

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

August 26, 2024

[REDACTED], ADMINISTRATOR  
FOXDALE VILLAGE CORPORATION  
500 EAST MARYLYN AVENUE  
STATE COLLEGE, PA, 16801

RE: FOXDALE VILLAGE  
500 EAST MARYLYN AVENUE  
STATE COLLEGE, PA, 16801  
LICENSE/COC#: 24565

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/23/2024 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: *FOXDALE VILLAGE* License #: *24565* License Expiration: *06/14/2025*  
 Address: *500 EAST MARYLYN AVENUE, STATE COLLEGE, PA 16801*  
 County: *CENTRE* Region: *NORTHEAST*

**Administrator**

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

**Legal Entity**

Name: *FOXDALE VILLAGE CORPORATION*  
 Address: *500 EAST MARYLYN AVENUE, STATE COLLEGE, PA, 16801*  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-2* Date: *09/24/2013* Issued By: *Center Region Code Authority*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *48* Waking Staff: *36*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *07/23/2024*

**Inspection Dates and Department Representative**

07/23/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *64* Residents Served: *48*

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

Hospice  
 Current Residents: *0*

Number of Residents Who:  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *48*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

07/23/2024 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/23/2024*

Inspections / Reviews (*continued*)

## 08/26/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/26/2024

Reviewer: [REDACTED]

Follow-Up Type: *Bypass Document  
Submission*

## 08/26/2024 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/26/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

132h - Designated Meeting Place

1. Requirements

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

The home conducted a fire drill on 7-11-24. As per staff interviews, 1 resident of the home refused to evacuate during the fire drill and was not evacuated.

Plan of Correction

Accept (█ - 08/26/2024)

The resident who refused to evacuate was reeducated by the Personal Care Administrator on July 11, 2024, regarding the requirement to evacuate during a fire drill. The resident in question no longer resides in personal care.

A repeat fire drill was held on July 19, 2024, in which all residents evacuated as required. (See attached document #1)

Residents were reeducated regarding the fire drill evacuation requirements at the Resident Council meeting on August 16, 2024, by the Director of Health Services. A copy of the Resident Council minutes will be distributed to those residents who were not in attendance by August 23, 2024. (See attached document #2)

The Director of Environmental Services and/or Designee will continue to immediately report any refusal by residents to evacuate to the Personal Care Administrator and/or Designee so that reeducation can be provided promptly.

The Personal Care Administrator and/or Designee will continue to review fire drill logs monthly over the next 12 months with random audits thereafter to ensure that overall evaluations of the drills continue to be satisfactory. (See attached document #3)

All findings will be reported and tracked during monthly QAPI meetings by the Personal Care Administrator and/or Designee to monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 08/23/2024

Implemented (█ - 08/26/2024)

141a 1-10 Medical Evaluation Information

2. Requirements

2600.

141a 1-10 Medical Evaluation Information (continued)

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
  2. Medical diagnosis including physical or mental disabilities of the resident, if any.
  3. Medical information pertinent to diagnosis and treatment in case of an emergency.
  4. Special health or dietary needs of the resident.
  5. Allergies.
  6. Immunization history.
  7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
  8. Body positioning and movement stimulation for residents, if appropriate.
  9. Health status.
  10. Mobility assessment, updated annually or at the Department’s request.

**Description of Violation**

*Resident #1's Documentation of Medical Evaluation dated [REDACTED] does not note if the resident can or cannot self-administer medications.*

**Plan of Correction**

**Accept ( [REDACTED] - 08/26/2024)**

*Both providers were reeducated by the Director of Health Services on August 19, 2024, on the regulatory requirement surrounding the documentation of medication evaluation (DME) and the need to ensure all necessary components are completed. Specific emphasis was placed on the need to denote whether or not a resident can safely self-administer medications. [See attached document #4 and 4(a)]*

*Resident 1's DME was updated to note that the resident cannot self administer medications on July 23, 2024, by the Assistant Personal Care Administrator. (See attached document #5)*

*A house wide audit of all DMEs will be completed by the Personal Care Administrator and/or Designee by August 30, 2024, to ensure all sections are completed as required. The Personal Care Administrator and/or Designee will then begin conducting routine audits monthly starting October 1, 2024 for six months with random audits thereafter. (See attached document #6)*

*Audits will be reported and tracked during monthly QAPI meetings by the Personal Care Administrator and/or Designee who will also monitor for ongoing compliance.*

**Licensee's Proposed Overall Completion Date: 08/30/2024**

**Implemented ( [REDACTED] - 08/26/2024)**