

Department of Human Services  
Bureau of Human Service Licensing

August 3, 2022

[REDACTED], ADMINISTRATOR

RE: FAITHFUL LIVING  
2015 NORTH READING ROAD  
DENVER, PA, 17517  
LICENSE/COC#: 32258

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/18/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
[REDACTED]

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: *FAITHFUL LIVING* License #: *32258* License Expiration: *03/21/2022*  
Address: *2015 NORTH READING ROAD, DENVER, PA 17517*  
County: *LANCASTER* Region: *CENTRAL*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

[REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *06/26/1996* Issued By: *Labor and Industry*  
Type: *I-1* Date: *01/09/2012* Issued By: *East Cocalico Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *75* Waking Staff: *56*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal, Complaint* Exit Conference Date: *08/12/2021*

**Inspection Dates and Department Representative**

08/18/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *75* Residents Served: *74*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *1*

**Number of Residents Who:**

Receive Supplemental Security Income: *8* Are 60 Years of Age or Older: *74*  
Diagnosed with Mental Illness: *22* Diagnosed with Intellectual Disability: *4*  
Have Mobility Need: *1* Have Physical Disability: *2*

**Inspections / Reviews**

**08/18/2021 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/27/2021*

Inspections / Reviews (*continued*)

07/01/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/15/2022*

08/03/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED] 2021, the home learned of an allegation of abuse regarding Resident 1. The home did not submit an incident report with this information to the Department as required.

Plan of Correction

Accept

Resident # 1 incident occurred / investigated by Office of Aging, was " Unfounded" under previous Administrator. That Administrator no longer employed by Faithful Living.  
 8/19/21- Moving forward Administrator will complete required reports and reporting process within regulatory requirements.  
 10/5/21- Reviewed with with management team during quarterly quality management meeting.  
 10/21/21- monthly staff meeting all staff reviewed Residents Rights  
 11/18/21- monthly staff meeting all staff reviewed Older Adults Protective Services Act and reporting.

Completion Date: 11/18/2021

Document Submission

Implemented

Resident # 1 incident occurred / investigated by Office of Aging, was " Unfounded" under previous Administrator. That Administrator no longer employed by Faithful Living.  
 8/19/21- Moving forward Administrator will complete required reports and reporting process within regulatory requirements.  
 10/5/21- Reviewed with with management team during quarterly quality management meeting.  
 10/21/21- monthly staff meeting all staff reviewed Residents Rights  
 11/18/21- monthly staff meeting all staff reviewed Older Adults Protective Services Act and reporting.

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The home uses a gas-powered stove in the kitchen. There was no carbon monoxide detector placed in the area of the gas stove as required by the Care Facility Carbon Monoxide Standards Act.

Plan of Correction

Accept

8/20/21- purchased and installed Carbon Monoxide detector.  
 Maintenance team performs routine rounds of building, checks functioning properly.  
 Maintenance team will monitor all detectors twice a year to make sure they are operational.

Completion Date: 08/20/2021

Document Submission

Implemented

8/20/21- purchased and installed Carbon Monoxide detector.  
 Maintenance team performs routine rounds of building, checks functioning properly.

18 - Compliance With Laws (continued)

Maintenance team will monitor all detectors twice a year to make sure they are operational.

89b - Hot Water Temperature

1. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

At 3:55 pm, the water temperature in the bathroom sink of Bedroom # 154 measured 126.5 degrees Fahrenheit.

At 4:30 pm, the water temperature in the bathroom sink in Bedroom # 118 measured 131.1 degrees Fahrenheit.

Plan of Correction

Accept

8/19/21- maintenance team adjusted temperature on water heater, when inspector reported elevated readings.

8/19/21- Temperature on re- check- within stated range 120 degrees or below.

8/20/21- Routine water temperature checks, by maintenance team within range. See temp logs. Checks will be done monthly at a minimum or as the need arises. Any area found that exceeds this temperature will be adjusted immediately.

Completion Date: 08/19/2021

Document Submission

Implemented

8/19/21- maintenance team adjusted temperature on water heater, when inspector reported elevated readings.

8/19/21- Temperature on re- check- within stated range 120 degrees or below.

8/20/21- Routine water temperature checks, by maintenance team within range. See temp logs. Checks will be done monthly at a minimum or as the need arises. Any area found that exceeds this temperature will be adjusted immediately.

95 - Furniture and Equipment

1. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

An enabler bar attached to the bed of Resident 2 had an opening measuring approximately 8 inches. This presents a potential safety hazard should the resident's head or limb pass through the opening.

An enabler bar attached to the bed of Resident 3 was not securely attached and was easily moved away from the mattress. This enabler bar had an opening of approximately 12 inches that presents a potential safety hazard should the resident's head or limb pass through the opening.

Plan of Correction

Accept

8/20/21- Resident # 2- Hospice removed, replaced with smaller rail, opening closed, secured.

8/20/21- Resident # 3- maintenance and administration secured to bed frame, educated resident on safety, closed opening with padding.

8/20/21- audited all resident rooms, those few with enabler bars, all secure, closed openings, padded , all residents with enabler bar have doctors order, and notated on resident's RASP's.

Completion Date: 08/20/2021

Document Submission

Implemented

8/20/21- Resident # 2- Hospice removed, replaced with smaller rail, opening closed, secured.

95 - Furniture and Equipment (continued)

8/20/21- Resident # 3- maintenance and administration secured to bed frame, educated resident on safety, closed opening with padding.  
8/20/21- audited all resident rooms, those few with enabler bars, all secure, closed openings, padded , all residents with enabler bar have doctors order, and notated on resident's RASP's.

