

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

April 23, 2024

[REDACTED]
FAITH FRIENDSHIP MINISTRIES INC
[REDACTED]
[REDACTED]

RE: FAITH FRIENDSHIP VILLA OF
MOUNTVILLE
128 WEST MAIN STREET
MOUNTVILLE, PA, 17554
LICENSE/COC#: 32202

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/21/2023 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: FAITH FRIENDSHIP VILLA OF MOUNTVILLE License #: 32202 License Expiration: 04/17/2024
 Address: 128 WEST MAIN STREET, MOUNTVILLE, PA 17554
 County: LANCASTER Region: CENTRAL

Administrator

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

Legal Entity

Name: FAITH FRIENDSHIP MINISTRIES INC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 01/22/1986 Issued By: Labor and Industry
 Type: C-2 LP Date: 09/10/2015 Issued By: Labor and Industry

Staffing Hours

Resident Support Staff: Total Daily Staff: 67 Waking Staff: 50

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Fine, Interim Exit Conference Date: 11/21/2023

Inspection Dates and Department Representative

11/21/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 74 Residents Served: 66
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 51 Are 60 Years of Age or Older: 40
 Diagnosed with Mental Illness: 50 Diagnosed with Intellectual Disability: 17
 Have Mobility Need: 1 Have Physical Disability: 0

Inspections / Reviews

11/21/2023 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/18/2023

12/20/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 01/19/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/28/2023

Inspections / Reviews (*continued*)

01/11/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/19/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 01/20/2024

04/23/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/19/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

57b - 1 Hour/Day

1. Requirements

2600.

57.b. Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

Description of Violation

On [REDACTED], [REDACTED] residents were in the home requiring 48.75 personal care service hours during waking hours. The home provided only 46 hours were provided.

On [REDACTED], there were [REDACTED] residents in the home requiring 48 personal care service hours during waking hours; The home provided 41.25.

Repeated Violation-02/15/2023, et al

Plan of Correction

Accept [REDACTED] - 01/08/2024)

The Executive Director has contracted with Ekelgo Company through the Commonwealths LTC Rise Program working to ensure PCH's have access to adequate staffing on 10/1/23 and the Lancaster County Careerlink on 9/14/2023 to increase the recruitment and retention of Direct Care employees.

Two programs are being utilized: CareerLinks- On The Job Training (OJT) and the Employee Value Proposition and Recruitment Indeed Grant. Both are through PA State Agencies.

This will ultimately help prevent non-compliance on the weekends. Actions are currently being implemented with both agencies. "Ekelgo" is a temp service and helps organizations who are struggling with obtaining qualified staff.

By utilizing the services of OJT and Indeed Grant Faith Friendship will be able to and increase our staff hours to meet the required number of hours needed to prevent non-compliance.

The Supervisor of Direct Care is reviewing staffing hours to ensure hours are being met on monthly, weekly and daily basis. Education on the regulation was provided to the Supervisor of Direct Care on ensuring how staffing hours are calculated to ensure compliance. The Care Manager provided training for the Supervisor of Direct Care on 12/7/23 on expectations and how to calculate hours.

In general Staffing hours will be calculated a month in advance as well as the week prior to ensure adequate hours. If a staff person calls off other direct care staff who are not scheduled that day will be called in. If they are unable to be reached or come in the Care Managers will fill in the hours to reach the appropriate staff hours.

The Executive Director informed Care Managers of this procedure and requirement on 12/4/2023. In the event of a call-off, FFM offers OT hours for on-site direct care and incentives for anyone picking up shifts to meet required hours to ensure adequate care. FFM also is overscheduling wherever possible to ensure coverage. For clarification purposes all training/counseling took place on 12/4/23.

Licensee's Proposed Overall Completion Date: 12/28/2023

Implemented [REDACTED] - 04/19/2024)

57d - Waking Hours

2. Requirements

2600.

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

On [redacted] residents were in the home requiring 48.75 personal care service hours during waking hours. The home provided only 46 hours were provided.

On [redacted], there were [redacted] residents in the home requiring 48 personal care service hours during waking hours; The home provided 41.25.

Repeated Violation-02/15/2023, et al

Plan of Correction

Accept [redacted] 01/08/2024)

The Executive Director has contracted with Ekelgo Company through the Commonwealths LTC Rise Program working to ensure PCH's have access to adequate staffing on 10/1/23 and the Lancaster County Careerlink on 9/14/2023 to increase the recruitment and retention of Direct Care employees.

