


Department of Human Services
Bureau of Human Service Licensing

May 6, 2022


FREDERICK MENNONITE COMMUNITY
2849 BIG ROAD - OFFICE
ZIEGLERVILLE, PA, 19492

RE: FREDERICK LIVING - ASPEN VILLAGE
2849 BIG ROAD
ZIEGLERVILLE, PA, 19492
LICENSE/COC#: 13258

Dear Mr. Daniel Samai,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/15/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Shawn Parker

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 - ASPEN VILLAGE* License #: *13258* License Expiration: *07/22/2022*
Address: *2849 BIG ROAD, ZIEGLERVILLE, PA 19492*
County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *610-754-7878* Email: [REDACTED]

Legal Entity

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

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: Total Daily Staff: *50* Waking Staff: *38*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *04/15/2022*

Inspection Dates and Department Representative

04/15/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *31* Residents Served: *25*

Secured Dementia Care Unit

In Home: *Yes* Area: *Aspen* Capacity: *31* Residents Served: *25*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *25*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *25* Have Physical Disability: *0*

Inspections / Reviews

04/15/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/05/2022*

05/05/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *05/09/2022*

Inspections / Reviews (*continued*)

05/06/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 3/31/22, there was an incident alleging verbal abuse between staff member A and resident #1. This incident was observed by staff person B. This incident was reported to staff person C on 4/5/22 at 6:12pm. However, the home did not complete an ACT 13 form and send it to AAA.

Plan of Correction

Accept

Plan of Correction

-Ongoing going, and widespread training was started on 4.20.22 for Staff regarding timely reporting in accordance with the Older Adult Protective Services Act.

-Ongoing and widespread training is also being done with staff, reviewing company polity on the protection of Elders from Abuse, Neglect, and exploitation.

-Administrator and designee/clinical Manager/ Coordinator also received additional training on the process for reporting, which includes completing the ACT 13 form and send it to the AAA. This was also reviewed in Company's policy.

- Additional Abuse and reporting training completed for Administrator, Coordinator by Friends Service Alliance.

-Administrator and Coordinator will ensure that ACT 13 form is completed for every allegation of abuse reported to the Department, and the AAA.

Completion Date: 05/05/2022

Document Submission

Implemented

Document attached

15c - Supervision

1. Requirements

2600.

15.c. The home shall immediately submit to the Department's personal care home regional office a plan of supervision or notice of suspension of the affected staff person.

Description of Violation

On 3/31/22, there was an incident alleging verbal abuse between staff member A and resident #1. This incident was observed by staff person B. This incident was reported to staff person C on 4/5/22 at 6:12pm. The home did not immediately submit to the Department's personal care home regional office a plan of supervision or notice of suspension of the affected staff person.

Plan of Correction

Accept

Plan of Correction

-Upon any allegation of of abuse, Administrator or designee will ensure that the the Department will be immediately informed of the plan, and notice of suspension or supervision of the affected staff member.

-Administrator or designee will ensure that such plan is documented in the Department's reportable incident form at the time of the report.

Completion Date: 05/05/2022

Document Submission

Implemented

Document attached

15d - Resident Abuse-Notification

1. Requirements

2600.

15.d. The home shall immediately notify the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.

Description of Violation

On 4/5/22, the home received a report of suspected abuse involving resident #1. The home did not notify resident #1's designated person.

Plan of Correction

Accept

Plan of Correction

-Upon any allegation of abuse, Administrator or designee will ensure that all notifications are completed upon submitting the report to the Department.

-Administrator and Designee have been trained on reporting, and ensuring that all fields (including notification) are complete with all details of the incident, and all parties notified.

-Administrator and designee will ensure that such information is documented on the report upon submission to the Department.

Completion Date: 05/05/2022

Document Submission

Implemented

Document attached

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 3/31/22, there was an incident between staff member A and resident #1. The home did not report this incident to the department until 4/6/22.

On 4/2/22, there was an incident between staff member A and resident #2. The home did not report this incident to the department until 4/6/22.

The incident report dated 4/9/22 involving resident #3, was not reported to the department until 4/12/22.

Plan of Correction

Accept

Plan of Correction

-Robust ongoing training started on 4.20.22 Abuse and Reporting. Staff member A also received training as indicated.

-Administrator and designee will ensure that staff receives training on timely reporting or any suspected or witnessed incident of Abuse.

-Training also involved Company policy on Elder abuse, Neglect, and Exploitation, Investigation, and Prevention.

-Administrator will ensure that ongoing training with staff to reiterate the importance of timely reporting.

-Administrator and Coordinator will continue to educate and emphasize the importance of immediately reporting any suspicion or witness of any allegation of abuse for proper reporting and investigation.

Completion Date: 05/11/2022

16c - Written Incident Report (continued)

Document Submission

Implemented

Document attached

42c - Treatment of Residents

1. Requirements

2600.
42.c. A resident shall be treated with dignity and respect.

Description of Violation

On 3/31/22, Staff person A was witnessed yelling at resident #1 repeatedly to sit down.

On 4/2/22, Staff person A was witnessed rushing resident #2 while [REDACTED] was using the bathroom causing [REDACTED] BM to smear across the toilet seat and small bruise on resident #2's thigh.

Plan of Correction

Accept

Plan of Correction

- Staff member A received additional on residents
- Ongoing refresher /training on Residents rights was started on 4.7.22 addressed residents, which addresses treating residents with dignity and respect.
- Coordinator also met with Staff member A reviewing and training Staff A on how to manage the care of residents with dementia.
- Staff member A was also assigned additional training on Relias
- Administrator and designee will ensure that all residents are treated with dignity and respect through re-education, and setting the expectation for all staff to adhere to the principles of Residents rights.

Completion Date: 05/11/2022

Document Submission

Implemented

Document attached

65a - FS Orientation 1st Day

1. Requirements

- 2600.
- 65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:
1. Evacuation procedures.
 2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
 3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
 4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
 5. The location and use of fire extinguishers.
 6. Smoke detectors and fire alarms.
 7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, whose first day working in Aspen Village was [REDACTED], did not receive orientation on the following topics:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.

65a - FS Orientation 1st Day (continued)

- 3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- 4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- 5. The location and use of fire extinguishers.
- 6. Smoke detectors and fire alarms.
- 7. Telephone use and notification of emergency services.

Plan of Correction

Accept

Plan of Correction:

- Administrator conducted training with Staff person A addressing all 7 components indicated in 2600.65.a.
- Administrator and Coordinator will ensure that all new staff members from other units in the community who work in Aspen/Personal care will be oriented on or prior to their first day of work in personal care.
- Administrator and Coordinator have a plan in place to ensure that training is completed and documented.

Completion Date: 05/18/2022

Document Submission

Implemented

Document attached

65b - Rights/Abuse 40 Hours

1. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- 1. Resident rights.
- 2. Emergency medical plan.
- 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § 10225.101—10225.5102).

Description of Violation

Staff person A completed his/her 40th scheduled work hour in Aspen Village on [REDACTED]. However, this staff person did not complete training in the following topics:

2. Emergency medical plan.

Plan of Correction

Accept

Plan of Correction:

- Administrator conducted training 26.00.65.b with staff member A.
- Administrator and Coordinator will ensure that all new staff members will undergo training indicated in 2600.65.b.
- Administrator and Coordinator have a plan in place to ensure that the training is completed within the staff member's 40 scheduled work hours in Personal Care/ Aspen Village to ensure compliance.

Completion Date: 05/18/2022

Document Submission

Implemented

Documents attached