

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

April 15, 2026

[REDACTED]
FREDERICK MENNONITE COMMUNITY
[REDACTED]
[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 03/05/2026 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: *07/22/2026*
 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: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *42* Waking Staff: *32*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *03/05/2026*

Inspection Dates and Department Representative

03/05/2026 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *31* Residents Served: *21*
 Secured Dementia Care Unit
 In Home: *Yes* Area: *Whole Home* Capacity: *31* Residents Served: *21*
 Hospice
 Current Residents: *0*
 Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *21*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *21* Have Physical Disability: *0*

Inspections / Reviews

03/05/2026 Partial
 Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *04/10/2026*

04/15/2026 - POC Submission
 Submitted By: [Redacted] Date Submitted: *04/15/2026*
 Reviewer: [Redacted] Follow-Up Type: *Bypass Document Submission*

Inspections / Reviews *(continued)*

04/15/2026 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/15/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

42b - Abuse

1. 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] at approximately 5:40 pm, resident [REDACTED] exited the secured unit. Resident [REDACTED] followed staff person A out of the unit after the staff person had delivered food to the unit. The alarm went off however the resident did not stop and continued to exit the building through the side door. Staff person A observed resident [REDACTED] on the ground outside in the parking lot. Staff person A went to get help for the resident. Staff person A told staff person B that a resident was on the ground outside while on [REDACTED] way to get staff person C. Staff person C went outside and sat next to the resident and ask if they were ok. The resident said they were ok. Staff person D stated they heard the alarm and looked out the window and observed resident [REDACTED] sitting on the ground. As staff person D was heading outside to help the resident [REDACTED] observed another staff person going help. The resident was wearing a fleece jacket, pants, sneakers and a scarf. Outside temperature at the time was approximately 15 degrees Fahrenheit with snow on the ground. Resident [REDACTED] was assessed by staff person D and assisted back into the home by staff persons C and D. The resident did not sustain any injuries.

Resident [REDACTED] RASP dated [REDACTED], indicates that the resident requires 24-hour direct supervision and the resident has exit seeking behavior however, there is no plan to meet these needs other than for the staff to monitor the resident daily.

Plan of Correction

Accept [REDACTED] - 04/14/2026)

Resident was immediately located and returned safely to the secured unit. The resident was assessed, and the physician and responsible party were notified. 1/28/26.

Head count was completed to make sure all residents were accounted for. 1/28/26.

The secured unit was inspected to ensure all exit doors, alarms, and safety systems were functioning properly. 1/29/26

Staff have been re-educated on precautionary measures to take when entering and exiting memory support unit. See attached.

Resident's support plan was updated to indicate interventions and extensive supervision. See attached.

Audit of support plan was completed; supervision section of residents were updated to reflect appropriate supervision needed. 3/9/26 see attached

The secured unit will be inspected weekly on an ongoing basis to ensure all exit doors, alarms, and safety systems were functioning properly. See attached.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented [REDACTED] - 04/15/2026)

62 - Contact List

2. Requirements

2600.

62. List of Staff Persons - The administrator shall maintain a current list of the names, addresses and telephone numbers of staff persons including substitute personnel and volunteers.

62 Contact List (continued)

Description of Violation

The initial staff list provided at 10:14 am did not include staff person A. A second staff list that included staff person A's name was not provided until 2:55 pm.

Plan of Correction

Accept [redacted] 04/15/2026)

Community organizes staff list based on primary area of assignment which is why staff A's name was not listed on the initial list provided.

Surveyor requested a staff list reflecting Staff A's name at approximately 2:29pm. A second staff list was provided at 2:55pm.

HR representatives were educated on need to provide extensive staff list when upon DHS requests, See attached.

Licensee's Proposed Overall Completion Date: 06/05/2026

Implemented [redacted] - 04/15/2026)

101j5 - Bedside Table/Shelf

3. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 5. A bedside table or a shelf.

Description of Violation

There is no bedside table or shelf beside resident [redacted] bedroom.

Plan of Correction

Accept [redacted] - 04/15/2026)

• Resident was provided with table/shelf at bedside. 3/6/26

• Audit was completed to identify other residents who may be missing bedside table/shelf. 3/9/26 see attached.

Maintenance staff were educated on proper set up of resident's rooms per regulatory requirement. see attached.

• Room audit will be completed weekly for a month, biweekly for a month to ensure resident has proper furniture.

See attached.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented [redacted] - 04/15/2026)

101j7 - Lighting/Operable Lamp

4. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident [redacted] does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept [redacted] - 04/15/2026)

• Resident was provided with lighting at bedside. 3/6/26

• Audit was completed to identify other residents who may be missing Lighting/Operable Lamp. 3/9/26 see attached.

• Residents identified not to have Lighting/Operable Lamp were provided with light source.

Maintenance staff were educated on proper set up of resident's rooms per regulatory requirement. see attached.

101j7 - Lighting/Operable Lamp (continued)

- Room audit will be completed weekly for a month, biweekly for a month to ensure resident has proper furniture. See attached.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented [redacted] - 04/15/2026)

225c - Additional Assessment

5. 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] assessment dated [redacted] indicates that resident [redacted] requires 24 hour direct supervision and is independent with mobility/ambulation. Resident's RASP indicates that the resident is exit seeking. Resident [redacted] behaviors are listed as not a problem with irritability, agitation, and aggression however; per progress notes the resident has exhibited these behaviors on [redacted], and [redacted]. The resident also eloped from the home on [redacted]. No additional RASP has been completed to address these behaviors.

Plan of Correction

Accept ([redacted] - 04/15/2026)

The resident's support Plan was reviewed and updated to accurately reflect current behaviors and appropriate staff interventions. See attached.
 Staff were notified of the updated plan and provided instruction on implementation.
 Audit of support plans were completed to ensure accuracy and inclusion of current behaviors as needed. Any plans identified as outdated or not reflective of status were revised. See attached
 Memory care Coordinator was educated on updating support plan with as residents' behavior changes-3/30/26
 Residents' support plans will be updated on an ongoing basis as needed.

Licensee's Proposed Overall Completion Date: 04/06/2026

Implemented [redacted] - 04/15/2026)