

Department of Human Services
Bureau of Human Service Licensing

September 2, 2020

GWENDOLYN F. DIDDEN, EXECUTIVE DIRECTOR
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 07/13/2020, 07/14/2020, 07/15/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Gloria Emick

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: *cgramm@faithfriendship.org*

Legal Entity

Name: *FAITH FRIENDSHIP MINISTRIES INC*
 Address: *PO BOX 567, MOUNTVILLE, PA, 17554*
 Phone: *7172855596* Email: *HOME@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: *07/15/2020*

Inspection Dates and Department Representative

07/13/2020 - Off-Site: Kellie Cargile
07/14/2020 - Off-Site: Kellie Cargile
07/15/2020 - Off-Site: Kellie Cargile

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

07/13/2020 - Partial

Lead Inspector: *Kellie Cargile*Follow-Up Type: *POC Submission*Follow-Up Date: *08/08/2020*

8/3/2020 - POC Submission

Lead Reviewer: *Gloria Emick*Follow-Up Type: *POC Submission*Follow-Up Date: *08/08/2020*

8/4/2020 - POC Submission

Lead Reviewer: *Gloria Emick*Follow-Up Type: *Document Submission*Follow-Up Date: *09/15/2020*

9/2/2020 - Document Submission

Lead Reviewer: *Gloria Emick*Follow-Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

- 15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 7/7/2020, at approximately 9:00am, Resident #1 touched the breast of Resident #2 in the home's recreation area. This incident was reported to staff on 7/7/2020. However, this allegation of abuse was not reported to the county area agency on aging.

Plan of Correction

Accept

All cases of suspected abuse will be immediately reported tot he AAA. All staff will be trained on what is a reportable abuse incident and the process of reporting by August 15, 2020. The PCHA or designee will review all incidents on a quarterly basis to ensure that all required reporting was in fact completed. The results of the reviews will be included in the home,s periodic quality management reviews.

Completion Date: 08/15/2020

Document Submission

Implemented

Documents attached ion the drop box under "attachments"

141a 1-10 Medical Evaluation Information

1. Requirements

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 #2's medical evaluation dated 1/16/2020, did not include the resident's ability to self-administer medications.

Plan of Correction

Accept

The DME was corrected immediately upon being made aware of the omission on July 27, 2020. Staff was reminded to immediately re check all DME's when received by the physician

Completion Date: 07/29/2020

Document Submission

Implemented

Documentation attached in the drop box.

225c - Additional Assessment**1. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.

Description of Violation*Resident #1's most recent assessment was completed on 4/19/2019.***Plan of Correction****Accept**

Staff was retrained as to when the RASP is to be completed annually on July 27, 2020. All RASP's due from May 27th until July 27th will be reviewed by the PCHA by August 15, 2020. The RASP reviews will be part of the home's systems, and will include a checklist in each folder, to ensure that all assessments are completed correctly, within the time frames required by the Charter.

Completion Date: 08/15/2020

Document Submission**Implemented**

Supporting documentation saved under the drop box menu.