

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

March 27, 2024

[REDACTED]  
FREDERICK MENNONITE COMMUNITY  
[REDACTED]

RE: FREDERICK LIVING - ASPEN VILLAGE  
2849 BIG ROAD  
ZIEGLERVILLE, PA, 19492  
LICENSE/COC#: 13258

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/05/2024 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: *FREDERICK LIVING - ASPEN VILLAGE* License #: 13258 License Expiration: 07/22/2024  
Address: 2849 BIG ROAD, ZIEGLERVILLE, PA 19492  
County: MONTGOMERY Region: SOUTHEAST

**Administrator**

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

**Legal Entity**

Name: *FREDERICK MENNONITE COMMUNITY*  
Address: [REDACTED]  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 60 Waking Staff: 45

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Monitoring* Exit Conference Date: 02/05/2024

**Inspection Dates and Department Representative**

02/05/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 31 Residents Served: 30

**Secured Dementia Care Unit**

In Home: *Yes* Area: *entire home* Capacity: 31 Residents Served: 30

**Hospice**

Current Residents: 4

**Number of Residents Who:**

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 30  
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
Have Mobility Need: 30 Have Physical Disability: 0

**Inspections / Reviews**

**02/05/2024 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 02/22/2024

**02/26/2024 - POC Submission**

Submitted By: [REDACTED] Date Submitted: 03/25/2024  
Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 03/01/2024

Inspections / Reviews *(continued)*

03/06/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 03/25/2024

Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 03/22/2024

03/27/2024 - Document Submission

Submitted By: [REDACTED] Date Submitted: 03/25/2024

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

62 - Contact List

1. Requirements

2600.

62. List of Staff Persons - The administrator shall maintain a current list of the names, addresses and telephone numbers of staff persons including substitute personnel and volunteers.

Description of Violation

The administrator does not maintain a list of staff persons that includes substitute or agency personnel.

Plan of Correction

Accept [redacted] - 02/26/2024)

Employee information is available by report through NovaTime/Ascentis and available upon request through PCHA and Human Resources. Substitute personnel information is logged in OnShift and available, but not easily compiled. PCHA and/or designee will compile and maintain a spreadsheet of all personnel information. This spreadsheet to be completed by 2/29/2024 and will be reviewed and/or updated weekly.

Licensee's Proposed Overall Completion Date: 02/29/2024

Implemented [redacted] 03/27/2024)

65g - Annual Training Content

2. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- 1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.

Description of Violation

The residence's staff did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert during training year January 2023 to December 2023.

Plan of Correction

Accept [redacted] - 02/26/2024)

Fire Safety Training Certification received from training site for Jonnie Voorhees. Alternate individuals able to provide annual Fire Safety training certifications included.

Licensee's Proposed Overall Completion Date: 02/23/2024

Implemented [redacted] - 03/27/2024)

105f - Labeling/Return of Clothes

3. Requirements

2600.

105.f. Measures shall be implemented to ensure that residents' clothing are not lost or misplaced during laundering or cleaning. The resident's clean clothing shall be returned to the resident within 24 hours after laundering

Description of Violation

The home does not have a system to safeguard resident laundry from loss. On [redacted] in the activities room, there was a table with folded clothes that were not labeled, and a sign that read "Please look through to see if any belong to you. Please take to a staff member to be labeled."

105f - Labeling/Return of Clothes (continued)

Plan of Correction

Accepted [redacted] - 02/26/2024)

Clothing items are labeled upon resident entry to Aspen Village. Families are encouraged to bring new items to team members for labeling. During laundering and with time labels do wear down or fall off of clothing. The items identified on 2/5/24 were items with worn down or fallen off labels. Laundry team members will continue to check all clothing items for labels and replace any worn down or missing labels. Aspen Village team members will check clothing items prior to laundering for appropriate labels and label request if needed, training to be completed by 03/15/2024 and fully implemented.

Licensee's Proposed Overall Completion Date: 03/08/2024

Implemented [redacted] - 03/27/2024)

234b - Support Plan Needs Elements

4. Requirements

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

The support plan, dated [redacted], for resident [redacted] does not address irritability, agitation, and aggression.

The support plan, dated [redacted], for resident [redacted] does not address orientation and communication of needs.

The support plan, dated [redacted], for resident [redacted] does not address aggression, irritability, and agitation.

Plan of Correction

Accepted [redacted] - 03/06/2024)

PCHA and/or designee to audit all resident support plans by [redacted]. Support plan updates to be completed by Memory Care Coordinator by [redacted]. Team education to be provided [redacted] at monthly team meetings regarding RASP content provided by PCHA and/or PC DON and/or Aspen Village Coordinator. RASP education to continue at monthly team meetings highlighting different sections of the RASP each time. Twice monthly meetings held starting [redacted] to review 10% of resident RASPs for accuracy.

Licensee's Proposed Overall Completion Date: 03/15/2024

Implemented [redacted] - 03/27/2024)

252 - Record Content

5. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident's physician or source of health care.
7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.

252 - Record Content (continued)

- 9. Dietary restrictions.
- 10. A record of incident reports for the individual resident.
- 11. A list of allergies.
- 12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
- 13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
- 14. A support plan.
- 15. Applicable court order, if any.
- 16. The resident’s medical insurance information.
- 17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
- 18. An inventory of the resident’s personal property as voluntarily declared by the resident upon admission and voluntarily updated.
- 19. An inventory of the resident’s property entrusted to the administrator for safekeeping.
- 20. The financial records of residents receiving assistance with financial management.
- 21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
- 22. Copies of transfer and discharge summaries from hospitals, if available.
- 23. If the resident dies in the home, a copy of the official death certificate.
- 24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
- 25. A copy of the resident-home contract.
- 26. A termination notice, if any.

**Description of Violation**

Records for residents [redacted] and [redacted] do not include an inventory of the residents' personal property.

**Plan of Correction**

Accepted [redacted] 02/26/2024)

PCHA and/or designee to audit all resident inventory sheets by [redacted]. Aspen Village team members, residents, and resident representatives to receive education about inventory sheets by [redacted]. Residents and representatives will be encouraged to complete and routinely update resident inventory sheets.

Licensee's Proposed Overall Completion Date: 03/01/2024

Implemented [redacted] 03/27/2024)