

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

March 29, 2024

[REDACTED], COO
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 03/13/2024, 03/14/2024 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *FELLOWSHIP TERRACE* License #: *21648* License Expiration: *02/08/2025*
 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: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *12/11/2000* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *141* Waking Staff: *106*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Incident* Exit Conference Date: *03/14/2024*

Inspection Dates and Department Representative

03/13/2024 - On-Site: [REDACTED]
 03/14/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *165* Residents Served: *119*

Secured Dementia Care Unit
 In Home: *Yes* Area: *The Courtyard* Capacity: *24* Residents Served: *21*

Hospice
 Current Residents: *4*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *119*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *22* Have Physical Disability: *7*

Inspections / Reviews

03/13/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/02/2024*

Inspections / Reviews *(continued)*

03/29/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/29/2024

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document Submission*

03/29/2024 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/29/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

82c - Locking Poisonous Materials

1. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

The following items were noted in an unlocked and unattended cabinet in the Courtyard Activity Area: 2 pump bottles of Purell hand sanitizer and a 4oz. tube of Skin Repair Cream labeled with instructions to "Contact Poison Control if swallowed". Also noted was a box of Nail Polish Remover pads labeled "for external use only". The residents living in the Courtyard Area are not assessed to safely identify or use poisonous materials.

Plan of Correction

Accept [REDACTED] - 03/29/2024)

In response to the violation:

1. In response to the violation by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 3/13/24 by the Administrator when the surveyor noted a unattended and unlocked cabinet in the Courtyard Activity Area with 2 pump bottles of Purell hand sanitizer and 1 4oz. tube of Skin Repair Cream labeled with instruction to "Contact Poison Control if swallowed". Also noted was a box of Nail Polish Remover pads labeled "for external use only". These items were removed by the Administrator and State Surveyor immediately and all unlocked cabinets were checked by the Administrator.

To enhance the currently compliant operations:

1. The Administrator will educate all Personal Care Employees on Regulation 2600.82c. The regulation states "Poisonous materials shall be kept locked and inaccessible to residents unless all of the resident living in the home are able to safely use or avoid poisonous materials". All the residents in the Courtyard have a dementia diagnosis and cannot safely use poisonous materials. This education will be completed by the Administrator. See Attachment #1 Plan of Correction Education, With a completion date of 4/3/24.

Effective 3/18/24 the Administrator/Administrator designee will perform weekly audit compliance through 9/18/24 to maintain ongoing compliance with ensuring that there are no poisonous materials in unlocked and unattended cabinets or areas in the Courtyard activity area. Direct Care Staff will be responsible for checking daily till 9/18/24 that no poisonous materials are left in unlocked or unattended areas in the Secured Dementia Unit. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. See Attachment #2 Audit Form to be completed daily and checked weekly by Administrator/Administrator designee.

Licensee's Proposed Overall Completion Date: 04/03/2024

Implemented ([REDACTED]) - 03/29/2024)

103e - Left Overs

2. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

Two trays of yellow cake on dessert plates were stored in the refrigerator located in the 2nd floor kitchen area uncovered and not labeled and dated when they were stored in the refrigerator. Also, a jug of maple syrup that was

103e - Left Overs (continued)

half empty was found on the counter with no date indicating when the bottle was opened.

Plan of Correction

Accept (█) - 03/29/2024)

In response to the violation by the Pennsylvania Bureau of Human Service Licensing immediate action was taken on 3/14/24 by the Senior Director of Dining Services when the surveyor noted two trays of yellow cake stored in the refrigerator located in the 2nd floor kitchen area were uncovered and not labeled and not dated when they were stored in the refrigerator. Also, a jug of maple syrup that was half empty was found on the counter with no date indicating when the bottle was opened. All these items were immediately discarded and replaced with new items. All dietary staff present was immediately educated by Senior Director of Dining Services about covering and dating opened food.

To enhance the currently compliant operations: The Senior Director of Dining Services educated all dietary staff about regulation 2600.103e. "Food served and returned from an individual's plate may not be served again or used in preparation of other dishes. Leftover food shall be labeled and dated". This was verbally completed by the Senior Director of Dining Services and was completed by 2/26/24. See attachment #3 for copy of signatures of all dietary staff educated on regulation 103e, with a completion date of 03/26/2024.

Effective 3/15/24 the dietary management staff under the supervision of The Senior Director of Dining Services will perform daily audits of all the kitchen areas in personal care through 4/15/2024. After that time they will do weekly audits of all kitchen areas in Personal Care till 10/16/2024 to maintain ongoing compliance with covering, labeling, and dating all opened food as stated in regulation 103e. Administrator will do random weekly audits in kitchen area to monitor compliance of dietary staff to Regulation 2600.103e. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. See Attachment #4 for copy of Audit sheet of all 4 kitchen pantries in the Personal Care.

Licensee's Proposed Overall Completion Date: 03/28/2024

Implemented (█) - 03/29/2024)

103i - Outdated Food**3. Requirements**

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

Two plastic deli bags of turkey breast and 1 block of sliced cheese wrapped in plastic were found in the main floor kitchen area's refrigerator. The turkey breast was labeled " Discard 3/13/24" and the cheese was labeled "Discard 3/12/24".

Plan of Correction

Accept (█) - 03/29/2024)

In response to the violation on 3/14/24 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/14/2024 by the Senior Director of Dining Services when two plastic deli bags of turkey breast and 1 block of sliced cheese wrapped in plastic were found in the main floor kitchen area's refrigerator. The turkey breast was labeled "Discard 3/13/24" and the cheese was labeled "Discard 3/12/24". This was immediately discarded by the senior Director of Dining Services and all kitchen areas in Personal Care were checked to make sure there was no other expired food.

103i Outdated Food (continued)

To enhance the currently compliant operations:

The Senior Director of Dining Services educated verbally all dining staff on Regulation 2600.103.i. "Outdated or spoiled food or dented cans may not be used". This education was completed face to face by Senior Director of Dining Services by 3/26/24. See Attachment #3 with signatures of all dietary staff who were educated by Senior Director of Dining Services on Proper Disposal of Food.

Effective 3/15/24 Dietary Management Team which is over seen by the Senior Director of Dining Services will perform daily kitchen pantry audits on all the units to maintain ongoing compliance with ensuring the dietary staff are discarding any outdated food in the kitchen areas. These audits will be done daily by the Dietary Management Team till 4/15/24 and then at that time will be done weekly till 10/15/24. Any deficiencies will be corrected immediately and findings will be documented and be part of our internal performance improvement plan. See Attachment #4 for Audits of Kitchen Pantries for all kitchen areas in Personal Care. In addition, the Administrator will be doing weekly random audits of kitchen pantries in Personal Care to make sure we are in compliance.

Licensee's Proposed Overall Completion Date: 03/28/2024

Implemented (█ - 03/29/2024)