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

July 8, 2024

[redacted]
BIBLE FELLOWSHIP CHURCH HOMES INC
[redacted]

RE: FELLOWSHIP TERRACE
3010 FELLOWSHIP DRIVE
WHITEHALL, PA, 18052
LICENSE/COC#: 21648

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/13/2024, 06/17/2024 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: *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]

Phone: [redacted] **Email**: [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: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint, Incident* **Exit Conference Date**: *06/17/2024*

Inspection Dates and Department Representative

06/13/2024 - On-Site: [redacted]

06/17/2024 - Off-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**: *na* **Capacity**: *24* **Residents Served**: *21*

Hospice

Current Residents: *3*

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

06/13/2024 - Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/05/2024*

Inspections / Reviews *(continued)*

07/08/2024 - POC Submission

Submitted By: [redacted] **Date Submitted:** *07/08/2024*

Reviewer: [redacted] **Follow-Up Type:** *Bypass Document Submission*

07/08/2024 - Bypass Document Submission

Submitted By: [redacted] **Date Submitted:** *07/08/2024*

Reviewer: [redacted] **Follow-Up Type:** *Not Required*

16c - Written Incident Report

1. Requirements

2600.
16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] Resident [redacted] suffered injuries to the head as a result of care provided by a private duty aide between the hours of [redacted] and [redacted] The injuries were discovered at [redacted] on [redacted] The home did not report the injuries to the department's regional office until [redacted] on [redacted].

Plan of Correction ***Accept [redacted] - 07/08/2024)***

In response to the violation on 06/13/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. The state surveyors notified the administrator on 6/13/24 of the delayed report by 1/2 hour. The regulation requires that the report be submitted within the 24 hour period. The employee submitting the report was counseled immediately on regulation 2600.16.c..

To enhance the currently compliant operations, on 06/25/2024 the Administrator will educate all designated staff members that complete State Reportable on Regulation 2600.16.c. The education includes the regulation that the home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department, Abuse reporting shall also follow the guidelines in 2600.15 (relating to abuse reporting covered by law). This education will be completed by 07/02/2024. See Attachment #1.

Effective 06/25/2024 the Administrator/Administrator Designee will perform daily checks through email till 01/03/2025 to maintain ongoing compliance. The Administrator/ Administrator designee will monitor through email that anyone reporting an incident or condition to the Department's personal care home regional office or the personal care home complaint hotline will be completed within 24 hours. Any potential deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *07/02/2024*

Implemented [redacted] - 07/08/2024)

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

Resident [redacted] suffered injuries to the head as a result of care provided by a private duty aide between the hours of 11pm on [redacted] and 6:45am on [redacted]. The private duty aide did not report the injuries or have the resident assessed for the need for medical treatment.

42b - Abuse *(continued)*

Plan of Correction ***Accept [redacted] - 07/08/2024)***

In response to the violation on 06/13/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/05/2024 by the Director of Residential Living. It was discovered by the PCA caregiver when they went to assist Resident[redacted] on 6/5/24 at 8am that resident [redacted] had a laceration and some swelling on her forehead. Caregiver immediately notified RN Supervisor who assessed resident [redacted] and provided treatment. Resident [redacted] had a outside agency caregiver from 11pm to 7am. Upon investigation and contacting outside agency it was determined that injuries occurred while outside agency staff was present with resident but outside agency staff member failed to report this to the staff in the facility. Lehigh County AAA was notified of incident.

To enhance the currently compliant operations, on 7/1/2024 the Administrator/Administrator designee will Educate all direct care staff on resident abuse/neglect with a completion date of 7/29/24. All staff are educated yearly on not neglecting, intimidating, physically or verbally abusing, mistreating, subjecting to corporal punishment or disciplining residents in any way. See Attachment #3 for education provided to all direct care givers.

Effective 07/01/2024 the Administrator/Direct Care Staff will perform Every 2 hour checks on any resident being cared for by an outside agency. This will occur through 07/01/2025 to maintain ongoing compliance with not neglecting, intimidating, physically or verbally abusing, mistreating, subjecting to corporal punishment or disciplining residents in any way by any outside agency caregiver. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *07/29/2024*

Implemented[redacted] - 07/08/2024)

182c - Medication Administration

3. Requirements

2600.
182.c. Medication administration includes the following activities, based on the needs of the resident:
1. Identify the correct resident.

Description of Violation

At approximately 7pm on 5/8/24 staff person A administered [redacted] to resident [redacted] in error. The medication error occurred because staff person A entered the wrong resident's room to administer the medication.

