

Department of Human Services
Bureau of Human Service Licensing

December 2, 2022

[REDACTED]
FAITH FRIENDSHIP MINISTRIES INC
[REDACTED] 128 W MAIN STREET
MOUNTVILLE, PA, 17554

RE: FAITH FRIENDSHIP VILLA OF
MOUNTVILLE
128 WEST MAIN STREET
MOUNTVILLE, PA, 17554
LICENSE/COC#: 32202

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 03/08/2022, 03/09/2022 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

We have directed corrective actions for your facility to implement to correct noncompliant items.

Please submit documentation verifying compliance in SansWrite as corrective actions are implemented. The Department will review this documentation to determine compliance. Please note that in order for the Department to verify your compliance, you are required to upload documentation into SansWrite AFTER the Plan of Correction has been accepted by the Department, and not with the initial submission of your Plan of Correction.

Submit documentation electronically by **12/08/2022**.

If you need assistance regarding submission of evidence to demonstrate compliance, please contact me at
or email ashambach@pa.gov

Sincerely,

A black rectangular redaction box covering the signature of the sender.

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: FAITH FRIENDSHIP VILLA OF MOUNTVILLE License #: 32202 License Expiration: 02/11/2023
 Address: 128 WEST MAIN STREET, MOUNTVILLE, PA 17554
 County: LANCASTER Region: CENTRAL

Administrator

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

Legal Entity

Name: FAITH FRIENDSHIP MINISTRIES INC
 Address: [REDACTED], 128 W MAIN STREET, MOUNTVILLE, PA, 17554
 Phone: [REDACTED] Email: tammi@faithfriendship.org

Certificate(s) of Occupancy

Type: C-2 LP Date: 01/22/1986 Issued By: L&I
 Type: C-2 LP Date: 09/10/2015 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 67 Waking Staff: 50

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 03/09/2022

Inspection Dates and Department Representative

03/08/2022 - On-Site: [REDACTED]
 03/09/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 74 Residents Served: 67

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 51 Are 60 Years of Age or Older: 35
 Diagnosed with Mental Illness: 49 Diagnosed with Intellectual Disability: 15
 Have Mobility Need: 0 Have Physical Disability: 1

Inspections / Reviews

03/08/2022 - Full

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *04/25/2022*

06/01/2022 POC Submission

Submitted By: [REDACTED] Date Submitted: *06/05/2022*
Reviewer: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *06/08/2022*

12/02/2022 POC Submission

Submitted By: [REDACTED] Date Submitted: *06/05/2022*
Reviewer: [REDACTED] Follow Up Type: *Document Submission* Follow Up Date: *12/08/2022*

57b - 1 Hour/Day

1. Requirements

2600.

57.b. Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

Description of Violation

On [REDACTED]/22 there were 69 residents in the home, requiring a minimum of 69 hours of direct care service. On this day only 64 hours of direct care staffing was provided.

On [REDACTED]/22 there were 65 residents in the home, requiring a minimum of 65 hours of direct care service. On this day, only 57.5 hours of direct care staffing was provided.

POC Submission

Directed

-At the time of inspection, 57.b was under Act 73 and continues to be suspended under Act 14.

-The CEO will continue to advertise and interview for Direct Care Staff to ensure that FFV meets the required one (1) hour per day of personal care services.

- Will continue to offer OT employees wishing to work beyond 8-hour shifts.

- The Administrator will conduct random reviews of staffing hours, record outcomes and report these findings to the Executive Director.

-The Administrator will check the DCS schedule on a weekly basis (or as needs arise) to ensure that there staffing hours are met.

-A back-up plan of overtime allowed and managers working longer hours has been implemented as of May 12, 2022 to allow the regulation to be met

Directed)

-The administrator shall conduct weekly staffing calculations prior to the beginning of the next week, to verify that enough qualified staff will be available to meet the needs of the population. These calculations shall begin by 8/5/22 and continue for no less than 12 weeks.

-The administrator shall create a list of staff who are available and willing to work when staffing shortages occur; this list shall be updated weekly and made available to shift managers to use in the event of call-offs. This list shall be created and available by 8/5/22.

-The administrator shall identify staffing agencies that may provide coverage of in-house staffing is not sufficient to meet the needs of the population; this list shall be updated weekly and made available to shift managers to use in the event of call-offs. This list shall be created and available by 8/5/22.

Directed Completion Date: 08/05/2022

57d - Waking Hours

2. Requirements

2600.

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

On [REDACTED]/22 there were 69 residents present in the home requiring at least 51.75 hours of direct care be provided during waking hours. However, there was only 50 hours of direct care provided during the waking hours.

57d - Waking Hours (continued)

on [redacted] 22 there were 65 residents present in the home requiring at least 48.75 of direct care hours provided during the waking hours. However, there was only 43.5 hours of direct care provided during the waking hours.

