

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to FREDERICK MENNONITE COMMUNITY

LEGAL ENTITY

To operate FREDERICK MENNONITE COMMUNITY - MAGNOLIA HOUSE

NAME OF FACILITY OR AGENCY

Located at PO BOX 498, 2849 BIG ROAD, FREDERICK, PA 19435

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 104
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa. Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from June 24, 2010 until June 24, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **127720**

Robert E. Robinson

ISSUING OFFICER

Kevin T. Casey

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

PHONE: (717) 783-3670
FAX: (717) 783-5662

JUL 07 2010

Ms. Jeanette De La Rosa, Administrator
Frederick Mennonite Community
Frederick Mennonite Community – Magnolia House
P.O. Box 498, 2849 Big Road
Frederick, Pennsylvania 19435

Dear Ms. De La Rosa:

As a result of the Department of Public Welfare's licensing inspection on April 13, 2010 and April 14, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Frederick Mennonite Community-Magnolia House PO Box 498, 2849 Big Road, Frederick 19435		CURRENT LICENSE NUMBER 127720	
INSPECTION DATE(S) (Include all dates of the inspection) April 13-14, 2010		REGIONAL REPRESENTATIVE Metzger, Frey, Stone	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Jeanette De la Rosa PC Administrator</i>			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Jeanette De la Rosa</i>		DATE 5-5-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Christa Mitchell</i>
			DATE 5/19/10

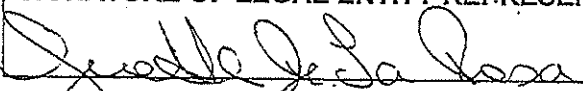
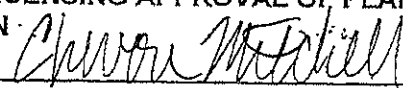
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
22a1 & 224a 22a1 The following admission document shall be completed for each resident Preadmission screening completed prior to admission on a form specified by the Department. 224a 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.	A preadmission screening had not been completed prior to resident #4's readmission to the home on 8/25/2009.	5-5-10 <u>Magnolia</u>	Preadmission screenings will be done prior to admission. All new pre-admission screenings will be reviewed by the PC management team to ensure the needs of the resident can be met by the services provided by the home. The PC management team will review the Assessment spreadsheet weekly (see spreadsheet attached). Inservice was given on 5/3/2010- (see attached). RN Process coordinator will monitor for compliance.	5/19/10 CPM

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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Jocelyn De la Rosa, PC Administrator			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Jocelyn De la Rosa</i>		DATE 5/5/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>
			DATE 5/19/10


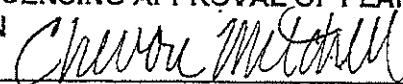
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<p>22a3 & 225a</p> <p>22a3 The following admission document shall be completed for each resident - Personal care home assessment completed within 15 days after admission on a form specified by the Department.</p> <p>225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.</p>	<p>An initial assessment had not been completed within 15 days after resident #4's readmission to the home on 8/25/2009.</p>	<p>5-5-10</p>	<p>Resident #4 Assessment was completed on 10/7/2009 Initial Assessments will be done with in 15 days from date of the admission. The PC management team will review the assessment spreadsheet weekly to ensure its completed timely.(see spreadsheet attached). An inservice was given on 5/3/2010.(see attached). RN Process coordinator will monitor for compliance.</p>	<p><i>5/19/10</i></p>


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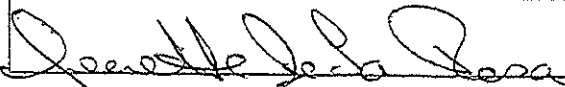
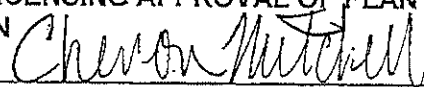
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22a4 & 227a 22a4 The following admission document shall be completed for each resident - Support plan developed and implemented within 30 days after admission. 227a A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.	A support plan had not been developed and implemented within 30 days after resident #4's readmission to the home on 8/25/2009.	5-5-10	Resident #4 support plan was completed on 10/7/2009 Support plans will be done with in 30 days from the date Of the admission. The PC management team will Review the support plan assessment spreadsheet weekly to ensure all support plans due are completed timely. See spreadsheet attached. An inservice was given on 5/3/2010 (see attached). RN process coordinator will monitor for compliance.	6/19/10 CDM

