

Department of Human Services  
Bureau of Human Service Licensing

December 30, 2020

DANIEL SAMAI , ADMINISTRATOR  
FREDERICK MENNONITE COMMUNITY  
2849 BIG ROAD - OFFICE  
ZIEGLERVILLE, PA 19492

RE: FREDERICK LIVING - ASPEN VILLAGE  
2849 BIG ROAD  
ZIEGLERVILLE, PA, 19492  
LICENSE/COC#: 13258

Dear Mr. Samai ,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 12/08/2020 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,  
Claire Mendez

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

Name: *FREDERICK LIVING - ASPEN VILLAGE* License #: *13258* License Expiration Date: *07/22/2021*  
 Address: *2849 BIG ROAD, ZIEGLERVILLE, PA 19492*  
 County: *MONTGOMERY* Region: *SOUTHEAST*

**Administrator**

Name: *Daniel Samai* Phone: *6107547878* Email: *dsamai@frederickliving.org*

**Legal Entity**

Name: *FREDERICK MENNONITE COMMUNITY*  
 Address: *2849 BIG ROAD - OFFICE, ZIEGLERVILLE, PA, 19492*  
 Phone: *6107547878* Email: *DSAMAI@FREDERICKLIVING.ORG*

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *11/13/2001* Issued By: *Dept. L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *58* Waking Staff: *44*

**Inspection**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *12/08/2020*

**Inspection Dates and Department Representative**

*12/08/2020 - On-Site: David Carrion*

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *31* Residents Served: *29*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Aspen Village* Capacity: *31* Residents Served: *29*

**Hospice**

Current Residents: *2*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *29*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *29* Have Physical Disability: *0*

**Inspections / Reviews**

**12/08/2020 - Full**

Lead Inspector: *David Carrion* Follow-Up Type: *POC Submission* Follow-Up Date: *12/31/2020*

Inspections / Reviews *(continued)*

12/30/2020 - POC Submission

Lead Reviewer: *Claire Mendez*

Follow-Up Type: *Document Submission*

Follow-Up Date: *02/01/2021*

## 25b - Contract Signatures

### 1. Requirements

2600.

- 25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

### Description of Violation

*The resident-home contract, dated 11/26/2020, for resident #1 was not signed by the resident and administrator.*

### Plan of Correction

Accept

*What is the violation? 25b*

*On 11.26.2020, the resident home contract was not signed by the resident and administrator.*

*Why did it occur?*

*This occurred because when resident moved to Aspen village from Magnolia House on Thanksgiving 11.26.2020, the contract was sent to her responsible party/attorney for signature. The contract was not returned in a timely manner. Upon receipt of the contract, administrator and resident id not sign the contract as required in the requirement.*

*What do we do right now to fix the problem? Who, What and When?*

*Residents, responsible parties, and administrator will sign all home contracts. Administrator will ensure that this is completed on or prior to admission.*

*How do we prevent it from happening again? Who, What, and When?*

*Administrator will coordinate with the marketing department, and coordinators within personal care to ensure that all home contracts for internal or external admissions are completed and signed by all parties prior to admission.*

*Timeline/work plan*

*Action taken/ Owner/Completion date*

*Effective January 1st 2021, all home contracts will be signed by all parties, residents, responsible parties, administrator.*

*Administrator will work closely with the marketing department to review documents, and ensure that the home contracts for internal and external admissions are signed. Administrator and Aspen coordinator will also audit home contracts to make sure that all needed signatures and acknowledgements are completed.*

**Completion Date: 01/04/2021**

## 65f - Training Topics

### 1. Requirements

2600.

- 65.f. Training topics for the annual training for direct care staff persons shall include the following:
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
  5. Personal care service needs of the resident.
  6. Safe management techniques.

### Description of Violation

*Direct care staff person A did not receive training in instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, personal care service needs of the resident, safe management techniques during training year 2019.*

65f - Training Topics (continued)

**Plan of Correction**

**Accept**

*What is the violation?*

*Direct care staff person A did not receive training in instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, personal care service needs of the resident, safe management techniques during training year 2019.*

*Why did it occur?*

*Employee A was a pool employee through the entire year 2019, and did not complete her required training for the year. Employee went full-time in October 2019.*

*What do we do right now to fix the problem? Who, What and When?*

*The Human resources department assigns the training for all staff through Relias, and other appropriate training measures. Human resources maintains a log of employees who need to complete training, and sends out memos to staff to complete the trainings. Administrator will follow up with human resources on a quarterly basis to obtain a list of employee who need to complete their training.*

*How do we prevent it from happening again? Who, What, and When?*

*On a quarterly basis, administrator will obtain a list of active employees from human resources who have not completed their trainings. Administrator will follow up with the staff members immediately, and ensure that they have completed the assigned training within the required period of time for that training.*

*Timeline/work plan / Action taken/ Owner/Completion date:*

*Administrator will work with human resources to ensure that all active staff completed their assigned training within the yearly timeline, and/or timeline assigned for that training session. Administrator and human resources will review the current list of staff vs training completed. Administrator will work in coordination with the human resource department to ensure compliance with training and timeliness. Completion date 1.31.2021*

**Completion Date: 01/31/2021**

65g - Annual Training Content

**1. Requirements**

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
3. Resident rights.
5. Falls and accident prevention.