Plan of Correction ***Accept [redacted] - 07/08/2024)***

In response to the violation on 06/13/2024 by the Pennsylvania Bureau of Human Service Licensing, Immediate Action was taken by the Staff Member A on 5/8/24 who realized [redacted] error when [redacted] went to sign the EMAR post administration. Staff Member A realized at that time that [redacted] had given the medication to the wrong resident. (Resident [redacted]). Staff Member A immediately notified resident [redacted] PCP of incident. Resident [redacted] had no allergy to wrong medication. PCP ordered that resident vital signs be taken for 5 day, increase Resident [redacted] fluids, and blood work was ordered. PCP did see resident [redacted] on 5/9/24 post wrong medication. Director of Residential Living did counsel Staff Member A on the 5 rights of medication administration and always making sure you have right resident.

182c - Medication Administration (continued)

To enhance the currently compliant operations, on 06/26/2024 the Administrator will educate the designated staff members including all licensed nursing staff and Team Leaders who give medication on Regulation 2600.182(c). This will include the 5 rights of medication administration including identifying the correct resident. This will be completed by the administrator by 7/26/24. Please see Attachment #2 for education provided, with a completion date of 07/26/2024. See Attachment #2

Effective 06/26/2024 the Medication Train the Trainer/Administrator will perform monthly audits through 9/26/24 on all staff members who give medications to maintain ongoing compliance with identifying the correct resident, Any potential deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. See Attachment #5.

Licensee's Proposed Overall Completion Date: *07/26/2024*

Implemented [redacted] - 07/08/2024)

187c - Refusal of Medication

4. Requirements

2600.
187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

Resident [redacted] frequently refuses medication. During the month of April resident [redacted] refused [redacted] prescribed for [redacted] from 4/9/24 to 4/24/24. Resident [redacted] refused [redacted], also prescribed for [redacted], from 4/8/24 to 4/12/24. The resident also refused the medication [redacted] prescribed for hypertension, from 4/8/24 through 4/19/24. The home did not have documentation that either prescriber was notifed that the resident was refusing these medications.

Plan of Correction ***Accept [redacted] - 07/08/2024)***

In response to the violation on 06/13/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/14/2024 by the Administrator/Administrator Designee to document all refusals of medications on the ID notes. Per Regulation 2600.187.c. if a resident refuses to take a prescribed medication, the refusal shall be documented on the residents record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber. Resident [redacted] frequently refused medication during the month of April. All EMARS stated that resident refused/MD aware but no ID note was written stating what the PCP stated when made aware. Beginning 6/26/24 all refused medications will be reported to the licensed nursing staff and they will contact the PCP and write a ID note of what the PCP stated. Employees giving medications will document on the EMAR-Resident Refused-MD aware. They will also document any reasons stated why the resident is refusing their medications.

To enhance the currently compliant operations, beginning on 06/26/2024 the Administrator/Administrator Designee will educate all employees who give medication on the Refusal of Medication regulation, our process for reporting any refusal, and ID notes need to be completed after every refusal with a completion date of 07/26/2024. See Attachment #4 for education provided.

187c - Refusal of Medication (continued)

Effective 6/26/24 the Administrator/Administrator designee will perform monthly EMAR/ID notes audits of any refusals through 12/26/24. to maintain ongoing compliance with Regulation 2600.187.c. Refusal of Medications. See Attachment #6. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *07/26/2024*

Implemented [redacted] - 07/08/2024)

187d - Follow Prescriber's Orders

5. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

At approximately 7pm on 5/8/24 staff person A administered [redacted] to resident [redacted] in error. The medication error occurred because staff person A entered the wrong resident's room to administer the medication.

Plan of Correction ***Accept [redacted] - 07/08/2024)***

In response to the violation on 06/13/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/08/2024 by Staff Member A after realizing when signing the EMAR post administration that [redacted] had given the wrong medication to Resident [redacted] She immediately contacted the PCP to inform them that Resident 2 had received the wrong medication. PCP did order that resident [redacted] vital signs taken for 5 days, increase fluids, and also ordered bloodwork. PCP did see resident [redacted] on [redacted]. No adverse effects were noted from medication.

To enhance the currently compliant operations, on 06/26/2024 all designated staff member who give medication will be educated by the Administrator on Regulation 2600.187d. The home shall follow the directions of the prescriber. This will be completed by all staff who give medication, with a completion date of 07/26/2024. See Attachment #2 for Education.

Effective 06/26/2024 the Medication Train the Trainer/ Administrator will perform monthly audits through 09/26/2024 to maintain ongoing compliance with ensuring the home must follow the directions of the prescriber. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. See Attachment #5.

Licensee's Proposed Overall Completion Date: *07/26/2024*

Implemented [redacted] - 07/08/2024)