

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

February 7, 2025

[REDACTED]
JAI JALARAM CARE LP
[REDACTED]

RE: FAITHFUL LIVING
2015 NORTH READING ROAD
DENVER, PA, 17517
LICENSE/COC#: 32258

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/17/2024 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: FAITHFUL LIVING License #: 32258 License Expiration: 03/21/2025
 Address: 2015 NORTH READING ROAD, DENVER, PA 17517
 County: LANCASTER Region: CENTRAL

Administrator

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

Legal Entity

Name: JAI JALARAM CARE LP
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-1 Date: 01/03/1985 Issued By: Department of Labor & Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 62 Waking Staff: 47

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 12/17/2024

Inspection Dates and Department Representative

12/17/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 75 Residents Served: 55
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 2
 Number of Residents Who:
 Receive Supplemental Security Income: 16 Are 60 Years of Age or Older: 49
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 7 Have Physical Disability: 1

Inspections / Reviews

12/17/2024 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/18/2025

01/23/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 02/02/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 02/02/2025

Inspections / Reviews *(continued)*

02/07/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/02/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

141a 1-10 Medical Evaluation Information

2. Requirements

2600.

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 [redacted] initial medical evaluation dated 10/11/24 does not include the mobility needs assessment.

Resident [redacted] annual medical evaluation dated 12/19/24 does not include the mobility needs assessment.

Plan of Correction

Accept [redacted] - 01/23/2025)

141a 1-10 Medical Evaluation Information

Upon site visit on 12/17, surveyor discovered that the “Mobility Need” box had not been checked by the PCP for these residents. Nursing Supervisor will request that these two DMEs be corrected by respective PCPs by 1/27/24. It is in Resident [redacted] careplan that [redacted] requires 2 person assist for transfers. It is in Resident [redacted] careplan that [redacted] is Independently mobile. Nursing supervisors and home Designees were educated on the requirements on 1/10 by the PCHA. All current resident DMEs will be reviewed by 1/27/25 for accuracy and completion. Future DMEs will be reviewed by the PCHA and/or Designee for accuracy and completion beginning 1/18/25.

Date of Compliance: 1/27/25

Licensee's Proposed Overall Completion Date: 01/27/2025

Implemented [redacted] 02/07/2025)

187d - Follow Prescriber's Orders

3. Requirements

2600.

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

Description of Violation

Resident [redacted] was prescribed [redacted] take 1 capsule orally twice daily x 10 Days constipation. The medication was administered at 8:00am and 8:00pm [redacted] through [redacted] for a total of 9 days. However, the resident was not administered the medication on [redacted] at 8:00am and 8:00pm.

Resident [redacted] is prescribed [redacted] Take ½ tablet [redacted] orally daily as needed for anxiety. The medication was administered to the resident 3 times within less than a 24-hour period as follows:

- 11/22/24 at 11:32pm
- 11/23/24 at 4:43am

187d - Follow Prescriber's Orders (continued)

- 11/23/24 at 5:43pm

Plan of Correction

Accept (█ - 01/23/2025)

187d Follow Prescriber's Orders

Upon site visit on 12/17, survey discovered an over the counter medication error Resident █ Resident had been discharged from PCH on 9/24/24. Due to pharmacy input error, resident only received 18/20 doses, because the medication dropped off the MAR on 9/20 and failed to prompt the Med Tech to give the medication. No adverse affects to resident. DHS Reportable incident form was submitted to DHS on 12/20/24. All Med Techs will be educated by the Nursing Supervisor by 1/27/25 to carefully double check all time limited medications. All time limited medications were reviewed on 12/18/24. Beginning 1/10/25 the nursing supervisor has been reviewing all time limited medications that are entered by the pharmacy for start dates and end dates to ensure pharmacy accuracy. This will be a permanent review done by the nursing supervisor.

PCH self-reported a medication error to the department for this resident on 11/25/24. A plan of correction was already in place upon site visit on 12/17, surveyor reviewed this self-reported error. Resident received a total dose of 0.75mg in the 24 hour period; which is noted by self and family to be far less than what █ had been taking at home when █ was self-administering █ own medications. No adverse affects to resident. Med Techs responsible for the error were educated by the Nursing Supervisor on 11/25/24 on the order being one time "daily". All Med Techs were re-educated by the Nursing Supervisor on 11/25/24 on the 3 check process and affirmed understanding to carefully read all PRN orders.

Licensee's Proposed Overall Completion Date: 01/27/2025

Implemented (█ - 02/07/2025)

224a - Preadmission Screen Form

4. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident █ preadmission screening form, dated █ does not include a determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction

Accept (█ - 01/23/2025)

224a Preadmission Screen Form

Resident #5 was discharged from PCH on 7/15/24. Upon site visit on 12/17/24, the surveyor discovered that resident's pre-admission screening was missing a check mark in the determination box. Resident was able to be served by the PCH and was successfully served up until discharge, however, the box for determination was missed. Nursing supervisors and home Designees were educated on the requirements on 1/10/25 by the PCHA. All current resident Pre-admission screenings will be reviewed by the nursing supervisor by 1/27 for accuracy and completion. Future pre-admission screenings will be reviewed by the PCHA and/or Designee for accuracy and completion beginning 1/10/25

Licensee's Proposed Overall Completion Date: 01/27/2025

224a Preadmission Screen Form (*continued*)

Implemented [REDACTED] - 02/07/2025)