144c1 - Smoking Area Guidelines

1. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

- 1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

The home permit's smoking in 2 designated areas, one on the west side and one on the east side of the building. A resident was observed sitting on a chair smoking on the front west side porch, an area outside of the designated smoking areas.

The west side smoking area had a chair with a fabric seat that was not labeled as being fire retardant.

The east side smoking gazebo had a cushion from a "Total Gym" on a bench that had several cigarette burns on the surface. This cushion was not labeled as being fire retardant.

Plan of Correction

Accept

8/19/21- maintenance removed chair with fabric seat from west smoking area.  
8/19/21-maintenance removed cushion from east side smoking gazebo.  
8/19/21-8/20/21- reminded residents that smoke , not permitted to take personal items IE: cushions, fabric items, fabric seated chairs, into the designated smoking areas.  
Administrator and maintenance team monitor areas during weekly routine rounds to ensure compliance.

Completion Date: 08/20/2021

Document Submission

Implemented

8/19/21- maintenance removed chair with fabric seat from west smoking area.  
8/19/21-maintenance removed cushion from east side smoking gazebo.  
8/19/21-8/20/21- reminded residents that smoke , not permitted to take personal items IE: cushions, fabric items, fabric seated chairs, into the designated smoking areas.  
Administrator and maintenance team monitor areas during weekly routine rounds to ensure compliance.

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

An [redacted] Inhaler prescribed to Resident 4 expires 30 days after opening. The Inhaler was not labeled with the date it was opened.

Plan of Correction

Accept

8/20/21- Resident Care Manager reviewed and reminded Med Techs date when opening medications.  
8/20/21- Resident # 4- Inhaler received from pharmacy, labeled and dated.  
8/31/21- Administrator and Resident Care Manager met with [redacted] Pharmacy Rep, set up Medication Cart audits by Pharmacy staff.  
9/7/21- [redacted] pharmacy medication audits conducted initially and ongoing.

Completion Date: 09/07/2021

Document Submission

Implemented

8/20/21- Resident Care Manager reviewed and reminded Med Techs date when opening medications.  
8/20/21- Resident # 4- Inhaler received from pharmacy, labeled and dated.  
8/31/21- Administrator and Resident Care Manager met with [redacted] Pharmacy Rep, set up Medication Cart audits by Pharmacy staff.  
9/7/21- [redacted] Pharmacy medication audits conducted initially and ongoing.

185a - Implement Storage Procedures

1. Requirements

- 2600.  
185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On 8/18/2021, the medication box for Resident 5's prescribed [redacted] contained a "trainer pen" but no pens with the medication.

Plan of Correction

Accept

8/19/21- Resident # 5- [redacted] arrived from Pharmacy during second day of inspection.  
8/31/21- Resident Care Manager and Administrator met with [redacted] Pharmacy Rep, reviewed ordering process to ensure ordered medications arrive on time.  
9/7/21- [redacted] Pharmacy conducted medication cart audits , to ensure compliance initially and will be ongoing. Residents will have all ordered medications present at facility.

Completion Date: 08/19/2021

Document Submission

Implemented

8/19/21- Resident # 5- [redacted] arrived from Pharmacy during second day of inspection.  
8/31/21- Resident Care Manager and Administrator met with [redacted] Pharmacy Rep, reviewed ordering process to ensure ordered medications arrive on time.  
9/7/21- [redacted] Pharmacy conducted medication cart audits , to ensure compliance initially and will be ongoing. Residents will have all ordered medications present at facility.

227c - Support Plan Revision

1. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident 6's support plan, dated [redacted] was not updated to include the resident's new diagnosis of [redacted]

Resident 1's support plan, dated [redacted] was not updated to include the resident's [redacted] identified by an urgent care visit on [redacted] and a prescription for medication, dated [redacted]

Plan of Correction

Accept

8/19/21- Resident # 1- added information to addendum attached to RASP.

8/19/21- Inspector provided RASP " 101" educational materials for Resident Care Manager, reviewed.

8/25/21- Resident # 6- New DME completed , diagnosis added.

8/25/21- Resident # 6- New Rasp completed includes all diagnoses.

All Resident RASP's reviewed by Care Manager. Resident RASP's will contain all diagnoses, and updated information.

Completion Date: 08/25/2021

Document Submission

Implemented

8/19/21- Resident # 1- added information to addendum attached to RASP.

8/19/21- Inspector provided RASP " 101" educational materials for Resident Care Manager, reviewed.

8/25/21- Resident # 6- New DME completed , diagnosis added.

8/25/21- Resident # 6- New Rasp completed includes all diagnoses.

All Resident RASP's reviewed by Care Manager. Resident RASP's will contain all diagnoses, and updated information.

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

Resident 6 sees a [redacted] and has a [redacted] This information was not included in Resident 6's support plan. dated 9/2/2020.

Repeated Violation - 12/16/19, et al

Plan of Correction

Accept

Resident # 6- as noted on page #6 of Plan of Correction- Resident # 6 new DME completed 8/25/21, new RASP completed 8/27/21 by Resident Care Manager, added [redacted]

Residents' DME and RASP's will be updated and contain all resident information, diagnoses. Resident Care Manager will audit, monitor and updated using addendum forms as needed beginning 8/27/21.

Completion Date: 08/27/2021

Document Submission

Implemented

Resident # 6- as noted on page #6 of Plan of Correction- Resident # 6 new DME completed 8/25/21, new RASP completed 8/27/21 by Resident Care Manager, added [redacted]

Residents' DME and RASP's will be updated and contain all resident information, diagnoses. Resident Care

*227d - Support Plan Medical/Dental (continued)*

*Manager will audit, monitor and updated using addendum forms as needed beginning 8/27/21.*