

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

July 21, 2025

[REDACTED]
FREDERICK MENNONITE COMMUNITY
[REDACTED]

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

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/04/2025 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] 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: *Dept of L&I*

Staffing Hours

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

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *06/04/2025*

Inspection Dates and Department Representative

06/04/2025 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: Residents Served: *23*

Hospice
 Current Residents: *1*

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

06/04/2025 - Partial
 Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *06/27/2025*

Inspections / Reviews *(continued)*

06/27/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/17/2025

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 07/03/2025

06/30/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/17/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 07/22/2025

07/21/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/17/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [REDACTED], for Resident [REDACTED] was not signed by the resident.

Plan of Correction

Accept [REDACTED] - 06/30/2025)

1. An attempt was made on 6/5/2025 to have Resident [REDACTED] sign the resident agreement. The resident was unable to sign, but the attempt was documented on the agreement.
2. All resident contracts were audited to ensure proper signatures on 6/5/2025. Any contracts with missing signatures identified during the audit will be corrected.
3. All new resident contracts will be audited weekly for 2 months by the Memory Care Coordinator and/or designee to ensure all signatures are in place beginning 6/29/2025.
4. Will report outcome of audits at quarterly QAPI.

Licensee's Proposed Overall Completion Date: 07/17/2025

Implemented [REDACTED] - 07/21/2025)

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

On [REDACTED] around 10:00 p.m., Staff Person A and Staff Person B approached Resident [REDACTED] who was seated in their bed, covered with a blanket, to inform them that they needed to be changed due to incontinence. Upon hearing this, Resident [REDACTED] became combative and stated, "Do I need to push you out?"

Staff Person A then forcefully pulled back Resident [REDACTED] blanket while firmly stating in a raised voice that a change was necessary. Resident [REDACTED] responded by swatting at Staff Person A with their hand. In response, Staff Person A pointed a finger at Resident [REDACTED], and said in a raised voice, "You do not hit!" Resident [REDACTED] then grabbed Staff Person A's wrist and held on. Staff Person B attempted to intervene by asking Resident [REDACTED] to let go of Staff Person A, but at the same time, Staff Person A struck Resident [REDACTED] on their hand with their free hand and then hit the resident's forearm. Staff Person A then pulled Resident [REDACTED] hand off their own wrist and forcibly, pushed Resident [REDACTED] arm back toward them, and stated in a threatening manner that additional staff would be brought in later to change the resident. Resident [REDACTED] assessment and support plan dated [REDACTED] indicates that resident can become irritable during care and that direct care staff should return at another time to try to provide care again.

Plan of Correction

Accept [REDACTED] - 06/30/2025)

1. At the conclusion of the internal investigation, Staff Person A's employment with Frederick Living was terminated.
2. To prevent a similar incident with other residents, Memory Care Coordinator and/or designee will identify current residents who have the potential for aggressive and/or combative behaviors according to the support plan. Staff will be re-educated on those resident's specific interventions for their aggressive/combative behaviors. The individualized safe management techniques for those residents will be posted inside their closet door. Intervention reviews and postings began on 6/26/2025.

42b - Abuse (continued)

- 3. Director of Nursing and/or designee will schedule a memory care training designed to address resident abuse and managing aggressive behaviors with individualized safe management techniques for all Aspen team members.
- 4. Memory Care Coordinator and/or designee will audit caregiver interactions with residents with unannounced observations 2 times per week for 2 months. Observations began on 6/27/2025.
- 5. Will report outcome of audits at quarterly QAPI.

Licensee's Proposed Overall Completion Date: 07/17/2025

Implemented (█) - 07/21/2025)

201 - Positive Interventions

3. Requirements

2600.

201. Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

Description of Violation

Resident █ resides in memory care resident. According to their assessment and support plan dated █ they exhibit minimal irritability, typically becoming irritable during care-related activities. The plan instructs direct care staff to step away and attempt care at a later time when signs of irritability are observed.

However, on █ around 10:00 p.m., Staff Person A did not follow safe management techniques to de-escalate a situation. While attempting to provide incontinence care, Resident █ refused assistance and became combative. Instead of recognizing the refusal and stepping away, Staff Person A forcefully pulled back the resident's blanket, raised their voice, pointed a finger at the resident, yelled "You do not HIT!" at them. Resident █ grabbed Staff Person A's wrist and Staff Person A responded by striking the resident's hand and forearm, then forcibly removing the resident's hand from their wrist, and forcibly pushing the residents arm back toward them.

Plan of Correction

Accept (█) - 06/30/2025)

- 1. Resident █ transitioned to skilled care in Cedarwood.
- 2. To prevent a similar incident with other residents, Memory Care Coordinator and/or designee will identify current residents who have the potential for aggressive and/or combative behaviors according to the support plan. Staff will be re-educated on those resident's specific interventions for their aggressive/combative behaviors. The safe management techniques will be posted inside closet door. Intervention reviews and postings began on 6/26/2025.
- 3. Director of Nursing and/or designee will schedule a memory care training designed to address resident abuse and managing aggressive behaviors with individualized safe management techniques for all Aspen team members.
- 4. Memory Care Coordinator and/or designee will audit caregiver interactions with residents with unannounced observations 2 times per week for 2 months. Observations will include any individualized safe management techniques from the resident's support plan. Observations began on 6/27/2025.
- 5. Will report monitoring and outcome of audits at quarterly QAPI.

Licensee's Proposed Overall Completion Date: 07/17/2025

Implemented (█) - 07/21/2025)

231e - No Objection Statement

4. Requirements

2600.

231e No Objection Statement (continued)

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

Resident [redacted] was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]. The home has no documentation that the resident and the resident's designated person have not objected to the admission.

Plan of Correction

Accept [redacted] - 06/30/2025)

1. An attempt was made on 6/5/2025 to have Resident [redacted] the Consent for Admission to Secure Dementia Unit. Resident unable to sign, but the attempt was documented on consent form.
2. An audit of all resident consent forms (for Admission to Secure Dementia Unit) was completed on 6/5/2025. Any missing signatures from audit identified during the audit will be corrected.
3. All new resident contracts will be audited weekly for 2 months by the Memory Care Coordinator and/or designee to ensure all signatures are in place beginning 6/29/2025.
4. Will report outcome of audits at quarterly QAPI

Licensee's Proposed Overall Completion Date: 07/17/2025

Implemented ([redacted] - 07/21/2025)