

Department of Human Services
Bureau of Human Service Licensing

August 14, 2020

FAITH FRIENDSHIP MINISTRIES INC
PO BOX 567
MOUNTVILLE, PA, 17554

RE: FAITH FRIENDSHIP VILLA OF
MOUNTVILLE
128 WEST MAIN STREET
MOUNTVILLE, PA, 17554
LICENSE/COC#: 32202

Dear Ms. Didden ,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/01/2020, 07/06/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Brett Swanger

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC**

Facility Information

Name: *FAITH FRIENDSHIP VILLA OF MOUNTVILLE* License #: *32202* License Expiration Date: *02/11/2021*
 Address: *128 WEST MAIN STREET, MOUNTVILLE, PA 17554*
 County: *LANCASTER* Region: *CENTRAL*

Administrator

Name: *Gwendolyn Didden* Phone: *7172855596* Email: *gdiden@faithfriendship.org*

Legal Entity

Name: *FAITH FRIENDSHIP MINISTRIES INC*
 Address: *PO BOX 567, MOUNTVILLE, PA, 17554*
 Phone: *7172855596* Email: *gdiden@faithfriendship.org*

Certificate(s) of Occupancy

Type: *Other* Date: *09/10/2015* Issued By: *Mountville Borough*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *74* Waking Staff: *56*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *07/10/2020*

Inspection Dates and Department Representative

07/01/2020 - Off-Site: Laura Heemer
07/06/2020 - Off-Site: Laura Heemer

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *74* Residents Served: *72*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *52* Are 60 Years of Age or Older: *42*
 Diagnosed with Mental Illness: *55* Diagnosed with Intellectual Disability: *7*
 Have Mobility Need: *2* Have Physical Disability: *1*

Inspections / Reviews

07/01/2020 - Partial

Lead Inspector: *Laura Heemer*Follow-Up Type: *POC Submission*Follow-Up Date: *07/24/2020*

7/29/2020 - POC Submission

Lead Reviewer: *Brett Swanger*Follow-Up Type: *POC Submission*Follow-Up Date: *08/07/2020*

7/29/2020 - POC Submission

Lead Reviewer: *Brett Swanger*Follow-Up Type: *Document Submission*Follow-Up Date: *09/07/2020*

8/14/2020 - Document Submission

Lead Reviewer: *Brett Swanger*Follow-Up Type: *Not Required*

225a - Assessment 15 Days

1. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident 1's assessment, dated 11/25/2019, does not include the resident's diagnoses of Schizo-effective disorder, Narcolepsy, Chronic, Motor Tic Disorder, Asperger's Syndrome, Hypertension and Allergies.

Plan of Correction - 07/29/2020**Accept**

Staff completed RASP within the time frame of admission based on the information provided on PC's application however, when staff received the physician's completed MA 51, additional diagnosis were identified was not transferred to the RASP in a timely manner. Staff corrected the RASP on July 13, 2020 to reflect the physician's paperwork. On July 13, 2020, staff was retrained as to how to provide complete documentation on a RASP. All RASP's completed from May 27 through July 27, will be audited by August 7, 2020.

Completion Date: 07/29/2020

Document Submission - 08/14/2020**Implemented**

All RASP's completed between May 27-July 27th were reviewed by the PCHA and reviewed with the Care Managers. Correction were made as per the findings. Moving forward, all RASP's will be reviewed monthly upon completion.