

Department of Human Services  
Bureau of Human Service Licensing

August 9, 2022

[REDACTED], VP OF HEALTH SERVICES  
[REDACTED]  
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/25/2022 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 - PUBLIC**

**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: [REDACTED] Email: [REDACTED]

**Legal Entity**

[REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *10/18/1999* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *48* Waking Staff: *36*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *05/25/2022*

**Inspection Dates and Department Representative**

05/25/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *31* Residents Served: *24*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *entire home* Capacity: *31* Residents Served: *24*

**Hospice**

Current Residents: *4*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *24*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *24* Have Physical Disability: *0*

**Inspections / Reviews**

**05/25/2022 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/12/2022*

**06/13/2022 - POC Submission**

Inspections / Reviews (*continued*)

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/15/2022*

## 06/16/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/27/2022*

## 08/09/2022 - Document Submission

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

132c - Fire Drill Records

1. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

*The fire drill record for the drill conducted on 04/20/2022 does not include the exit routes used, the number of residents in the home at the time of the drill and the number of residents evacuated.*

Plan of Correction

**Accept**

- The maintenance team conducting the fire drills were immediately notified of this error.
- Maintenance Supervisor re-educated the maintenance team of ensuring that the fire drill record is thoroughly completed.
- Campus operations Administrative Assistant will also serve as another layer of a check system to ensure that all fields are completed prior to obtaining appropriate signatures, and filing the record.
- Upon signing the fire drill record, PCA will also check all fields to ensure that the record is completed prior to filing.

**Completion Date:** 06/24/2022

Document Submission

**Implemented**

- The maintenance team conducting the fire drills were immediately notified of this error.
- Maintenance Supervisor re-educated the maintenance team of ensuring that the fire drill record is thoroughly completed.
- Campus operations Administrative Assistant will also serve as another layer of a check system to ensure that all fields are completed prior to obtaining appropriate signatures, and filing the record.
- Upon signing the fire drill record, PCA will also check all fields to ensure that the record is completed prior to filing.
- Completed fire drill uploaded reflecting all fields being completed.

132i - Testing Fire Alarm

1. Requirements

2600.

132.i. A fire alarm or smoke detector shall be set off during each fire drill.

Description of Violation

*During the fire drill on 01/31/2022, the fire alarm was not sounded. The fire drill conductor performed a silent drill and went over the steps to follow during a fire emergency with the staff. The home had to modify the drill due to the whole unit being a red zone with a Covid outbreak (13 positive residents out of 23 residents).*

Plan of Correction

**Accept**

- Maintenance team conducting fire drills will ensure that the alarm is sounded at every drill.
- Maintenance supervisor re-educated the team on the regulations.
- PCA will also be involved to ensure that the alarm is sounded during the fire drills.
- In the event of any circumstance that the alarm would not be sounded, PCA will ensure that the Department is notified prior to the drill and seek guidance.

**Completion Date:** 06/24/2022

Document Submission

**Implemented**

- Maintenance team conducting fire drills will ensure that the alarm is sounded at every drill.
- Maintenance supervisor re-educated the team on the regulations.

132i - Testing Fire Alarm (continued)

- PCA will also be involved to ensure that the alarm is sounded during the fire drills.
- In the event of any circumstance that the alarm would not be sounded, PCA will ensure that the Department is notified prior to the drill and seek guidance.
- Record uploaded reflecting fire alarm and smoke detector systems were tested, and functioning.

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.

Description of Violation

On 05/25/2022, an opened bottle of [REDACTED] prescribed for resident #1 was in the home's medication cart that was not labeled with the date the medication was opened. According to the manufacturer's instructions, the solution should be discarded 4 to 6 weeks after the open date.

Plan of Correction

Accept

- Staff have been re-educated on the need and importance of having the open date on on the medication.
- Stickers were purchased that would enable med tech to write the open date of the on the sticker prior to placing it on the medication. - Please see attachment
- Upon doing the med audits for residents, med tech will also ensure to check for proper storage as indicated on the regulation, but will also ensure that a a label with the date it was opened is maintained on the medications.
- All residents will have a monthly medication audit completed as ordered in each resident's MAR.
- Coordinator, a Med tech trainer, and Clinical Manager will oversee the medication audit process and completion for all resident. PCA will also maintain oversight and ensure compliance. Clinical Manager and PCA will retrieve monthly reports basis to ensure that an audit is completed for each resident.
- Correction for Resident 1 Attached along with scheduled med audit on resident's MAR.

Completion Date: 06/20/2022

Document Submission

Implemented

- Staff have been re-educated on the need and importance of having the open date on on the medication.
- Stickers were purchased that would enable med tech to write the open date of the on the sticker prior to placing it on the medication. - Please see attachment
- Upon doing the med audits for residents, med tech will also ensure to check for proper storage as indicated on the regulation, but will also ensure that a a label with the date it was opened is maintained on the medications.
- All residents will have a monthly medication audit completed as ordered in each resident's MAR.
- Coordinator, a Med tech trainer, and Clinical Manager will oversee the medication audit process and completion for all resident. PCA will also maintain oversight and ensure compliance. Clinical Manager and PCA will retrieve monthly reports basis to ensure that an audit is completed for each resident.
- Correction for Resident 1 Attached along with scheduled med audit on resident's MAR.
- Record uploaded reflecting the open date for the medication.