

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

October 7, 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 06/18/2024 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: *PA L&I*

Staffing Hours

Resident Support Staff: Total Daily Staff: *73* Waking Staff: *55*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *06/18/2024*

Inspection Dates and Department Representative

06/18/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *104* Residents Served: *57*

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: *57*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *16* Have Physical Disability: *0*

Inspections / Reviews

06/18/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/11/2024*

07/16/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *08/16/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/21/2024*

Inspections / Reviews *(continued)*

08/06/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/16/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 09/07/2024

10/07/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/16/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

141b1 - Annual Medical Evaluation

1. 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 [redacted].

Plan of Correction

Directed [redacted] - 08/06/2024)

Resident [redacted] next medical evaluation will be completed prior to [redacted] (within one year). Personal Care Director of Nursing will audit medical evaluation of one resident per week for 3 months to ensure completion occurs annually or at a change of condition. Date of completion – 7/31/2024.

Proposed Overall Completion Date: 07/31/2024

Directed POC:

By 8/17/24: The administrator or designated staff person shall review all resident records to ensure an in-person medical evaluation has been completed for all residents within the past year and the medical evaluation is completed accurately and in its entirety including all required information. Any incomplete medical evaluations shall be returned to the physician for completion or new in-person medical evaluations shall be scheduled and completed. Documentation of the audit shall be kept for Department review.

Directed Completion Date: 08/17/2024

Implemented [redacted] 10/07/2024)

141b2 - Medical Evaluation Changes

2. Requirements

2600.

141.b.2. A resident shall have a medical evaluation: If the medical condition of the resident changes prior to the annual medical evaluation.

Description of Violation

Resident [redacted] most recent medical evaluation was done [redacted] Hospices services began for resident [redacted] on [redacted] and the resident did not have a new medical evaluation for the significant change.

Plan of Correction

Directed [redacted] - 08/06/2024)

Resident [redacted] most recent evaluations were completed on [redacted], and [redacted]. Personal Care Director of Nursing will audit medical evaluation of one resident per week for 3 months to ensure completion occurs annually or at a change of condition. Date of completion – 7/31/2024.

Proposed Overall Completion Date: 07/31/2024

Directed POC:

By 8/17/24: The administrator or designated staff person shall review all current medical evaluations to ensure all medical evaluations are complete including resident's current medical status. Documentation of the audit shall be

141b2 - Medical Evaluation Changes (continued)

kept for Department review.

Directed Completion Date: 08/17/2024

Implemented [redacted] - 10/07/2024)

225a - Assessment 15 Days

3. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident [redacted] was admitted on [redacted]; however, the resident's assessment was not completed until [redacted].

Plan of Correction

Directed [redacted] - 08/06/2024)

Resident [redacted] most recent assessment was completed on [redacted]. Personal Care Director of Nursing will audit assessment of one resident per week for 3 months to ensure completion occurs within 15 days of admission, annually, and at a change of condition. Date of completion – 7/31/2024.

Proposed Overall Completion Date: 07/31/2024

Directed POC:

By 8/17/24: The administrator or designated staff person shall review all new resident documentation to ensure a current assessment is completed, accurate and present in each resident's record. Documentation of the audit shall be kept.

By 9/7/24: All staff persons completing assessments shall be educated regarding the completion and accuracy of assessments including timeframes for completion. Documentation of education shall be kept in accordance with 2600.65i.

Directed Completion Date: 09/07/2024

Implemented [redacted] - 10/07/2024)

225c - Additional Assessment

4. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident [redacted] current assessment was completed on 4/28/2024

225c - Additional Assessment (continued)

. However, the resident's previous assessment was completed on [REDACTED].

Resident [REDACTED] most recent assessment was done [REDACTED]. Resident [REDACTED] began receiving hospice services on [REDACTED] and did not have a new assessment for the significant change.

Plan of Correction

Directed [REDACTED] 08/06/2024)

Resident [REDACTED] most recent assessment was completed on [REDACTED]. Personal Care Director of Nursing will audit assessment of one resident per week for 3 months to ensure completion occurs within 15 days of admission, annually, and at a change of condition. Date of completion – 7/31/2024.

Proposed Overall Completion Date: 07/31/2024

Directed POC:

By 8/17/24: The administrator or designated staff person shall review all resident documentation to ensure a current assessment is completed, accurate and present in each resident's record. Documentation of the audit shall be kept.

By 9/7/24: All staff persons completing assessments shall be educated regarding the completion and accuracy of assessments including timeframes for completion. Documentation of education shall be kept in accordance with 2600.65i.

Directed Completion Date: 09/07/2024

Implemented [REDACTED] - 10/07/2024)

227g -Support Plan Signatures

5. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident [REDACTED] participated in the development of [REDACTED] support plan on [REDACTED]. However, the resident did not sign the support plan.

Plan of Correction

Directed [REDACTED] 08/06/2024)

Resident [REDACTED] most recent assessment was completed on [REDACTED]. Support plan will be signed by [REDACTED]. Personal Care Director of Nursing will audit completion of signed support plans by reviewing one resident per week for 3 months to ensure completion occurs. Date of Completion 7/31/2024.

Proposed Overall Completion Date: 07/31/2024

Directed POC:

By 8/17/24: The administrator or designated staff person shall review all resident documentation to ensure a current support plan is completed accurately, signed, and present in each resident's record. Documentation of the audit shall be kept.

227g -Support Plan Signatures (continued)

By 9/7/24: All staff persons completing support plans shall be educated regarding the completion and accuracy of support plans including ensuring signatures are present. Documentation of education shall be kept in accordance with 2600.65i.

Directed Completion Date: 09/07/2024

Implemented [REDACTED] - 10/07/2024)