

Department of Human Services  
Bureau of Human Service Licensing

April 1, 2021

██████████ PERSONAL CARE ADMINISTRATOR  
FREDERICK MENNONITE COMMUNITY  
2849 BIG ROAD - OFFICE  
ZIEGLERVILLE, PA 19492

RE: FREDERICK LIVING - MAGNOLIA  
HOUSE  
2849 BIG ROAD  
ZIEGLERVILLE, PA, 19492  
LICENSE/COC#: 12772

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/22/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance 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 MAGNOLIA HOUSE*      **License #:** *12772*      **License Expiration Date:** *07/22/2021*  
**Address:** *2849 BIG ROAD, ZIEGLERVILLE, PA 19492*  
**County:** *MONTGOMERY*      **Region:** *SOUTHEAST*

**Administrator**

**Name:** [REDACTED]      **Phone:** *6107547878*      **Email:** [REDACTED]

**Legal Entity**

**Name:** *FREDERICK MENNONITE COMMUNITY*  
**Address:** *2849 BIG ROAD - OFFICE, ZIEGLERVILLE, PA, 19492*  
**Phone:** *6107547878*      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

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

**Staffing Hours**

**Resident Support Staff:** *0*      **Total Daily Staff:** *66*      **Working Staff:** *50*

**Inspection**

**Type:** *Full*      **Notice:** *Unannounced*      **BHA Docket #:**  
**Reason:** *Renewal*      **Exit Conference Date:** *02/22/2021*

**Inspection Dates and Department Representative**

*02/22/2021 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** *104*      **Residents Served:** *65*

**Secured Dementia Care Unit**

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

**Hospice**

**Current Residents:** *2*

**Number of Residents Who:**

**Receive Supplemental Security Income:** *0*      **Are 60 Years of Age or Older:** *65*  
**Diagnosed with Mental Illness:** *0*      **Diagnosed with Intellectual Disability:** *0*  
**Have Mobility Need:** *1*      **Have Physical Disability:** *1*

**Inspections / Reviews**

*02/22/2021 Full*

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** *POC Submission*      **Follow-Up Date:** *03/13/2021*

Inspections / Reviews *(continued)*

3/15/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *Document Submission*Follow-Up Date: *03/26/2021*

4/1/2021 Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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 8/13/2020, for Resident #1 was not signed by the resident.

Plan of Correction

Accept

What is the violation?

The resident's contract upon admission dated 8.13.2020 was signed by the responsible party, and not signed by the resident. The contract also did not indicate why the resident did not sign the contract.

Why did it occur?

This occurred because upon signing of the contract prior to moving into the community, the facility's marketing representative completed the documentation process with the family/representative who was present to assist resident with the documentation. Despite the family/representative's signature, Facility representative did not have resident sign the contract herself.

What do we do right now to fix the problem?

Who: Administrator reached out to resident and will also be involved in making sure that resident signatures are obtained on the signature despite instances when a family or resident representative is present.

What: Administrator discussed this matter with the marketing team, and personal care management team.

Administrator presented the violation in a Communication Education and Leadership (CEL) meeting, for education purposes. Administrator is also scheduling a formal in-service with the marketing team, and the personal care management team to review this matter, and ensure that a signature is obtained for every resident who can sign.

When: A review of every personal care contract to ensure that the resident signed is implemented immediately.

How do we prevent it from happening again?

Who: Administrator will complete the education of the regulation, and the violation with the marketing team, as well as coordinators who may be involved with assisting with contracts.

What: Every contract for personal care will be signed by the resident, and cosigned by the designated person. In the even that a resident is unable to sign his or her contract, facility representative will document why the resident is unable to sign the contract.

When: This process will be in effect immediately.

Timeline/ work plan: what are the detailed steps needed to prevent it from happening again.

Administrator will complete the education and for facility staff/designee within one week, and continue to monitor contract signing to ensure signatures are completed

Action taken/ owner/ completion date:

Administrator will oversee this process in collaboration with the marketing team, and other coordinators who may be designated to assist with contracts.

