

Department of Human Services
Bureau of Human Service Licensing

October 14, 2022

[REDACTED]
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 [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/13/2022, 09/14/2022, 09/19/2022 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: *07/22/2023*
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: *610-754-7878* Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

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

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *09/13/2022*

Inspection Dates and Department Representative

09/13/2022 - On-Site: [REDACTED]
09/14/2022 - Off-Site: [REDACTED]
09/19/2022 - Off-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: *whole home* Capacity: *31* Residents Served: *24*

Hospice

Current Residents: *5*

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

09/13/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/01/2022*

Inspections / Reviews *(continued)*

10/03/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *10/13/2022*

10/14/2022 - Document Submission

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

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

Direct care staff person A, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Directed

- Staff person A was requested to retrieve and submit a copy of [redacted] HS diploma, and [redacted] CNA certification.
- HR will conduct an audit of staff members in Aspen to ensure that all of the employee files are in compliance, and validate that documentation for training and educational requirements are present.
- Upon completion of the audit, Human Resources, Coordinator and PCA will continue to monitor the hiring process for compliance with documentation for training, and educational requirements.

DPOC -SP-10-03-2022

Staff person A not to provide direct care to residents until they provide proof of high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Completion Date:

Document Submission

Implemented

- Staff person A was requested to retrieve and submit a copy of [redacted] HS diploma, and [redacted] CNA certification.
- HR will conduct an audit of staff members in Aspen to ensure that all of the employee files are in compliance, and validate that documentation for training and educational requirements are present.
- Upon completion of the audit, Human Resources, Coordinator and PCA will continue to monitor the hiring process for compliance with documentation for training, and educational requirements.

DPOC -SP-10-03-2022

Staff person A not to provide direct care to residents until they provide proof of high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

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.

65a - FS Orientation 1st Day (continued)

Description of Violation

Staff person A, whose first day of work is unknown, 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.
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

- All direct care staff will have an orientation on the first day or work that addresses the 7 components cited in 2600.65a.
 - o Evacuation procedure.
 - o Staff duties and responsibilities during a fire drill, as well as during emergency evacuation, transportation and other emergencies.
 - o Designated meeting place outside the building or within fire –safe area.
 - o Smoking safety procedures and the home's policy.
 - o Location and use of fire extinguishers
 - o Smoke detectors and fire alarms.
 - o Telephone use and notifications of emergency services.
- Coordinator and PCA will ensure that once orientation is completed, direct care staff will sign acknowledgement of completion and understanding of the materials reviewed.
- Training will also be provided to experienced staff members who would also be able to conduct the training in the event that a new "agency" staff's first shift was outside of regular business hours.
- Coordinator and PCA will work with Scheduling manager ensuring that the process is maintained for all Facility staff, substitutes and volunteers.

Completion Date: 10/21/2022

Document Submission

Implemented

- All direct care staff will have an orientation on the first day or work that addresses the 7 components cited in 2600.65a.
 - o Evacuation procedure.
 - o Staff duties and responsibilities during a fire drill, as well as during emergency evacuation, transportation and other emergencies.
 - o Designated meeting place outside the building or within fire –safe area.
 - o Smoking safety procedures and the home's policy.
 - o Location and use of fire extinguishers
 - o Smoke detectors and fire alarms.
 - o Telephone use and notifications of emergency services.
- Coordinator and PCA will ensure that once orientation is completed, direct care staff will sign acknowledgement of completion and understanding of the materials reviewed.
- Training will also be provided to experienced staff members who would also be able to conduct the training in the event that a new "agency" staff's first shift was outside of regular business hours.

65a - FS Orientation 1st Day (continued)

- Coordinator and PCA will work with Scheduling manager ensuring that the process is maintained for all Facility staff, substitutes and volunteers.

65d - Initial Direct Care Training

1. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:
 - i. Safe management techniques.
 - ii. ADLs and IADLs
 - iii. Personal hygiene.
 - iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
 - v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.

Description of Violation

Direct care staff person A, whose hire date is unknown, began providing unsupervised ADL services prior to 9/3/22. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test.

Plan of Correction

Accept

- PCA immediately reached out to Agency to obtain proof of education requirement for direct care staff. Facility has also terminated contract with the agency in reference effective 9.30.22. Facility was not able to obtain proper and sufficient documentation from the Agency.
- PCA and Coordinator will work with Scheduling Coordinator to ensure that facility has appropriate training documentation when utilizing Agency direct care staff.
- PCA was able to verify with HR that staff person A has completed the training for 2600.65d, and the Department approved direct care training course, and passed the competency test.
- HR and PCA will ensure that upon hire, all direct care staff will complete the 2600.65d training requirements are completed prior to providing unsupervised ADL care.
- HR and PCA will ensure that the Department approved direct care training certification is filed appropriately.

Completion Date: 10/21/2022

Document Submission

Implemented

- PCA immediately reached out to Agency to obtain proof of education requirement for direct care staff. Facility has also terminated [REDACTED] contract with the agency in reference effective 9.30.22. Facility was not able to obtain proper and sufficient documentation from the Agency.
- PCA and Coordinator will work with Scheduling Coordinator to ensure that facility has appropriate training documentation when utilizing Agency direct care staff.
- PCA was able to verify with HR that staff person A has completed the training for 2600.65d, and the Department approved direct care training course, and passed the competency test.
- HR and PCA will ensure that upon hire, all direct care staff will complete the 2600.65d training requirements are completed prior to providing unsupervised ADL care.

65d - Initial Direct Care Training (continued)

- HR and PCA will ensure that the Department approved direct care training certification is filed appropriately.

225c - Additional Assessment**1. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident #1's assessment, dated [REDACTED], indicates that the resident does not have a need for communication of needs. However, according to staff, the resident is not able to verbalize needs and staff must look for cues using the resident's facial expressions and body language.

Plan of Correction**Accept**

- Resident 1's RASP was immediately reviewed and revised to reflect communication needs.
- Resident RASPs will be audited to ensure accuracy of residents' communication needs.
- Resident RASPs will be reviewed and updated on an on-going basis to ensure communication needs are captured.
- PCA and Coordinator will continue to ensure compliance with updating resident RASPs to reflect resident needs.

Completion Date: 10/21/2022**Document Submission****Implemented**

- Resident 1's RASP was immediately reviewed and revised to reflect communication needs.
- Resident RASPs will be audited to ensure accuracy of residents' communication needs.
- Resident RASPs will be reviewed and updated on an on-going basis to ensure communication needs are captured.
- PCA and Coordinator will continue to ensure compliance with updating resident RASPs to reflect resident needs.