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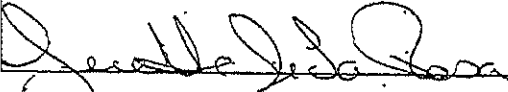
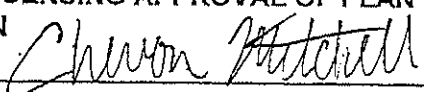
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25a-1 Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.	The home implemented a rate increase on 1/1/2010. Addendums to contracts for residents #3, 4, 9, and 11 reflecting this rate increase had not been completed.	5-7-10	Resident #3,4,9 and 11 rate increase addendum signatures were obtained by the resident. Copies are on file. All contracts will be reviewed by the PC Administrator/Designee to ensure we receive signatures from all residents.	Steps have been taken to correct violation; full compliance is not verifiable  Date: 5/19/10 Initiate (EPT)


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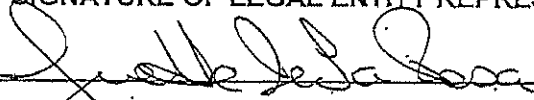
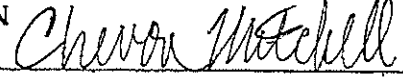
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63a At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and cardiopulmonary resuscitation shall be present in the home at all times.	The home's resident census was 67 as of the date of the inspection. Staffing records were reviewed for a two week period between 3/28/2010 and 4/10/2010. The home's resident census remained above 50 during this period. As a result the home was required to have 2 staff persons on duty at all times who are trained in first aid and certified in CPR. On the 11 pm to 7 am shift on 3/28/10, 3/29/10, 3/30/10, 4/2/10, 4/5/10, 4/6/10, and 4/7/10 there was only 1 staff person on duty at all times who had the required training.	4-15-10	The 11-7 employee received CPR/First Aid Certification on 4/15/2010 (see attached). At this current time all employees are CPR/Certified. The PC Administrator/ Staff Coordinator will ensure that the required number of CPR/ First aid certified staff are on duty at all times. Staff Education Coordinator, scheduling coordinator and PC Administrator will monitor for compliance.	6/19/10 CPW

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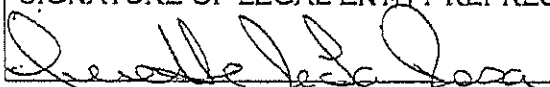
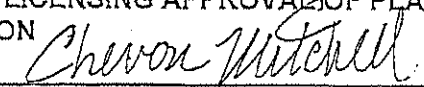
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89b Hot water temperature in areas accessible to the resident may not exceed 120°F.	Hot water temperature at the sink in the third floor common bathroom next to bedroom 1306 measured 125°F.	5-5-10	3 rd floor common bathroom water temperature's have been within normal limits. See log attached. Daily water temperature checks are being done randomly through out the Magnolia community. A new regulator valve will be purchased. Quotes have been requested from IT Landis (AC and Plumbing Company). PC Administrator/ Maintenance will report to Performance Improvement committee monthly.	5/19/10 

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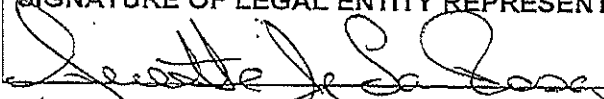
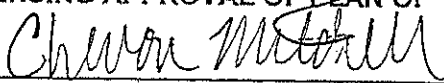
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124 The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.	The home's most recent written notification to the fire department on 2/27/2009 did not reflect recent changes in the evacuation assistance needs of the residents.	4-29-10	A letter was mailed to the fire Department on 4/29/2010 to include all residents that Would need assistance to evacuate and Their room locations (see attached). PC Administrator/designee will update any changes and mail monthly to the fire Department.	6/9/10 CRW

