

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

October 31, 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 09/16/2025 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:** 07/22/2026

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:** 38 **Waking Staff:** 29

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**

Reason: Renewal **Exit Conference Date:** 09/16/2025

Inspection Dates and Department Representative

09/16/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 31 **Residents Served:** 19

Secured Dementia Care Unit

In Home: Yes **Area:** entire home **Capacity:** 31 **Residents Served:** 19

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 19

Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0

Have Mobility Need: 19 **Have Physical Disability:** 0

Inspections / Reviews

09/16/2025 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 10/06/2025

10/09/2025 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 10/30/2025

Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 10/14/2025

Inspections / Reviews *(continued)*

10/15/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/30/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/31/2025

10/31/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/30/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

62 - Contact List

1. 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.

Description of Violation

Staff Member A, the administrator, could not provide a list of substitute personnel for the home.

Plan of Correction

Accept [redacted] - 10/15/2025)

- PCHA educated Staffing coordinator on the need to have an agency list. See attached. 9/17/2025
- Staffing coordinator will begin to compile list for all agency staff effective September 2025. List will include phone number and address provided from agency staff. If agency staff does not have personal phone and address available to home, agency company's address and phone number will be listed for agency staff. List will be available 10/30/2025
- Staffing coordinator will review aspen schedule to identify new agency staff. Daily.
- Scheduler will enter names of new aspen agency staff members in a separate spreadsheet when shift has been completed. Daily
- Scheduler will maintain list of all agency staff that works in Aspen weekly on an ongoing basis.
- PCHA will audit list weekly for 2 months effective 10/30/25

Licensee's Proposed Overall Completion Date: 10/30/2025

Implemented [redacted] - 10/31/2025)

65g - Annual Training Content

2. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff Member B did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert in the 2024 training year.

Plan of Correction

Accept [redacted] 10/15/2025)

- PCHA completed the audit of Aspen staff list for completion of 2025 fire safety training see attached. 9/25/25
- HR will provide attendance sheet to PCHA and department managers upon completion of scheduled annual safety training. September 2025 and annually
- HR will identify aspen staff members who did not attend scheduled trainings and communicate with department managers. September 2025 and annually
- Department managers will follow up with aspen staff who did not attend scheduled trainings and offer make up

65g Annual Training Content (continued)

training. September 2025 and annually

- Staff who do not attend make up trainings will be removed from the schedule until training is completed. September 2025 and annually.

Licensee's Proposed Overall Completion Date: 10/14/2025

Implemented [redacted] - 10/31/2025)

66b - Training Plan Content

3. Requirements

2600.

66.b. The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

1. The name, position and duties of each direct care staff person.
2. The required training courses for each staff person.
3. The dates, times and locations of the scheduled training for each staff person for the upcoming year.

Description of Violation

The home's staff training plan does not include estimated dates for each training to be completed.

Plan of Correction

Directed [redacted] - 10/15/2025)

Training year of the home is January to December of each year.

Targeted months of completion was added to training plan. See attached.

Outlier trainings will be completed by December 31st of each

Proposed Overall Completion Date: 10/14/2025

Directed Plan of Correction [redacted] 10/15/25):

Immediately The administrator shall develop and implement a 2025 staff training plan which includes all components of 2600.66b including: the name, position and duties of each staff person; the required training courses for each staff person and the dates, times, and locations of the scheduled training. Documentation will be kept.

Directed Completion Date: 10/14/2025

Implemented [redacted] - 10/31/2025)

183e - Storing Medications

4. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On [redacted], the following medication cards were observed to have a punctured blister foil with the medication still present in the spot exposing it to contamination or improper sanitation:

- Resident [redacted]

183e Storing Medications (continued)

- Resident [REDACTED]
- Resident [REDACTED]

On [REDACTED], a roll pack of medications belonging to Resident [REDACTED] was found in the medication cart. [REDACTED] and [REDACTED] were removed from the roll pack as they were discontinued. The roll pack was taped shut to enclose the remaining [REDACTED] pill.

Plan of Correction

Directed [REDACTED] - 10/15/2025)

See attached.

- Medication cart audit was completed to identify other possible compromised medications. See attached 9/17/25
- Nurses and Medication technicians were educated on wasting medications that may be compromised. One medication technician is currently on leave; education will be completed when [REDACTED] returns to work. 9/30/25.
- Checking for compromised medications was included in medication cart audit list. See attached
- [REDACTED] and [REDACTED] were discontinued after the pharmacy had already filled the Tallys pack.
- Once notified by the community, the pharmacy removed the discontinued medications from the roll pack. However, a pharmacy altered sticker was not applied at that time.
- The Director of Nursing (DON) provided education to the pharmacy representative regarding the importance of applying a pharmacy altered sticker when any medication packaging is modified. (See attached documentation.)
- As of 10/1/25, the pharmacy has implemented the use of pharmacy altered stickers when changes are made to medication packaging.
- If a medication change occurs after a roll pack has been delivered to the community, the pharmacy will reissue a new roll pack to ensure accuracy and compliance.

Proposed Overall Completion Date: 10/14/2025

Directed Plan of Correction ([REDACTED] -10/15/25)

Immediately, the administrator will contact the pharmacy to educate that pharmacy altered stickers are not permitted to be utilized after altering a pill pack, roll pack, or other multi dose packaging medication system.

Immediately, the administrator or designee shall perform an audit of all medications and return medications altered with pharmacy or other sticker and return these to the pharmacy for re packaging or destroy the medications in the affected pack per the home's medication policies.

Within 10 days of the receipt of the acceptable plan of correction, the administrator or designee shall educate all staff involved in medication administration of the regulatory clarification disseminated on 5/21/2025 which prohibits homes from altering, removing, or changing pre packaged medications and prohibits the use of stickers to remove pre packed medication by any means. All medications that are discontinued must be returned to the pharmacy for re packaging or destroyed according to the home's medication policies.

Starting within 15 days of the receipt of the acceptable plan of correction, the administrator or designee shall perform medication audits for the presence of altered medication packs weekly for 4 weeks, and monthly for 6

183e - Storing Medications (continued)

months thereafter.

Directed Completion Date: 10/30/2025

Implemented [REDACTED] - 10/31/2025)