and Department Representative

01/30/2020 - On-Site: Kellie Cargile, Israel Springs

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: 38

Residents Served: 24

### Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

### Hospice

Current Residents: 0

### Number of Residents Who:

Receive Supplemental Security Income: 2

Are 60 Years of Age or Older: 24

Diagnosed with Mental Illness: 7

Diagnosed with Intellectual Disability: 7

Have Mobility Need: 0

Have Physical Disability: 0

141b1 - Annual Medical Evaluation

Regulations

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's most recent medical evaluation was completed on 4/18/19. The resident's previous medical evaluation was completed on 3/7/18.

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.)

Documentation of Medical Examination (DME) dates are listed on a flow sheet. To ensure compliance with the annual DME due dates, the flow sheet will now be managed jointly by the Director of Personal Care and Personal Care Coordinator, LPN. An audit will be completed quarterly (February, May, August, and November) beginning on February 14, 2020 by the Personal Care Coordinator, LPN to verify current DME dates logged on the flow sheet. This audit was added to the Quality Management Plan for Farm Crest Personal Care on February 11, 2020. The audit will be accomplished by doing a chart review that includes comparing the date listed on the most recent DME with the date listed on the DME flow sheet. DME due dates will also be added to the Personal Care Coordinator's Outlook calendar as a reminder 2 weeks prior to due date.

Legal Entity Representative

*Sandy Longenecker*  
Signature

*Sandy Longenecker, RCHA* 2-14-2020  
Printed Name and Title Date

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

The above plan of correction is approved as of 4/27/20 Plan of correction implementation status as of 4/27/20  
(Date) (Date)

Implemented

Not Implemented

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