

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

May 16, 2023

[REDACTED], ADMINISTRATOR  
JAI JALARAM CARE LP  
2015 NORTH READING ROAD  
DENVER, PA, 17517

RE: FAITHFUL LIVING  
2015 NORTH READING ROAD  
DENVER, PA, 17517  
LICENSE/COC#: 32258

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/13/2023 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: FAITHFUL LIVING License #: 32258 License Expiration: 03/21/2024  
 Address: 2015 NORTH READING ROAD, DENVER, PA 17517  
 County: LANCASTER Region: CENTRAL

**Administrator**

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

**Legal Entity**

Name: JAI JALARAM CARE LP  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 01/03/1985 Issued By: Department of Labor and Industry

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 71 Waking Staff: 53

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Incident Exit Conference Date: 04/13/2023

**Inspection Dates and Department Representative**

04/13/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 75 Residents Served: 70  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 1  
 Number of Residents Who:  
 Receive Supplemental Security Income: 12 Are 60 Years of Age or Older: 64  
 Diagnosed with Mental Illness: 18 Diagnosed with Intellectual Disability: 5  
 Have Mobility Need: 1 Have Physical Disability: 1

**Inspections / Reviews**

04/13/2023 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/28/2023

04/28/2023 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 05/11/2023  
 Reviewer: [REDACTED] [REDACTED] Type: POC Submission Follow-Up Date: 05/05/2023

Inspections / Reviews (*continued*)

05/04/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/11/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/12/2023

05/15/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/11/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

185a - Implement Storage Procedures

1. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #1 is prescribed the following medications:

- [REDACTED]
- [REDACTED]

On 4/13/23, Resident #1's glucometer was reviewed and shows readings that are not documented in the QuickMAR System or otherwise recorded for the following dates:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

On [REDACTED] Resident #1's glucometer and the QuickMAR were cross-referenced for the dates of [REDACTED] through [REDACTED] and shows discrepancies concerning the difference in times recorded. The following dates are examples of the discrepancies:

[REDACTED]

185a Implement Storage Procedures (continued)



The glucometer for Resident #1 was found not calibrated to the correct time.

**Plan of Correction**

Accept ( ) - 04/28/2023)

All glucometers were calibrated to the correct date and time on 4/14/2023 by Director of Wellness. Clinical staff were re educated on accurate documentation as well as glucometer usage and safety on 4/14/23 by Director of Wellness. Effective 4/14/23, Director of Wellness will randomly select 3 glucometers to audit every week for 4 weeks, and monthly thereafter. These audits will be ongoing to ensure continued compliance with the regulation. Findings of these audits will be brought to and discussed at Quality Management meetings beginning on 6/15/23.

Licensee's Proposed Overall Completion Date: 05/31/2023

Implemented ( ) - 05/11/2023)

187a - Medication Record

2. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

**Description of Violation**

Resident #1 is prescribed



The medication was administered ( ) through ( ) however, the number of units administered to the resident was not entered on Resident #1's medication administration record, where applicable.

**Plan of Correction**

Accept ( ) - 05/04/2023)

The Regional Director of Operation and Regional Director of Nursing identified this information was not contained in the MAR on 2/23/23, then reached out to the pharmacy however due to the pharmacy's inability's to make the recommended changes, the Administrator began searching new providers and provided the current pharmacy a 30 day termination notice as outline in the service contract on 4/6/23 and will begin services with ( ) pharmacy effective 6 1 23.

187a Medication Record (continued)

Wellness Director will audit MARS to ensure this information is captured on a monthly basis starting on 6 2 23.

Licensee's Proposed Overall Completion Date: 07/31/2023

Implemented [REDACTED] - 05/11/2023)