

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

July 19, 2024

[REDACTED]
FREDERICK MENNONITE COMMUNITY
[REDACTED]

RE: FREDERICK LIVING - MAGNOLIA
HOUSE
2849 BIG ROAD
ZIEGLERVILLE, PA, 19492
LICENSE/COC#: 12772

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/13/2024 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 - MAGNOLIA HOUSE* License #: *12772* 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

Type: *C-2 LP* Date: *04/19/2000* Issued By: *CWOPA L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *76* Waking Staff: *57*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Incident, Monitoring* Exit Conference Date: *05/13/2024*

Inspection Dates and Department Representative

05/13/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *104* Residents Served: *58*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *2*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *54*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *2*
 Have Mobility Need: *18* Have Physical Disability: *0*

Inspections / Reviews

05/13/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/11/2024*

06/25/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *07/15/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/28/2024*

Inspections / Reviews *(continued)*

07/08/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/15/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 07/18/2024

07/19/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/15/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

42b - Abuse

2. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED] During the Morning care of Resident [REDACTED], Staff Person A yanked at the residents' arms and legs to pull them up from their bed. Staff Person A also was very rough with this resident during their Morning care with dressing and assisting to the bathroom to prepare for their day. The staff person was very short with the Resident and did not explain any of their care that they were performing. Resident [REDACTED] had to tell this staff person what to do for their Morning care. Staff Person A never spoke a word to the resident. Staff Person A was so rough while dressing the resident that Resident [REDACTED] became afraid and fearful that [REDACTED] staff person would hurt them more if they said anything. Resident [REDACTED] suffered bruising on their arms from the interaction with Staff Person A. Resident [REDACTED] was afraid and feared this staff person would hurt them more and is having nightmares with thoughts that this staff person will return to the home.

Plan of Correction

Accept [REDACTED] - 07/08/2024)

At approximately 8:00 a.m. on [REDACTED] resident [REDACTED] reported concern to nurse [REDACTED]. Investigation process initiated, which included same day reports by PCHA to DHS and Adult Protective Services, as well as resident's physician (family notified and onsite). Alleged perpetrator was agency aide whose shift ended earlier in the morning. Call placed by PCHA that morning to aide with no return call. Call also placed by PCHA to agency that morning to notify them not to bring aide back to community. Nursing assessment completed for resident that morning and psychology and psychiatry services offered later that week. In follow-up conversations on April 14, 15, and 16, resident and family expressed gratitude for response to incident.

Abuse prevention and reporting training will be provided by Personal Care Director of Nursing to team at next nurse team meeting and mandatory relias training will be required for those not in attendance. Completion by July 31.

The community developed an agency team member training packet to ensure appropriate areas are reviewed and tracked prior to new members caring for residents. One of the areas highlighted is abuse prevention and reporting. Personal Care Director of Nursing will audit list of new agency team members for 3 months to ensure individuals are trained on abuse prevention and reporting prior to starting their first shift.

The PCHA will conduct random interviews with at least 4 residents per month, for the next 3 months, to discuss the treatment of staff during care, starting immediately.

Proposed Overall Completion Date: 07/31/2024

Licensee's Proposed Overall Completion Date: 07/31/2024

Implemented ([REDACTED] - 07/19/2024)