Two programs are being utilized: CareerLinks- On The Job Training (OJT) and the Employee Value Proposition and Recruitment Indeed Grant.

This will ultimately help prevent non-compliance on the weekends. Actions are currently being implemented with both agencies. "Ekelgo" is a temp service and helps organizations who are struggling with obtaining qualified staff. By utilizing the services of OJT and Indeed Grant Faith Friendship will be able to and increase our staff hours to meet the required number of hours needed to prevent non-compliance.

The Supervisor of Direct Care is reviewing staffing hours to ensure hours are being met on monthly, weekly and daily basis. Education on the regulation was provided to the Supervisor of Direct Care on ensuring how staffing hours are calculated to ensure compliance. The Care Manager provided training for the Supervisor of Direct Care on 12/7/23 on expectations and how to calculate hours.

In general Staffing hours will be calculated a month in advance as well as the week prior to ensure adequate hours. If a staff person calls off other direct care staff who are not scheduled that day will be called in. If they are unable to be reached or come in the Care Managers will fill in the hours to reach the appropriate staff hours.

The Executive Director informed Care Managers of this procedure and requirement on 12/4 and 7/2023. In the event of a call off, FFM uses it's offering of OT hours for on-site direct care and incentives for anyone picking up shifts to meet required hours, to ensure adequate care.

Licensee's Proposed Overall Completion Date: 12/26/2023

Implemented [redacted] - 04/19/2024)

84 - Heat Sources

3. Requirements

2600.

84. Heat Sources - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120° F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from comin in contact with the heat source.

Description of Violation

On [redacted] at [redacted] the temperature of the protective screen covering the hot water radiator, in the bathroom beside resident room [redacted] was 123.5 degrees Fahrenheit. This screen is approximately 2 inches from the toilet.

On [redacted] at [redacted], the temperature of the protective screen covering the hot water radiator, in the hallway

84 - Heat Sources (continued)

between resident rooms [redacted] and [redacted], was 122.3 degrees Fahrenheit.

Plan of Correction

Accepted [redacted] - 01/11/2024)

The Maintenance Manager decreased the radiator temperatures on 11/21/23 and began monitoring all radiator temperatures. The temperature checks have been added to the preventative maintenance check list for checking October through March annually. Regulation 84 education was provided to the Maintenance Manager. The Maintenance Manger spoke to our local contractor who services our heating system. The contractor is available for emergency service 24/7. Contracts for service are not appropriate with their availability.

Licensee's Proposed Overall Completion Date: 12/26/2023

Implemented [redacted] 04/19/2024)

85b - Infestation

4. Requirements

2600.

85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

On [redacted], there were thousands of dead fruit flies scattered throughout various areas of the basement, including a room where food is stored. The dead fruit flies were on floors, walls and ledges.

Plan of Correction

Accepted [redacted] - 01/11/2024)

The dead fruit flies found are a result of our pest control contractors' recent visit. We have been told they cannot be eradicated but can be controlled. Maintenance staff removed them while inspectors were on site on [redacted]. The Maintenance Manager has instructed housekeeping to inspect and remove any fruit flies twice per month, more if needed. The maintenance manager also added every month spot-checking to the preventative maintenance list to ensure compliance. The Maintenance Manager does a walk through of the building weekly and will be spot checking to ensure that staff are cleaning any affected areas. Education on Regulation 85b was done with the Maintenance Manager on 11/27/23 by the Executive Director.

Licensee's Proposed Overall Completion Date: 12/26/2023

Implemented [redacted] - 04/19/2024)

88a - Surfaces

5. 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

Inside the room used for dry food storage in the basement, there were two areas where the ceiling tile and plastic light cover were missing, exposing wires and beams.

In the freezer area of the basement, ceiling tiles and dry wall were observed to be missing, exposing more wires and beams.

88a - Surfaces (continued)

In the storage area with the Christmas tree, there is a hole in the ceiling measuring 13 inches by 8.5 inches.

The front door has an emergency push bar which was broken, creating sharp and pointed edges.

There were holes in the ceiling as well as cracking and snapped floorboards in the attic.

Plan of Correction

Accept [redacted] - 01/11/2024)

All of the above items have been fixed. The Administrator instructed the maintenance team to inspect for 88a (and all related Regs) to ensure compliance and safety. The Maintenance Manager repaired the ceiling in the dry food storage room in the basement on [redacted].