**Description of Violation**

*Staff person A did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert, resident rights, falls and accident prevention during training year 2019.*

65g - Annual Training Content (continued)

**Plan of Correction**

**Accept**

*What is the violation?*

*Staff person A did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert during training year 2019.*

*Why did it occur?*

*Employee was a pool-staff through the year 2019, and did not complete her required training for the year. Employee went full-time in October 2019. The employee's fire safety training was not completed.*

*What do we do right now to fix the problem? Who, What and When?*

*Staff will complete required fire safety training by January 31st 2021. Administrator and coordinator will ensure that staff completes the training as required. Training will be completed by facility staff who has been trained by a fire safety expert.*

*How do we prevent it from happening again? Who, What, and When?*

*The training will be completed as a part of staff orientation, and on an annual basis. Training will be completed by facility staff who has been trained by a fire safety expert. On a quarterly basis, human resources will complete an audit, coordinate with administrator and send a notice to any staff member who has not completed his or her fire safety training or any other outstanding training. Administrator will work in collaboration with human resources to ensure that training is completed within the required period of time for the training.*

*Timeline/work plan /Action taken/ Owner/Completion date.*

*Administrator will work along with human resources to ensure that all staff have completed the fire safety training during orientation, and on an annual basis. The training will be conducted by a staff member who is trained by a fire expert. Staff member's Fire safety training certificate has been attached. On a quarterly basis, human resources and administrator works on an audit to ensure required training for staff is completed. Staff will be contacted to completed training to ensure compliance.*

**Completion Date: 01/31/2021**

66a - Staff Training Plan

**1. Requirements**

2600.

66.a. A staff training plan shall be developed annually.

**Description of Violation**

*The home does not have a staff training plan for 2021.*

66a - Staff Training Plan (*continued*)**Plan of Correction****Accept***What is the violation?**The home does not have a staff training plan for 2021.**Why did it occur?**The facility hadn't completed the staff training plan for 2021 at the time of the inspection. Human resources was still putting together final pieces to the following year's training plan, and hadn't completed the 2021 training plan.**What do we do right now to fix the problem? Who, What and When?**Human resources will create and implement the training plan for all staff. All staff will be assigned training upon hire, and the course of training will be monitored by Human resources and administrator.**How do we prevent it from happening again? Who, What, and When?**Human resources department and administrator will ensure that the staff training plan is completed in the fourth quarter of the preceding year.**Timeline/work plan /Action taken/ Owner/Completion date**Human resources will work on creating the staff training plan through the year, and create or implement a final training plan in the fourth quarter of the preceding year. Administrator and human resources work together in compiling the needed and required training in order to maintain compliance. Administrator and human resources will ensure that the training plan for year 2021 is completed effective December 31st 2020***Completion Date:** 12/31/2020

## 66b - Training Plan Content

**1. Requirements**

2600.

66.b. The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

1. The name, position and duties of each direct care staff person.
2. The required training courses for each staff person.
3. The dates, times and locations of the scheduled training for each staff person for the upcoming year.

**Description of Violation**

*The home's staff training plan does not include the name, position and duties of each direct care staff person, the required training courses for each staff person, the dates, times and locations of the scheduled training for each staff person for the upcoming year.*

66b - Training Plan Content (continued)

**Plan of Correction**

**Accept**

*What is the violation?*

*The home's staff training plan does not include the name, position and duties of each direct care staff person , the required training courses for each staff person, the dates, times and locations of the scheduled training for each staff person for the upcoming year.*

*Why did it occur?*

*The staff training plan was not completed at the time of annual survey. Administrator and human resources were still compiling topics and training geared to improve the knowledge of the direct care staff.*

*What do we do right now to fix the problem? Who, What and When?*

*The staff training plan, along with the names, position and duties of the staff is completed. The required training courses are included in the training plan that all staff in the attached document will be receiving. All new staff will completed their training within the first month of hire, and all existing staff will complete their training within their hired month.*

*How do we prevent it from happening again? Who, What, and When?*

*Administrator will work with human resources to ensure that the plan is developed, which will include all required topics and other materials to improve knowledge of the staff. The plan will be completed and implemented in the fourth quarter of the year for the following year.*

*Timeline/work plan /Action taken/ Owner/Completion date*

*Administrator and human resources will ensure that the plan is developed, which will include all required topics and other materials to improve knowledge of the staff. Documentation has been attached to show the staff names, position and duties who will be completing the training plan. The plan will be completed and implemented in the fourth quarter of the year for the following year. New staff members will completed their training within the first month of hire, and existing staff will complete their training within their month of hire. Human resources and administrator will ensure that the training plan is completed effective 12.31.2020*

