

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

June 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 05/10/2023 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: 2015 NORTH READING ROAD, DENVER, PA, 17517
 Phone: 7173684109 Email: zoraida@faithfuliving.com

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: 70 Waking Staff: 53

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 05/10/2023

Inspection Dates and Department Representative

05/10/2023 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 75 Residents Served: 69
 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

05/10/2023 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/26/2023

06/01/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 06/15/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/08/2023

Inspections / Reviews *(continued)*

06/09/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/15/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 06/16/2023

06/16/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/15/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

86b - Bathroom

1. Requirements

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

The ventilation fan located in Resident 1's bathroom is inoperable and there is no window in the bathroom.

Plan of Correction

Accept [REDACTED] - 06/01/2023)

On 5/10/23, DHS inspector identified the ventilation fan located in resident 1's bathroom was not in working order. Upon notification, the administrator immediately notified maintenance and the ventilation fan was repaired on 5/10/23. Effective 5/10/23, ventilation fans/windows located in bathrooms are included in the daily maintenance checklist. If any ventilation fans or windows are found to be inoperable, maintenance will notify the administrator immediately to rectify the repair.

Licensee's Proposed Overall Completion Date: 05/25/2023

Implemented [REDACTED] - 06/16/2023)

88a - Surfaces

2. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 5/10/23 at 9:36am, in the rear of the home there was a cement slab observed covering a large hole in the ground, however, there is an exposed hole in the cement slab and holes the surrounding brick enclosures posing a potential safety or tripping hazard for residents and staff.

On 5/10/23 at 9:41am there is an electric box in the rear of the home with exposed wire, hosing and copper pipes protruding from the ground, which poses potential safety and tripping hazard for residents and staff.

Plan of Correction

Accept [REDACTED] - 06/09/2023)

On 5/10/23, DHS inspector identified a cement slab covering a large hole in the ground. Upon notification, the administrator immediately notified maintenance and the area was blocked off with caution tape until 5/11/23 which at that time all wires were removed as well as hosing and copper pipes from the ground. Maintenance director was able to dig out all identified items therefore ongoing checks are not needed in this area.

On 5/10/23, DHS inspector identified an electric box in the rear of the home with exposed wires. Upon notification, the administrator immediately notified maintenance and the area was blocked off with caution tape. Maintenance removed the electric box and confirmed with administrator that repairs were completed on 5/11/23. Also on 5/11/23 maintenance director filled the exposed hole in the cement slab with concrete so that the slab is even and leveled with the ground with no holes. Effective 6/1/23, Maintenance director will add this area to his monthly checks to ensure that the slab is still intact.

Licensee's Proposed Overall Completion Date: 06/08/2023

Implemented [REDACTED] - 06/15/2023)

144c1 - Smoking Area Guidelines

3. Requirements

144c1 - Smoking Area Guidelines (*continued*)

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

The home's designated smoking areas are located at the gazebo on one end of the home and at Door #1 located at the opposite end of the home. On 5/10/23 at approximately 9:00am approximately 7 cigarette butts were observed in the gravel in the front of the home near the main entrance.

Repeat violation 1/12/23

Plan of Correction

Accept (████ - 06/01/2023)

On 5/10/23, DHS inspector identified cigarette butts outside designated smoking areas. Upon notification, the administrator immediately notified maintenance and they removed the cigarette butts from the area. Effective 5/10/23, maintenance is responsible for doing daily walk-through 3x day to ensure that smoking is occurring in designating areas. If any cigarette butts are found outside designated areas, maintenance will notify the administrator immediately to rectify the repair. Walk-through will continue 3x daily for 30 days then 1x day ongoing.

Licensee's Proposed Overall Completion Date: 05/25/2023

Implemented (████ 06/16/2023)

183b - Meds and Syringes Locked

4. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 5/10/23 at approximately 11:00am, there was a pill cup containing 8 pills observed on Resident 2's bedroom dresser: 3 round white, 2 round yellow, 2 oblong white and 1 round red pill. The medication was unlocked and accessible in Resident 3's bedroom. The resident's RASP dated 10/25/22, and DME Dated 10/13/22 states "Resident Cannot Self -Administer Medications."

On 5/10/23 at approximately 10:30 am, the following medication were observed in the Resident 3's bedroom:

- *Pill cup containing 3 ½ pills; 2 Round White, 1 Orange Oval, and a ½ Round Pink Pill. Also observed in Resident 3's bedroom.*
- *Medication bottle with a pharmacy label showing ██████████ tablets located on the tray table.*
- *██████████ were located behind the resident's television.*

Resident 3 s DME Dated 9/8/22 states Resident Can Self administer some medications but not others" and states "Resident Cannot Self Administer Medications." The current MAR for May 2023 indicates the resident may self administer ██████████ (only).

Repeat violation 1/12/23

183b - Meds and Syringes Locked (continued)

Plan of Correction

Accept () - 06/09/2023)

Resident #2- On 5/10/23, DHS inspector identified a pill cup containing 8 pills on residents 2s bedroom. Upon notification medication was immediately removed from residents apartment by the Regional Director of Operations. The administrator contacted PCP on 5/16/23 to obtain order to self-administer and medications to be kept in resident 2 apartment in a lock box. Resident was re-educated on 5/11/23 by Administrator on proper medication storage as well as proper self-administration policies. Resident has been made aware through the re-education that all medications must be stored in her locked box when not in use for safety. Beginning on 6/1/23, Administrator will perform daily room checks, checking all rooms on Personal Care unit to ensure there are no medications present. This will continue for 30 days. If no issues are identified these checks will change from daily to weekly for the following 30 days and then monthly there after. Administrator will note any findings on a room check log. Resident #3- On 5/10/23, DHS inspector identified Pill cup containing 3 1/2 pills; 2 Round White, 1 Orange Oval, and a 1/2 Round Pink Pill, a medication bottle of nitroglycerin on the tray table and Tum's Chewable Antacid Tablets behind resident 3's tv. Upon notification medication was immediately removed from residents apartment, resident was re-educated on proper medication storage. Beginning on 6/1/23, Administrator will perform daily room checks, checking all rooms on Personal Care unit to ensure there are no medications present. This will continue for 30 days. f no issues are identified these checks will change from daily to weekly for the following 30 days and then monthly there after. Administrator will note any findings on a room check log. All staff to be educated by Administrator on proper medication record and storage by 5/15/23.

Licensee's Proposed Overall Completion Date: 06/08/2023

Implemented () - 06/16/2023)

187a - Medication Record

5. 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

On 5/10/23 at approximately 10:30am, () were observed located behind Resident 3's television, however, the medication was not listed on Resident 3's Medication Administration Record.

Plan of Correction

Accept () - 06/09/2023)

On 5/10/23, DHS inspector identified () behind resident 3's TV. Upon notification medication was immediately removed from residents apartment by the Regional Director of Operations. The administrator contacted PCP on 5/16/23 to obtain order for TUMS to be kept in locked med cart. Resident was re-educated on 5/10/23 by the Administrator regarding the proper storage/administration and the need of doctors order for all medications including OTC. All staff to be educated by Administrator on proper medication record by 5/15/23.

Licensee's Proposed Overall Completion Date: 06/08/2023

Implemented () - 06/16/2023)