The Maintenance Manager repaired the ceiling in the freezer room in the basement on 11/21/23.

The Maintenance Manager repaired the hole in the ceiling in the storage area with the Christmas tree on 12/4/23.

The Maintenance Manager replaced the emergency push bar exit sign on 11/24/23.

Maintenance staff repaired the holes in the ceiling and floorboards in the attic on 11/24/23.

The Executive Director educated the Maintenance team on regulation 88a on 11/27/23.

All staff were educated on 5/1/23 to immediately report any issues observed or suspected with the building to the maintenance staff and/or Administration.

"Administrator will again educate all staff on Regulation 88a by 12/28/23. This education of regulation 88a will include staff's responsibility to notify the maintenance team of any concerns with the building. All staff will be educated to notify Maintenance immediately verbally or in writing in the form of a written work order (if after hours of maintenance department). Maintenance has been instructed to address/ inspect any concerns reported to them within 48 hours. If Maintenance is unable to remedy the concern, a local contractor will be notified in 24 hours to set up an appointment as soon as possible to address issue(s)." There is already a comprehensive, detailed maintenance check list in place whereby this inspection covers all floors and rooms of the building. The Maintenance Manager does a weekly and sometimes daily walk through of the building.

Licensee's Proposed Overall Completion Date: 12/26/2023

Implemented [redacted] - 04/19/2024)

132d - Evacuation

6. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

During the fire drill on [redacted], the evacuation time was 4 minutes and 4 seconds. The home exceeded the safe evacuation time of 3 minutes and 30 seconds per the fire safety expert.

During the fire drill on [redacted], the evacuation time was 3 minutes 51 seconds. The home exceeded the safe evacuation time of 3 minutes and 30 seconds per the fire safety expert.

Repeated Violation-02/15/2023, et al

Plan of Correction

Accept [redacted] - 01/11/2024)

In both instances, FFM would've met evacuation time frames if all residents had followed fire drill protocol. In both

132d - Evacuation (continued)

instances noted above a resident was in a restroom and did not respond quickly enough to evacuate the building, one even refused initially to evacuate. Both residents were counseled on the imperativeness of leaving the building immediately. Announcements have also been made at meal times. The fire drill on 9/29/2023 did result in compliance with a time of 2 minutes and 5 seconds. FFM will continue to counsel residents. The Villa's Resident Council will make this a focus of their 2024 agenda to support residents. The Activities Director meets monthly with resident council members and then meet with residents on a quarterly basis to remind them or inform them of new or different practices/policies. The next meeting is planned for January 2024. Specific residents who didn't follow protocol in evacuating did receive counsel from the Executive Director on 9/28/23 and by the Maintenance Manager on 9/27/23.

Licensee's Proposed Overall Completion Date: 12/26/2023

Implemented [redacted] - 04/19/2024)

141a 1-10 Medical Evaluation Information

7. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident [redacted] medical evaluation, dated [redacted] did not include medical diagnosis including physical or mental disabilities of the resident, if any.

Resident [redacted] medical evaluation, dated [redacted], did not include allergies.

Resident [redacted] medical evaluation, dated [redacted], did not include special health or dietary needs.

Resident [redacted] medical evaluation, dated [redacted], did not include body positioning/movement and immunization history. Immunizations are checked as current. However, Td/Tdap date, Influenza date, and other immunizations are blank.

Resident [redacted] medical evaluation, dated [redacted], did not include medical diagnosis including physical or mental disabilities of the resident, if any.

Resident [redacted] medical evaluation, dated [redacted] did not include special health or dietary need, allergies, body positioning/movement and immunization history. Immunizations are checked as "yes". However, Td/Tdap date,

141a 1-10 Medical Evaluation Information (continued)

Influenza date, and other immunizations are blank.

Resident [REDACTED] medical evaluation, dated [REDACTED] did not include medical diagnosis including physical or mental disabilities of the resident, if any.

Repeated Violation-02/15/2023, et al

Plan of Correction**Accept [REDACTED] - 01/11/2024)**

All DMEs have been corrected wherever possible and the LPN will manage state-required paperwork for compliance and accuracy. The Administrator will review for compliance through random file reviews and will also be responsible for ensuring LPN knows what is expected and how to review for such errors/omissions.

The following steps have been taken.

Beginning on 12/5/23 the LPN began a full review of all current resident DME's. The review is expected to be completed by 12/30/23.