POC Submission

Directed

- The CEO will continue to advertise, interview and hire new DCS to bring up the waking hours to regulation level.
- All Managers, who are Direct Care Trained and Certified, shall continue to clock-in, especially when working on the floor or doing Direct Care of the Residents so that the true daytime hours are reflected.
- The CEO with the Administrator will ensure all qualified and able FFM staff complete the required Direct Care Training, to ensure adequate hours are always provided for residents.
- The CEO has taken the required training.
- The CEO has provided a bonus/incentive for current staff to assist in the recruitment of DCW.
- The Administrator will monitor on a weekly basis to ensure that the minimum staffing hours are met.

-See Attachments

(Directed)

- The administrator shall conduct weekly staffing calculations prior to the beginning of the next week, to verify that enough qualified staff will be available to meet the needs of the population. These calculations shall begin by 8/5/22 and continue for no less than 12 weeks.
- The administrator shall create a list of staff who are available and willing to work when staffing shortages occur; this list shall be updated weekly and made available to shift managers to use in the event of call-offs. This list shall be created and available by 8/5/22.
- The administrator shall identify staffing agencies that may provide coverage of in-house staffing is not sufficient to meet the needs of the population; this list shall be updated weekly and made available to shift managers to use in the event of call-offs. This list shall be created and available by 8/5/22.

Directed Completion Date: 08/05/2022

88a - Surfaces

3. Requirements

2600.
88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

Door #8 leads from a sitting room on the second floor to an emergency exit at ground level. On [redacted]/22 the roof inside the stairway exit at the top of the steps was leaking. Water was dripping/raining from the ceiling. The wooden ceiling and the exterior wall at the top of the stairway are visibly water damaged, warped and rotted due to the roof leak.

POC Submission

Accept

-The Property Manager and Maintenance Tech will fix the leak in the roof on the outside and re-do all woodwork on the inside

88a - Surfaces (continued)

- The project will be completed on 04/22/2022
- Two total roof replacement bids have already come in and one is due next week.
- The Property Manager will annually inspect the roof after replacement to ensure there is no damage or leaks. -See Attachment

Licensee's Proposed Overall Completion Date: 04/22/2022

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface**4. Requirements**

2600.

102.d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

Description of Violation

There was no grab bar, hand rail or assist bar at the toilets in the bathrooms next to room #'s [REDACTED] and [REDACTED]

POC Submission

Accept ([REDACTED] - 12/01/2022)

- Grab bars were put back in place in each bathroom on 03/08/2022 by the Property Manager.
- The Administrator will go through each room beginning on 4/1/22, especially bathrooms, that have been remodeled with the Property Manager to make sure that each room meets all code requirements.
- The Administrator will review room and bathroom requirements on a monthly basis beginning on 4/1/22 to ensure that all codes have been met.

Licensee's Proposed Overall Completion Date: 06/01/2022

132b - Safety Inspection/Fire Drill**5. Requirements**

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The last fire safety inspection and fire drill observed by a fire safety expert was conducted on 10/19/20.

POC Submission

Directed

- The Property Director has contacted Chief Dean Gantz, the fire chief of Mountville, and is working with the Chief to conduct the fire drill and fire safety inspection. Projected date of completion is Wednesday, May 4, 2022 @1930.
- The Property Director will maintain the annual Fire Drill and Fire Safety Inspection with the Fire Chief of Mountville, PA.
- This drill and inspection will take place annually in the month of May and is documentation on the annual Maintenance checklist.

(Directed)

- The Property Director has contacted Chief Dean Gantz, the fire chief of Mountville, and is working with the Chief to conduct the fire drill and fire safety inspection. Projected date of completion is Wednesday, May 4, 2022 @1930.
- The Property Director will maintain the annual Fire Drill and Fire Safety Inspection with the Fire Chief of Mountville, PA.

132b - Safety Inspection/Fire Drill (continued)

-This drill and inspection will take place annually in the month of May and is documentation on the annual Maintenance checklist.

-The administrator will create a tickler-alert in his or her email calendar no more than 10 months from the date of the most-recent fire safety inspection and supervised fire drill. This tickler shall prompt the administrator and other applicable staff) to contact a fire safety expert and schedule the next fire safety inspection and supervised drill within one year from the previous visit.

Directed Completion Date: 08/05/2022

132d Evacuation

6. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home does not have a maximum safe evacuation time specified in writing within the past year by a fire safety expert. The home exceeded an evacuation time of 2 minutes 30 seconds during the following drills:

<u>Date & Time of Drill</u>	<u>Evacuation Time</u>
12/30/21 1:35 PM	2 min. 48 seconds
1/15/22 10:42 AM	3 min. 14 seconds
2/17/22 8:45 AM	3 min. 2 seconds

Repeat Violation - 10/25/19

POC Submission

Accept

-Documentation was found after the inspection that indicated that FFV was granted an evacuation time of 3 min 30 seconds.