**Completion Date:** 12/31/2020

107d - Procedure Emergency Management Agency Submission

**1. Requirements**

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

**Description of Violation**

*The home's written emergency procedures have not been submitted to the municipal emergency management agency since 03/14/19.*

107d - Procedure Emergency Management Agency Submission (*continued*)**Plan of Correction****Accept***What is the violation?**The home's written emergency procedures have not been submitted to the municipal emergency management agency since 03/14/19.**Why did it occur?**An emergency management plan was submitted and accepted 3.19.2019.**There was a change in risk management staff in the community, and the outgoing Risk manager submitted an emergency plan in October 2019 for the following year, 2020. This plan was accepted, and the attached letter of approval -10.28.2019- from the municipality.**What do we do right now to fix the problem? Who, What and When?**Risk manager has submitted the emergency plan to the municipality, and facility awaits the letter from the county.**How do we prevent it from happening again? Who, What, and When?**Administrator and risk manager will continue to review the emergency plan, submit the plan to the municipal emergency management agency, and follow up to ensure that the plan is approved. Administrator will maintain a copy of the approval letter within the facility.**Timeline/work plan /Action taken/ Owner/Completion date**Emergency management plan has been reviewed at the facility by the risk manager, administrator, management and leadership. administrator will continue to work with the risk manager to ensure that the plan is reviewed in a timely manner, and that the plan is submitted to the municipality. administrator will make sure that a letter of approval for the emergency plan is maintained in the community.***Completion Date:** 01/31/2021

## 231e - No Objection Statement

**1. Requirements**

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

**Description of Violation***Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on 11/26/20. The home has no documentation that the resident and the resident's designated person have not objected to the admission.*

231e - No Objection Statement (continued)

**Plan of Correction**

**Accept**

*What is the violation?*

*A resident was admitted to the Secure Dementia Care Unit on 11/26/20 without documentation that resident and the resident's designated person have not objected to the admission.*

*Why did it occur?*

*This occurred because resident's records in Aspen did not reflect the documentation (attached) indicating that responsible party was informed and voiced understanding. The attached documentation was in the electronic records within the facility from which resident moved on 11.26.2020. Magnolia records citing the documentation has been attached. Upon survey, facility staff was not asked for this documentation at the time.*

*What do we do right now to fix the problem? Who, What and When?*

*As a part of internal transitions from one facility to another within the community, nurse, coordinator and administrator will ensure that the documentation is carried through the next level of care during the resident's transition. Administrator will ensure that this is done immediately.*

*How do we prevent it from happening again? Who, What, and When?*

*On all admissions, especially internal moves within the community, nurse, coordinator and administrator will ensure that the documentation is carried through the next level of care during the resident's transition. Documentation will reflect resident and responsible party's statement of non objection to the admission. Administrator will ensure that this is done immediately.*

*Timeline/work plan /Action taken/ Owner/Completion date*

*Administrator will work with the marketing department and coordinator to ensure that all admissions have documentation indicating that the resident/responsible party have not objected to the transfer to the secured dementia unit. In the even that a resident transfers from one another facility within the campus, administrator and coordinator will ensure that there is documentation with Aspen records citing no objection to the transfer.*

*Completion date effective 1.1.2021*

**Completion Date:** 01/01/2021

236 - Staff Training

**1. Requirements**

2600.

236. Training - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

**Description of Violation**

*Direct care staff person A, who works in the Secure Dementia Care Unit (SDCU) had only 1 hours of training in dementia care during training year 2019.*

236 - Staff Training (*continued*)**Plan of Correction****Accept***What is the violation?**The Direct care staff person A, who works in the Secure Dementia Care Unit had only 1 hours of training in dementia care during training year 2019.**Why did it occur?**The direct care employee was a pool-staff through the year 2019, and did not complete her required 12 hours of training for staff working in a secured dementia unit. Employee was missed during previous audit to ensure that the staff had completed the training within that time frame.**What do we do right now to fix the problem? Who, What and When?**Administrator, human resources, and coordinator will ensure that all staff members who will be working, or slated to work in the secured memory unit are assigned the 6 additional hours of training related to dementia. Human resources, coordinator and administrator will audit the log of completion and ensure that staff completes all 6 hours of additional annual training if the individual will be working in the secured dementia unit.**How do we prevent it from happening again? Who, What, and When?**Upon assigning the staff the 6 hours of training, Human resources, coordinator, and Administrator will establish a timeline within which the staff must complete the 6 hours of training within a one month duration. Administrator will ensure that the training is completed.**Timeline/work plan / Action taken/ Owner/Completion date:**Human resources, coordinator and administrator will audit staff in the secured dementia unit and ensure that all staff has completed the additional 6 hours of training. timeline for completion is January 31st 2020***Completion Date: 01/31/2021**