

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

December 3, 2024

[REDACTED], EXECUTIVE DIRECTOR
FREDERICK MENNONITE COMMUNITY
2849 BIG ROAD - OFFICE
ZIEGLERVILLE, PA, 19492

RE: FREDERICK LIVING - ASPEN VILLAGE
2849 BIG ROAD
ZIEGLERVILLE, PA, 19492
LICENSE/COC#: 13258

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/09/2024 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 - ASPEN VILLAGE* License #: *13258* License Expiration: *07/22/2025*
 Address: *2849 BIG ROAD, ZIEGLERVILLE, PA 19492*
 County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

Name: [REDACTED]

Legal Entity

Name: *FREDERICK MENNONITE COMMUNITY*
 Address: *2849 BIG ROAD - OFFICE, ZIEGLERVILLE, PA, 19492*
 Phone: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *46* Waking Staff: *35*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *10/09/2024*

Inspection Dates and Department Representative

10/09/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *31* Residents Served: *23*
 Secured Dementia Care Unit
 In Home: *Yes* Area: *Aspen Village* Capacity: *31* Residents Served: *23*
 Hospice
 Current Residents: *3*
 Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *23*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *23* Have Physical Disability: *0*

Inspections / Reviews

10/09/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/17/2024*

11/18/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *12/03/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/22/2024*

Inspections / Reviews (*continued*)

12/03/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/03/2024

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document
Submission*

12/03/2024 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/03/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The PA Department of Agriculture Food Employee Certification Act, 3 Pa C.S.A. 6501 – 6510, effective January 22, 2011, requires one employee per licensed food facility to obtain a nationally recognized food manager certification. National exam programs are those that have been approved by ANSI using the Conference of Food Protection certified food protection manager standards. The Food Employee Certification Act requires one supervisory employee per food facility to obtain a food safety certification by taking an ANSI-CFP nationally recognized food safety class. The certified employee must be available during all hours of operation. The certified employee is the Person-in-Charge (PIC) when in the facility. The Certification Certificate must be posted in the facility in public view.

On October 9, 2024, during the physical site inspection there was no staff person on the schedule that was servsafe certified.

Plan of Correction

Accept [redacted] - 12/03/2024)

Culinary managers completed servsafe training (see attached).

General Manager was educated on requirement to have an individual who is serve safe certified on schedule daily. See attached.

General Manger will complete annual audit to ensure serve safe renewal training is completed before expiration date.

General Manger will monitor daily schedule to ensure a manager an individual who is serve safe certified is scheduled daily.

Licensee's Proposed Overall Completion Date: 11/22/2024

Implemented [redacted] - 12/03/2024)

51 - Criminal Background Check

2. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

On 10/9/2024, during the inspection, there was a contractor painting room 3120. The home did not have a criminal background for staff person A.

Repeated Violation: 1/9/2024 et al

51 - Criminal Background Check (continued)

Plan of Correction

Accept (█ - 11/18/2024)

10/9/2024 Contractor was asked to leave premises once it was discovered vendor did not complete a criminal background check on █

10/9/2024 The vendor was notified about the requirement for all contractors working on Frederick Living premises to have a criminal background check run prior to being assigned to work at Frederick Living.

10/30/2024 The vendor code of conduct contract was revised to reflect the need for all individuals working in the community to have a background check completed prior to an assignment in the community. The updated code of conduct sent to vendors.

Ongoing: Each department manager will monitor process to ensure criminal background check is completed prior to contractor being assigned to work at Frederick Living

Proposed Overall Completion Date: 11/14/2024

Licensee's Proposed Overall Completion Date: 11/14/2024

Implemented (█ - 12/03/2024)

63a - First Aid/CPR Training

3. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On October 3, 2024, October 5, 2024, and October 6, 2024, 23 residents were present in Aspen Village and 59 residents were present in Magnolia house. Per administrator nursing staff cover PC and memory care.

During the following dates and times there was one staff trained on first aid at the home on the following dates and times:

October 3, 2024, 6:30am-7am

October 3, 2024, 5pm-11pm

October 3, 2024, 11pm-7am

October 5, 2024, 6:30am-3pm

October 5, 2024, 2:30pm-7pm

October 6, 2024, 6:30am -3pm

October 6, 2024, 3pm -7pm

October 6, 2024, 10:30pm-7am

During the following date and time there was no staff person trained in first aid on at the home:

October 5, 2024, 7pm-6:30am

Plan of Correction

Accept (█ - 12/03/2024)

Audit of staff who are trained in first aid was completed and it was determined more clinical staff in Aspen needed

63a First Aid/CPR Training (continued)

to be trained in first aid to meet the ratio per regulation.