Completion Date: 03/19/2021

Document Submission

Implemented

Resident's signature page attached

91 - Telephone Numbers

1. Requirements

2600.

91 - Telephone Numbers (continued)

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in bedroom [redacted] and bedroom [redacted].

Plan of Correction

Accept

What is the violation?

Rooms [redacted] and [redacted] did not have emergency telephone numbers to include the nearest hospital and fire department.

Why did it occur?

Administrator checked these apartments and realized that the slip with the emergency numbers was zip-tied to the cords of the mobile phone's charging stations. The slip has slid farther down on the charging cord, and was no longer visible to the resident.

What do we do right now to fix the problem?

Who: Administrator visited the apartments.

What: Administrator pulled the emergency slips back up towards the phones, and tightened the zip-tie. The emergency numbers in 1306 slid backwards behind the television, and the emergency numbers 1221 slid backwards behind residents belongings.

When: This was completed after the survey..

How do we prevent it from happening again?

Who: Upon moving into the community, ensuring that the emergency numbers are placed on the resident's has been placed on the checklist task.

What: Administrator will oversee, and make sure that the slips are tightly attached to prevent sliding off the phone cords. while cleaning the apartments, the house Keeping department has also been alerted to report any sighting of a phone that did not appear to have the emergency numbers.

When: Administrator has implemented and updated.

Timeline/ work plan: what are the detailed steps needed to prevent it from happening again

Action taken/ owner/ completion date:

Administrator will oversee, and coordinate with administrative assistant and the personal care staff to ensure that staff is aware of the requirement, and report any issues or instances where an emergency number slip cannot be located.

Completion Date: 03/19/2021

Document Submission

Implemented

Pictures of the emergency numbers attached to the phone cords.

183e - Storing Medications

1. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

183e - Storing Medications (*continued*)**Description of Violation**

*On 2/22/21 Resident # 2's open Humalog Kwikpen, was not dated with the open date or expiration date. According to the manufacturer's instructions Humalog kwikpen's expires 28 days after it is opened.*

**Plan of Correction****Accept**

*What is the violation?*

*Upon survey on 2.22.21, a resident's Humalog Kwikpen was not dated with the open date or expiration date. Per manufacturer's instructions, Humalog kwikpen expires 28 days after it is open.*

*Why did it occur?*

*This occurred because upon opening the kwikpen, medication technician did not write the open date or expiration date on the kwikpen.*

*What do we do right now to fix the problem?*

*Who: Nurse discarded the kwikpen*

*What: The kwikpen was immediately discarded, and a new unopened kwikpen was obtained. The new pen was then dated.*

*When: This was done immediately after the violation was identified.*

*How do we prevent it from happening again?*

*Who: Nurse supervisor, med techs and Clinical manager.*

*What: when Humalog kwikpens are delivered, the nurse will appropriately check the packing slip, and unopened insulin will be appropriately stored in the refrigerator until ready for use. Upon retrieving a new insulin pen, the nurse or med tech will check to ensure proper labeling, the correct medication and the correct resident name. Nurse or med tech will then label the kwikpen with the date that it was opened.*

*New Labels have been ordered that will indicate the date that the pen is opened, and the expiry date.*

*When: The new labels have been ordered. Currently, when staff opens a new pen, the nurse or med tech will write the date of opening on the existing label on the pen.*

*Timeline/ work plan: what are the detailed steps needed to prevent it from happening again*

*Action taken/ owner/ completion date:*

*This process was immediately revised, and staff will start using the new labels immediately after they are received.*

*Nurse supv will oversee this process. Staff has been re-educated, and to ensure that upon administering any insulin, staff must check and ensure proper labeling.*

**Completion Date:** 03/19/2021

**Document Submission****Implemented**

*Picture of the kwikpen with the open and expiry dates indicated.*