

Department of Human Services
Bureau of Human Service Licensing

September 9, 2022

[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 08/09/2022, 08/12/2022 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: *FREDERICK LIVING - ASPEN VILLAGE* License #: *13258* License Expiration: *07/22/2023*
Address: *2849 BIG ROAD, ZIEGLERVILLE, PA 19492*
County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: [REDACTED]
Address: [REDACTED]
Phone: [REDACTED] Email: [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: *50* Waking Staff: *38*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *08/12/2022*

Inspection Dates and Department Representative

08/09/2022 - On-Site: [REDACTED]
08/12/2022 - Off-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 Village* Capacity: *31* Residents Served: *25*

Hospice

Current Residents: *0*

Number of Residents Who:

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

Inspections / Reviews

08/09/2022 - Partial

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *08/25/2022*

Inspections / Reviews (*continued*)

08/25/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *09/07/2022*

09/09/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

16d - Final Incident Report

1. Requirements

2600.

16.d. [redacted] final report, on a form prescribed by the [redacted], to the [redacted] immediately following the conclusion of [redacted] gation.

Description of Violation

The home submitted an initial incident report on [redacted]/2022. The home did not submit a final report to the [redacted].

Plan of Correction

Accept

- PCA have submitted a final report to the [redacted] citing updates regarding the incident noted on [redacted].22.
- PCA, Coordinator and Clinical Manager have established a two tier process for monitoring initial assessments, and ensuring that final reports are submitted to the [redacted].
- PCA, Coordinator, Clinical Manager will do a monthly audit to ensure that a final report has been submitted.
- Staff training will be done to ensure that education on the process of tracking initial and final reportable incidents.

Completion Date: 09/06/2022

Update: 08/25/2022

Provide date of training and documentation.

Document Submission

Implemented

- PCA have submitted a final report to the [redacted] citing updates regarding the incident noted on [redacted].22.
- PCA, Coordinator and Clinical Manager have established a two tier process for monitoring initial assessments, and ensuring that final reports are submitted to the [redacted].
- PCA, Coordinator, Clinical Manager will do a monthly audit to ensure that a final report has been submitted.
- Staff training will be done to ensure that education on the process of tracking initial and final reportable incidents.

252 - Record Content

1. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident's physician or source of health care.
7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.
9. Dietary restrictions.
10. A record of incident reports for the individual resident.
11. A list of allergies.
12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
14. A support plan.
15. Applicable court order, if any.

252 - Record Content *(continued)*

16. The resident’s medical insurance information.
17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
18. An inventory of the resident’s personal property as voluntarily declared by the resident upon admission and voluntarily updated.
19. An inventory of the resident’s property entrusted to the administrator for safekeeping.
20. The financial records of residents receiving assistance with financial management.
21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
22. Copies of transfer and discharge summaries from hospitals, if available.
23. If the resident dies in the home, a copy of the official death certificate.
24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
25. A copy of the resident-home contract.
26. A termination notice, if any.

Description of Violation

Resident 1's record does not include race, religion eyes color or hair color.
Resident 1's record does not include a record of incident reports for the individual resident.

Plan of Correction

Accept

-Coordinator has completed the missing fields, race, religion, eyes color and hair color for Resident 1 as cited above.
-An Audit of all resident charts is in progress to ensure compliance with the residents' characteristics, and record requirements in all charts as cited on 2600.252.
-On an ongoing basis, Coordinator will ensure that all new residents charts will be completed accordingly, and in compliance with the regulation.
-PCA and Coordinator will responsible for maintaining compliance with record content for all resident charts. This ncludes maintaining a copy of the residents' incident report in the resident's record.

Completion Date: 09/08/2022

Document Submission

Implemented

-Coordinator has completed the missing fields, race, religion, eyes color and hair color for Resident 1 as cited above.
-An Audit of all resident charts is in progress to ensure compliance with the residents' characteristics, and record requirements in all charts as cited on 2600.252.
-On an ongoing basis, Coordinator will ensure that all new residents charts will be completed accordingly, and in compliance with the regulation.
-PCA and Coordinator will responsible for maintaining compliance with record content for all resident charts. This ncludes maintaining a copy of the residents' incident report in the resident's record.