

Department of Human Services
Bureau of Human Service Licensing

May 24, 2022

[REDACTED] NGEL, ADMINISTRATOR
[REDACTED]
[REDACTED]

RE: FELLOWSHIP TERRACE
3010 FELLOWSHIP DRIVE
WHITEHALL, PA, 18052
LICENSE/COC#: 21648

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/15/2022, 02/16/2022 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

Facility Information

Name: *FELLOWSHIP TERRACE* License #: *21648* License Expiration: *02/08/2023*
Address: *3010 FELLOWSHIP DRIVE, WHITEHALL, PA 18052*
County: *LEHIGH* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *BIBLE FELLOWSHIP CHURCH HOMES INC*
Address: *3000 FELLOWSHIP DRIVE, WHITEHALL, PA, 18052*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *12/11/2000* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *146* Waking Staff: *110*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *02/25/2022*

Inspection Dates and Department Representative

02/15/2022 - On-Site: [REDACTED]
02/16/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *165* Residents Served: *124*

Secured Dementia Care Unit

In Home: *Yes* Area: *n/a* Capacity: *24* Residents Served: *0*

Hospice

Current Residents: *11*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *123*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *22* Have Physical Disability: *3*

Inspections / Reviews

02/15/2022 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *04/15/2022*

05/06/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *05/13/2022*

05/24/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

81b - Resident Personal Equipment

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident #1 and #2 utilize grab assist bars on their beds. The assistive devices are not securely attached to the bed, posing a possible limb or head entrapment.

Plan of Correction

Accept

This was addressed immediately by the administrator/administrator designee. All transfer rails were checked immediately and will be checked every shift by direct care staff. In residents service plan it now states "Transfer rail to bed for mobility. Check placement each shift to ensure rail is secure." The direct caregiver is documenting this every shift after checking transfer rail. Audits are done by administrator/administrator designee weekly to check that direct caregivers are documenting and completing task.

Completion Date: 04/08/2022

Update: 05/06/2022

Please submit photos and a recent example of an audit with Step 2, Verifications.

AG, 5-6-22

Document Submission

Implemented

Please submit photos and a recent example of an audit with Step 2, Verifications.

AG, 5-6-22

87 - Lighting

1. Requirements

2600.

87. Lighting - The home's hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

Description of Violation

The first and second floor stairwell exits are locked with a 15 second delayed egress magnetic lock. The doors do not have a readily visible, durable sign in letters not less than 1 in. (25 mm) high and not less than 1/8 in. (3.2 mm) in stroke width on a contrasting background that reads as follows: PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS.

Plan of Correction

Accept

This was fixed immediately with temporary signs placed on exit doors. New signs were ordered by maintenance department and placed on doors when they arrived. Signs state "Push until alarm sounds. Door can be opened in 15 seconds. See attachment #1 for picture of door with sign.

Completion Date: 02/15/2022

Update: 05/06/2022

Please note in Step 2 that verification was submitted in Step 1.

AG, 5-6-22

87 - Lighting (continued)

Document Submission**Implemented**

Please note in Step 2 that verification was submitted in Step 1.
AG, 5-6-22

Verification was submitted in step 1

184a - Labeling OTC/CAM

1. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

4. The prescribed dosage and instructions for administration.

Description of Violation

Resident #3 has an order for [REDACTED] Monday and Friday and [REDACTED] the rest of the days. The label to the medication notes [REDACTED] every other day and 1mg every other day. The label to the medication is incorrect.

Plan of Correction**Accept**

This was fixed immediately by licensed staff and sticker was placed on label to Coumadin medication that stated "Directions changed refer to chart." All medication administrators including PCA TL and licensed staff were educated by administrator on this regulation. See Attachment #2 for education provided by administrator. Ongoing all medication administrators will be audited by medication administration train the trainers when doing monthly audits. This will be overseen by administrator.

Completion Date: 04/15/2022

Update: 05/06/2022

Please send in a copy of the sign in sheet for the staff trained and a copy of a recently completed monthly audit form, showing findings and actions taken, if any.

AG, 5-6-22

Document Submission**Implemented**

Please send in a copy of the sign in sheet for the staff trained and a copy of a recently completed monthly audit form, showing findings and actions taken, if any.

AG, 5-6-22

187d - Follow Prescriber's Orders

1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 has an order for [REDACTED] daily hold for systolic BP less than [REDACTED] and heart rate less than [REDACTED]. On 2/3/22 the heart rate was [REDACTED], the medication was held and should have been administered.

Plan of Correction**Accept**

All medication administrators including Personal Care Team Leaders and licensed staff were educated on always following prescribers orders when giving medication. See Attachment #2 for education provided by administrator.

187d - Follow Prescriber's Orders (continued)

On going all MARS will be audited at least monthly by administrator/administrator designee for compliance with following directions of the prescribers.

Completion Date: 04/15/2022

Update: 05/06/2022

Please send in a copy of the staff sign in sheet from the training in Step 2.

AG, 5-6-22

Document Submission

Implemented

Please send in a copy of the staff sign in sheet from the training in Step 2.

AG, 5-6-22