

Department of Human Services
Bureau of Human Service Licensing

September 28, 2021

[REDACTED]
FOXDALE VILLAGE CORPORATION
500 EAST MARYLYN AVENUE
STATE COLLEGE, PA 16801

RE: FOXDALE VILLAGE
500 EAST MARYLYN AVENUE
STATE COLLEGE, PA, 16801
LICENSE/COC#: 24565

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/17/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Michele Moskalczyk
Human Services Licensing Supervisor

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: *FOXDALE VILLAGE* License #: *24565* License Expiration Date: *06/14/2022*
Address: *500 EAST MARYLYN AVENUE, STATE COLLEGE, PA 16801*
County: *CENTRE* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: *8142383322* Email: [REDACTED]

Legal Entity

Name: *FOXDALE VILLAGE CORPORATION*
Address: *500 EAST MARYLYN AVENUE, STATE COLLEGE, PA, 16801*
Phone: *8142383322* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *01/01/2000* Issued By: *L&I*

Staffing Hours

Resident Support Staff: Total Daily Staff: *39* Waking Staff: *29*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *06/17/2021*

Inspection Dates and Department Representative

06/17/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *64* Residents Served: *38*

Secured Dementia Care Unit

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

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *38*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *1* Have Physical Disability: *0*

Inspections / Reviews

06/17/2021 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *08/17/2021*

8/24/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *08/27/2021*

9/28/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

227d - Support Plan Medical/Dental

1. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

According to nursing notes and staff interviews, resident #1 requires a 1 to 2 person assist with transfers, a pureed diet due to dysphagia, a bed alarm for monitoring due to frequent falls, and repositioning assistance. The appropriate sections on the support plan dated [REDACTED] were not updated to reflect that the resident's needs changed as the resident's health declined in 2021.

Plan of Correction

Accept

An immediate audit and thorough update was completed on the RASP's for any residents requiring increased nursing and/or other departmental support.

The Interdisciplinary Team meetings daily Monday through Friday to discuss residents at all levels of care within Foxdale Village. Starting 8/30/2021 when specific resident's are discussed along with any acute changes, adjustments in their plan of care, etc., the IDT team will discuss if their RASP requires updating and ensure that the necessary department does so. These changes and discussions will be captured on the meeting minutes and by use of a Support Plan Audit Checklist that we will begin using on 8/30/2021. PC Administrator or designee will audit that these changes are being made to the RASP. Audit will be monthly for a period of 3 months then will resume quarterly thereafter.

Quarterly audits of RASPs and other regulatory documents will be completed ongoing by PC Administrator and/or designee. All audits will be reported and tracked during QAPI meeting.

PC administrator will monitor for ongoing compliance.

Completion Date: 11/30/2021

Update - 08/24/2021

Please send/Attach a copy of Resident #1's updated RASP. [REDACTED] - [REDACTED]

Document Submission

Implemented

Attached