If missing information is discovered upon receiving a new annual DME from the Physician, LPN will immediately complete missing information and/or contact Physician's Office within 1 business day to obtain required missing information on the DME.

As stated in the attached letter the LPN corrected all the DME's which were found to be out of compliance that could be corrected. A statement was put in each residents state file if anything could not corrected.

The Administrator and a Care Manager provided education on regulation 141a - 10 on 12/5/23 to the LPN and will continue to do so as needed.

Beginning on 12/5/23 the LPN began a full review of all current resident DME's. The review is expected to be completed by 12/30/23.

Beginning on 12/30/23 the LPN will begin reviewing all state required paperwork for compliance and accuracy. This includes all new annual DME's.

If during this full audit of Resident DME's it is discovered an annual medical evaluation needs to be completed or will be expired in 30 days, the LPN or Care Managers will contact the Resident's Physician's Office within one business day to set up an appointment for an annual medical evaluation.

If missing information is discovered upon receiving a new annual DME from the Physician, the LPN will immediately complete missing information and/or contact Physician's Office within 1 business day to obtain required missing information on the DME.

In addition, a letter is being sent to all providers informing them of regulation 2600.14a 1-10 and that through communication from the state, it has been determined that the MA51 and the DME must be completed in full, and referring to the MA51 is no longer acceptable. The letter also states that homes are permitted to complete a portion of the DME except for the "Medical Professional Information" section. Therefore, as a physician, you are permitted to assign a staff member to complete all required information or provide consent to have our LPN complete wherever reasonable. If another professional completes the forms, you must review them for accuracy and sign them.

141a 1-10 Medical Evaluation Information *(continued)*

Licensee's Proposed Overall Completion Date: 12/28/2023

Implemented [REDACTED] - 04/19/2024)

141b1 - Annual Medical Evaluation

8. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident [REDACTED] most recent medical evaluation was completed on [REDACTED]. The resident's previous medical evaluation was completed on 05/31/2022.

Repeated Violation-02/15/2023, et al

Plan of Correction

Accept [REDACTED] - 01/11/2024)

Care Managers have been instructed to start DME's at least 30 days prior to the due date, giving the Doctor plenty of time to complete. The LPN will manage this ongoing process/task and Administrator will review for compliance.

Resident [REDACTED] previous annual DME was completed and signed by the physician on [REDACTED] Current year DME was completed and signed by the physician on 6/20/23.

Care Managers have been instructed to begin setting up appointments for medical evaluations 30 days prior to the annual due date. The Executive Director sent out an email to Care Managers on [REDACTED]

Beginning on 12/5/23 the LPN began a full review of all current resident DME's. The review is expected to be completed by 01/02/23.

Beginning on 12/30/23 the LPN will begin reviewing all state required paperwork for compliance and accuracy. This includes all new annual DME's.

If during this full audit of Resident DME's it is discovered an annual medical evaluation needs to be completed or will be expired in 30 days, the LPN or Care Managers will contact the Resident's Physician's Office within one business day to set up an appointment for an annual medical evaluation.

If missing information is discovered upon receiving a new annual DME from the Physician, the LPN will immediately complete missing information and/or contact Physician's Office within 1 business day to obtain missing information on the DME.

Licensee's Proposed Overall Completion Date: 12/28/2023

Implemented [REDACTED] - 04/19/2024)

187a - Medication Record

9. Requirements

2600.

187a - Medication Record (continued)

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

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Residents [redacted] and [redacted] are prescribed a PRN laxative. However, the medication administration records for these residents do not indicate a purpose or diagnosis for this medication.

Repeated Violation-02/15/2023, et al

Plan of Correction

Accept [redacted] - 01/11/2024)

All Medication Administration Records (MAR) were corrected to include a diagnosis for the PRN medication on [redacted]

A full review of all Resident MAR's to ensure all medications, including PRN's, have a diagnosis or purpose will begin 1/2/24 by the LPN with assistance of Care Managers. Anticipated date of completion is by 1/31/24.

All Med techs will be educated on regulation 187a, about reviewing MAR's for needed information by the LPN or Care Manager. The education will include who Med techs will contact if they find discrepancies or missing information. The LPN will be the primary person of contact or the Train the Trainer/Care Manager. The Pharmacy will be contacted if their assistance is needed.

The LPN or Care Manager/train the trainer will educate all Med Techs by 1/2/24.

Licensee's Proposed Overall Completion Date: 12/28/2023

Implemented [redacted] - 04/19/2024)