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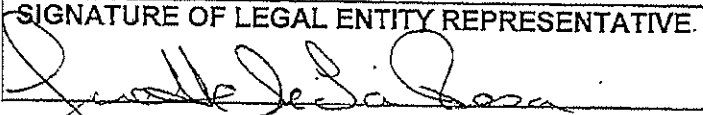
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132d Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.	The home presented a letter from a fire safety authority that specified a recommended evacuation time of 22 minutes. That letter was not acceptable as that length of time is too long to assure the safety of the home's residents. Fire drill evacuation times were as follows: <table style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Date</th> <th style="text-align: left; border-bottom: 1px solid black;">Time</th> <th style="text-align: left; border-bottom: 1px solid black;">EvacTime</th> </tr> </thead> <tbody> <tr><td>03/10/09</td><td>10:31 am</td><td>8:35</td></tr> <tr><td>04/20/09</td><td>14:52</td><td>8:35</td></tr> <tr><td>05/20/09</td><td>6:38 am</td><td>16:31</td></tr> <tr><td>06/18/09</td><td>10:36 am</td><td>9:44</td></tr> <tr><td>07/31/09</td><td>15:18</td><td>11:20</td></tr> <tr><td>08/19/09</td><td>6:26</td><td>18:39</td></tr> <tr><td>09/25/09</td><td>10:08</td><td>8:12</td></tr> <tr><td>10/07/09</td><td>15:00</td><td>5:43</td></tr> <tr><td>11/23/09</td><td>6:23</td><td>14:26</td></tr> </tbody> </table>	Date	Time	EvacTime	03/10/09	10:31 am	8:35	04/20/09	14:52	8:35	05/20/09	6:38 am	16:31	06/18/09	10:36 am	9:44	07/31/09	15:18	11:20	08/19/09	6:26	18:39	09/25/09	10:08	8:12	10/07/09	15:00	5:43	11/23/09	6:23	14:26	5-10-10	Fire Chief expert has re evaluated our evacuation procedures and has determined to decrease the evacuation length of time to 11 minutes which was based on the fire wall separation, fire protection systems such as sprinklers and the technical construction of the building. (see letter attached). All residents will be evacuated to a fire safe area within the allotted time specified by the Fire Chief. An inservice was given on 4/29/2010 and 5/3/2010 (see attached). PC Administrator will monitor and report to the Performance Improvement committee monthly.	6/3/10 CRM
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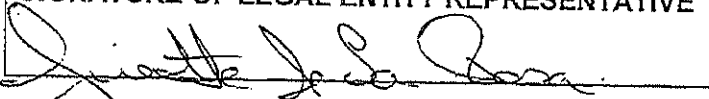
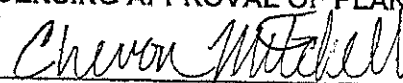
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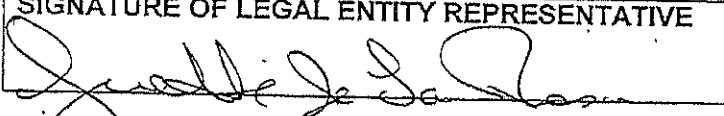
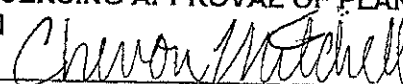
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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 		DATE 5/5/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
141a-2 The medical evaluation shall 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.	Medical evaluations did not include all the contents required by this regulation: • Resident #1-dietary needs • Resident #2-dietary needs • Resident #10-immunization history and medication regimen • Resident #12-dietary needs and medication regimen. Repeated Violation-3/5/09, et al	5-5-10	Medical evaluations will be reviewed by the RN Process Coordinator for completion to include all contents required by the regulation. A letter was sent to all physicians.(see letter attached). Medical evaluations will be returned to the physician for proper completion when necessary. Inservice was given to all nurses on 5/3/2010 (see attached). RN Process Coordinator/PC Administrator will monitor for compliance and report to the Performance Improvement committee monthly.	Steps have been taken to correct violation; full compliance is not verifiable  Date Initials (DPW)

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Frederick Mennonite Community-Magnolia House PO Box 498, 2849 Big Road, Frederick 19435			CURRENT LICENSE NUMBER 127720	
INSPECTION DATE(S) (Include all dates of the inspection) April 13-14, 2010		REGIONAL REPRESENTATIVE Metzger, Frey, Stone		
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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 		DATE 5/5/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	
DATE 5/19/10				
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
141a-2 (continued) (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.				

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Frederick Mennonite Community-Magnolia House PO Box 498, 2849 Big Road, Frederick 19435		CURRENT LICENSE NUMBER 127720		
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1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
184a The original container for prescription medications shall be labeled with a pharmacy label that includes the following: (1) The resident's name. (2) The name of the medication. (3) The date the prescription was issued. (4) The prescribed dosage and instructions for administration. (5) The name and title of the prescriber.	The home administered a medication to resident #10 at 8:00 am daily. The only information on the resident's medication record is that the medication is for "a study." The container for the medication lacked a pharmacy label that includes the information required by this regulation.	5-5-10	A medication label was requested by the prescriber to place on the medication bottle to include all contents per regulation 184a. Information on the study medication was also obtained by the prescriber. An inservice was given to staff on 4/29/2010 and 5/3/2010 (see attached). random audits will be performed by the 11-7 nurse for compliance.	Steps have been taken to correct violation; full compliance is not verifiable 5/19/10 Date Initials (DPW) 