-All fire drills were under that time and all residents and staff of FFV will continue to work diligently to ensure that time is met. See Attachment

Licensee's Proposed Overall Completion Date: 03/18/2022

144c1 - Smoking Area Guidelines

7. 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's front porch is a designated smoking area furnished with fireproof receptacles. However on [redacted]/22 numerous cigarette butts were found on the wooden porch floor which is a fire hazard.

144c1 - Smoking Area Guidelines (continued)

Repeat Violation - 10/25/19

POC Submission

Accept (██████) 12/01/2022)

-The CEO has provided a 30-day notice to residents and staff, that smoking on the front porch will no longer be allowed for safety reasons beginning on June 11, 2022. Smoking for residents is allowed at the Gazebo at the back of the building. This location meets regulation requirements. -See Attachment

-Beginning on 4/1/22, the Property Manager will inspect weekly for the first 3 months and monthly thereafter the front porch areas to ensure smoking is not occurring.

Licensee's Proposed Overall Completion Date: 06/01/2022

162c - Menus Posted

8. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for the week of 3/6 - 3/12/22 was posted. However, the menu for the next week was not posted.

POC Submission

Accept

-The Administrator double checked to verify that two weeks' worth of menus have been posted.
-Kitchen Manager will continue to ensure that at least two (2) weeks menus are posted at all times.
-Administrator will check weekly that at least two (2) weeks of menus are posted at all times.

Licensee's Proposed Overall Completion Date: 04/25/2022

181c - Self-administration Assessment

9. Requirements

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self administer and the need for medication reminders.

Description of Violation

Resident #1 self-administers ██████████ and conducts their own ██████████ checks. Resident #1 has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner as being capable to self-administer medications.

POC Submission

Accept

-Administrator contacted Resident #1's PCP to ask for clarification and explained the situation.
-The PCP of Resident #1 has requested a new appointment with the resident to complete that paperwork to reflect the ability of Resident #1 to administer ██████████ ██████████ 04/2022
-An appointment has been scheduled with the PCP to re-do DME. The Administrator will be present during that visit to discuss the self-administration ██████████. -See Attachment

181c - Self-administration Assessment (continued)

-The aforementioned appointment took place on Thursday, May 5, 2022 @ 1520.

Licensee's Proposed Overall Completion Date: 06/01/2022

185a Implement Storage Procedures**10. 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

The glucometer for Resident #2 has blood sugar levels of [REDACTED] at [REDACTED] on [REDACTED] and [REDACTED] for [REDACTED] reading on [REDACTED]. These readings are not recorded on the resident's MAR's (medication administration record).

The glucometer for Resident #2 has a reading of [REDACTED] for the morning check on [REDACTED]/22 which is recorded on the MAR as [REDACTED].

The glucometer for Resident #3 is not calibrated to the correct time and date as the recordings for [REDACTED] 22 show on the glucometer with a date of [REDACTED].

POC Submission

Accept ([REDACTED] 12/01/2022)

Resident #2

-Medication Trainer reviewed the missing glucometer readings and corrected it, ensuring that the MAR was current and correct. on 03/10/2022.

-Beginning on 4/1/22, the Medication Trainer will check weekly that there are no missing glucometer readings

-Medication Administrator will reeducate DCS as well as routinely check that correct glucometer readings are being recorded in the MAR on 03/10/2022 with additional training scheduled for 06/03/2022.

Resident #3:

-The Administrator ordered a new glucometer for the resident, set it up to current date/time and educated the resident on the new machine on March 17, 2022.

-Medication Administrator will check monthly that this glucometer continues to be calibrated to correct time/date and if errors occur will either correct and re-set or a new glucometer will be ordered. -See Attachment

Licensee's Proposed Overall Completion Date: 06/01/2022

187a - Medication Record**11. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident #2 is prescribed [REDACTED]. However, Resident #2's medication administration record (MAR) does not list this prescribed medication.

187a - Medication Record (continued)

Repeat Violation 10/25/19

POC Submission

Accept ([REDACTED] 12/01/2022)

-Medication Trainer contacted Resident #2's PCP to ask for either a D/C order or for the prescription to be renewed on March 10, 2022.

-Resident #2's PCP sent FFV a new order for the [REDACTED], which was entered into the current (April 2022) MAR on [REDACTED]/2022.

-Medication Trainer and Med Trained DCS will check monthly beginning on 4/1/22 (when the new MARs are generated) to ensure that all medication prescribed to each resident is reflected in the MAR properly. -See Attachment

Licensee's Proposed Overall Completion Date: 06/01/2022