

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

April 3, 2023

[REDACTED]
BIBLE FELLOWSHIP CHURCH HOMES INC
[REDACTED]

RE: FELLOWSHIP TERRACE
3010 FELLOWSHIP DRIVE
WHITEHALL, PA, 18052
LICENSE/COC#: 21648

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/22/2023, 02/23/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *FELLOWSHIP TERRACE* License #: *21648* License Expiration: *02/08/2024*
 Address: *3010 FELLOWSHIP DRIVE, WHITEHALL, PA 18052*
 County: *LEHIGH* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *BIBLE FELLOWSHIP CHURCH HOMES INC*
 Address: *3000 FELLOWSHIP DRIVE, WHITEHALL, PA, 18052*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *12/11/2002* Issued By: *PA L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *150* Waking Staff: *113*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *02/23/2023*

Inspection Dates and Department Representative

02/22/2023 - On-Site: [REDACTED]s
 02/23/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *165* Residents Served: *127*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Secured unit* Capacity: *24* Residents Served: *23*

Hospice
 Current Residents: *9*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *0*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *23* Have Physical Disability: *6*

Inspections / Reviews

02/22/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/17/2023*

03/16/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *04/03/2023*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/22/2023*

Inspections / Reviews (*continued*)

03/24/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/03/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/03/2023

04/03/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/03/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

During the initial walk through on 2.22.23 a medication cart was found unattended near room# [REDACTED] with the computer screen open with the residents' information exposed. There was a resident list with resident names and information that was also sitting on top of the medication cart that was exposed to all staff and visitors that could access the area.

Plan of Correction

Accept (MM - 03/24/2023)

Immediately during inspection on 2/22/23 Administrator, [REDACTED] spoke to/educated PCA TL, [REDACTED] who closed computer screen and turned paper with resident's name so blank side showed. All employees will be educated by Administrator, [REDACTED] and/or Staff Development Director, [REDACTED] RN on confidentially by March 31, 2023. This education will include mandatory education on this regulation and education provided yearly through our online education, Care Learning. This includes HIPAA and Corporate Compliance/IT Security/HIPAA Classroom. See Attachment #1, 2, and 3. Ongoing compliance will be monitored monthly by Administrator, [REDACTED] / Assistant Administrator, [REDACTED] during medication pass audits.

Licensee's Proposed Overall Completion Date: 03/31/2023

Implemented (MM - 04/03/2023)

20b8 - Quarterly Account

2. Requirements

2600.

- 20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

Description of Violation

Resident #1 did not receive a quarterly statement for their quarterly statement ending December 2022.

Plan of Correction

Accept (MM - 03/24/2023)

All statements are completed quarterly by [REDACTED], Administrative Assistant in our Business office. Copy of statements were/are given to resident and POA every quarter. Copy of all statements are reviewed by Administrator, [REDACTED]. This form was changed the last quarter of 2022 by [REDACTED], Administrative Assistant with our new Fellowship Community logo and the word "resident" was omitted from the new form. Form was changed on 3/13/23 by [REDACTED], Administrative Assistant to include the word "resident" on form. This was approved for accuracy by the Administrator, [REDACTED]. See attachment #6 for new form with the word "resident" on it. This form will be given out quarterly to both the resident and POA by [REDACTED], Administrator Assistant. This will be audited quarterly by administrator, [REDACTED] for compliance.

Licensee's Proposed Overall Completion Date: 04/03/2023

Implemented (MM - 04/03/2023)

101j7 - Lighting/Operable Lamp

3. Requirements

101j7 - Lighting/Operable Lamp (*continued*)

2600.

101.j. Each resident shall have the following in the bedroom:

Description of Violation

Room [REDACTED] did not have a source of lighting at bedside as required.

Plan of Correction**Accept (MM - 03/24/2023)**

Light source was put immediately at residents bedside on 2/23/23 by Director of Housekeeping, [REDACTED]. All employees will be educated on proper lighting at bedside by Administrator, [REDACTED]. This will be completed by March 31, 2023. See Attachment #1 for education. Random room audits will be completed monthly by administrator, [REDACTED] /administrator designee, [REDACTED] to make sure we are in compliance with this regulation. See Attachment #7 for audit tool.

Licensee's Proposed Overall Completion Date: 03/31/2023

Implemented (MM - 04/03/2023)

121a - Unobstructed Egress

4. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

3 wheelchairs, 2 walkers and 2 sets of leg rests were being stored on the first floor Villa Hallway located near the main laundry blocking an emergency exist.

Plan of Correction**Accept (MM - 03/24/2023)**

This was addressed immediately on 2/22/23 by the administrator, [REDACTED]. The 3 wheelchairs, 2 walkers and 2 sets of leg rests were placed in the storage room by Administrator Designee, Kristina Donchez on 2/22/23. All staff will be educated by the administrator, [REDACTED] on Egress and leaving anything in front of a exit door by 3/31/23. Please see education attachment #1. Weekly audits will be completed by administrator, [REDACTED] /administrator designee, [REDACTED] that all egress areas are unobstructed. Please see audit tool attachment #4.

Licensee's Proposed Overall Completion Date: 03/31/2023

Implemented (MM - 04/03/2023)

125a - Combustible Storage

5. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

A gait belt was located behind the dryer on first floor resident laundry area.

Plan of Correction**Accept (MM - 03/24/2023)**

The gait belt was removed immediately on 2/22/23 by the Assistant Administrator, [REDACTED]. All staff will be educated about not having any items behind the washer or dryer by the Administrator, [REDACTED]. This will be completed by March 31, 2023. Please see attachment #1 for education. Daily audits will be done on each floor by direct care staff. Please see attachment #5 for audit tool. Administrator, [REDACTED] /Administrator designee,

125a - Combustible Storage (continued)

Kristina Donchez will audit that this is completed weekly.

Licensee's Proposed Overall Completion Date: 03/31/2023

Implemented (MM - 04/03/2023)

224a - Preadmission Screen Form

6. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #2 date of admission was [redacted] and the resident's prescreening form was completed on [redacted].

Plan of Correction

Accept (MM - 03/24/2023)

When a resident is for admission the Director of Resident Care, [redacted] or the Administrator, [redacted] schedule a time to do a preadmission screening assessment. All assessments from 2/23/23 will be completed within 30 days prior to admission. This was fixed on 2/23/23 by the Administrator, [redacted]. Ongoing with all new admissions, this will be monitored by the Director of Resident Care, [redacted] to make sure we are within 30 day compliance and double checked by the Administrator, [redacted]. If an admission is delayed beyond the 30 days they will be re-assessed by the Administrator, [redacted] or the Director of Resident Care, [redacted] to maintain compliance of the pre admission agreement.

Licensee's Proposed Overall Completion Date: 03/20/2023

Implemented (MM - 04/03/2023)