First aid class was completed on 11/6/2024. See attached

A second in person first aid training is scheduled for December 10th.

First aid training will be completed by 1/15/25.

Aspen Coordinator or PCHA will complete annual audit to ensure first aid renewal training is completed before expiration date.

Aspen Coordinator, Scheduler or PCHA will monitor daily schedule to ensure at least one staff member who is trained in first aid is scheduled per shift for each 50 residents.

Proposed Overall Completion Date: 01/15/2025

Licensee's Proposed Overall Completion Date: 01/15/2025

Implemented [REDACTED] - 12/03/2024)

132d - Evacuation

4. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

During the fire drill on September 27, 2024, at 12:05 am the home's evacuation time was 11 minutes and 32 seconds. The maximum safe evacuation time specified in writing on August 12, 2024, by the fire safety expert is 8 minutes and 30 seconds.

132d - Evacuation (continued)

Plan of Correction

Accept (█) - 12/03/2024)

Letter provided at time of inspection was from Croker Fire Safety Corporation. Community ended contract with Croker Fire Safety Corporation.

Community signed a new contract with Fire and Life Safety on 6/16/23.

Fire and Life Safety fire expert inspected and evaluated Aspen building. Attached letter was issued based on this inspection.

PCHA and Director of Campus Operations will monitor the process to ensure the most recent letter is available to DHS upon request.

Licensee's Proposed Overall Completion Date: 11/22/2024

Implemented (█) 12/03/2024)

162c - Menus Posted

5. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for the week of October 6, 2024, through October 12, 2024, was posted in aspen village. However, the menu for the following week was not posted.

Plan of Correction

Accept (█) - 11/18/2024)

10/9/24 Menu for the following week was immediately posted.

Culinary managers were educated on regulation related to posting weekly menu. (see attached).

Ongoing Culinary manager will complete weekly rounds on an ongoing basis to ensure two weeks menu is posted in conspicuous manner.

Proposed Overall Completion Date: 11/14/2024

Licensee's Proposed Overall Completion Date: 11/14/2024

Implemented (█) - 12/03/2024)

227d - Support Plan Medical/Dental

6. Requirements

2600.

227.d. Each home shall document in the resident’s support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident’s physician, physician’s assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #1 support plan dated [REDACTED], and [REDACTED], indicates the resident has a need for a bedside mobility device to help him/her out of the bed. The resident's support plan dated [REDACTED], and [REDACTED] does not include the intended use and any risks associated with use, the resident's ability to use the device safely for the purpose it was intended, identification of the specific device to be used and whether a cover is required to meet FDA guidelines.

Plan of Correction

Accept [REDACTED] - 12/03/2024)

Aspen Coordinator was educated on the need to have care plan reflect details of how residents’ needs related to the bedside mobility device will be met. See attached.

Audit was completed to identify resident who have bedside mobility devices.

Support plan for residents who have a bedside mobility device will be updated with the following:

Resident requires a bed mobility device to provide additional support with transfers in and out of bed. Resident was evaluated by PT/OT and is deemed capable to safely use the device. The potential risk associated with this device is possible entrapment or death. Physician and family are aware and agrees to rail being used Device has a cover per manufacturer’s instruction. FDA guideline defers to manufacturers instruction.

Ongoing: Aspen Coordinator will monitor resident identified to need a bed mobility device and updated support plan with how residents’ needs will be met.

Licensee's Proposed Overall Completion Date: 12/15/2024

Implemented [REDACTED] - 12/03/2024)

227g -Support Plan Signatures

7. 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 #1 admitted [REDACTED], participated in the development of his/her support plan on [REDACTED]. However, the resident did not sign the support plan and there is no notation on why the resident was unable to sign.

Plan of Correction

Accept [REDACTED] - 11/18/2024)

Audit of support plan will be completed to check for resident signatures is on support plan or notation is made on why resident is unable to sign.

Resident signature will be obtained for support plans identified to be missing signatures or notation on why resident is unable to sign will be made.

227g -Support Plan Signatures (continued)

11/7/24 Education was provided to Aspen Coordinator about ensuring support plan has resident signature or notation on why resident is unable to sign.

Licensee's Proposed Overall Completion Date: 12/14/2024

Implemented (█) - 12/03/2024