

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to MENNO-HAVEN, INC.

LEGAL ENTITY

To operate THE VILLAGE SQUARE

NAME OF FACILITY OR AGENCY

Located at 2075 SCOTLAND AVENUE, CHAMBERSBURG, PA 17201

(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 130
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 August 31, 2010 until August 31, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 336710

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

SEP 02 2010

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

Mr. Timothy D. Johnson, COO
Menno-Haven, Inc.
2075 Scotland Avenue
Chambersburg, Pennsylvania 17201

RE: The Village Square
2075 Scotland Avenue
Chambersburg, Pennsylvania 17201

Dear Mr. Johnson:

As a result of the Department of Public Welfare's licensing inspection on June 30, 2010 and July 1, 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.

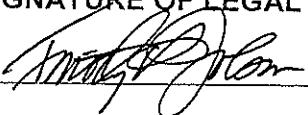
A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

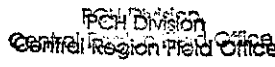
Sincerely,
Handwritten signature of Kevin T. Casey in cursive script.

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

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

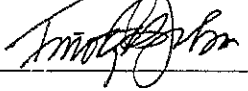
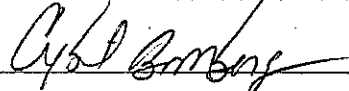
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|---|-----------------|---|-----------------|
| NAME AND ADDRESS OF PERSONAL CARE HOME The Village Square, 2075 Scotland Avenue, Chambersburg, PA 17201 | | CURRENT LICENSE NUMBER 336710 | |
| INSPECTION DATE(S) (Include all dates of the inspection) June 30 and July 1, 2010 | | REGIONAL REPRESENTATIVE Lynn Loudenslager and Jaime Erb | |
| PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>TIMOTHY D. JOHNSON, CHIEF OPERATING OFFICER</i> | | | |
| SIGNATURE OF LEGAL ENTITY REPRESENTATIVE  | DATE 7-28-10 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bomberg</i> | DATE 8/18/10 |

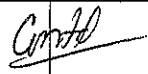
| 1 REGULATION 55 Pa.Code § 2600. | 2 VIOLATION | 3 DATE BY WHICH CORRECTION WILL BE COMPLETED | 4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur) | 5 DATE COMPLIANCE VERIFIED BY DPW |
|---|---|--|--|---|
| 51 and 52 51 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults). 52 Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act | Massage therapy services are available in the home from two therapists. The home did not have criminal history background checks for the therapists.  | 7/28/10 | Criminal background checks are now on file in the facility for both therapists. All contracted services were informed that we must have criminal background checks on hand for all of their staff in our facility. We have received all. | 8/18/10 <i>CB</i> |

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

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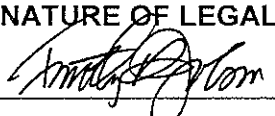
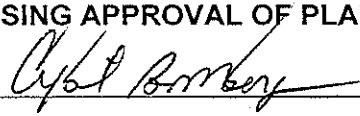
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| (35 P.S. §§ 10225.101—10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults) and other applicable regulations. | | | |  |

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

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| 65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas: (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). | Staff person A, hired 11/30/05, and Staff person B, hired 10/13/08, did not have Older Adult Protective Services Act training in 2009. | 7/28/10 New program to be developed by 9/1/10. | Older Adult Protective Services Act training has now been done with both of these employees and we are formulating an internal program to be loaded automatically annually for all staff working in Village Square. It is covered with all regularly scheduled volunteers already. | 8/18/10 CB |

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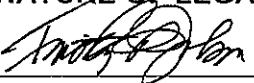
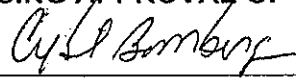
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| 65i A record of training including the direct care staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept. | The home uses the Silver Chair Training Program. The actual time for employee completion of the training was not documented. The home uses the rated minutes to document training time. Rated minutes are based on the time it takes a person with no knowledge of the subject to take the training. | 7/28/10 New program to be developed by 9/1/10. | Beginning immediately, direct care workers will be instructed to print certificates for each course completed and on the certificate they will write the length of time it took them to complete the course. The certificates will be maintained by the PCA. | | Steps have been taken to correct violation; full compliance is not verifiable 8/18/10 Date Initials (DPW) |

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| 123b Copies of the emergency procedures 107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept. | The emergency procedures for the municipality were not posted or available in a conspicuous place in the home. | 7/28/10 | The emergency procedures for the municipality are now posted on main hall bulletin board. <i>The administrator or designee will ensure that they continue to be posted by checking monthly. 08/18/10</i> | 8/18/10 <i>ce</i> |

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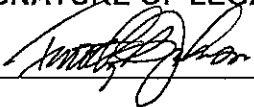
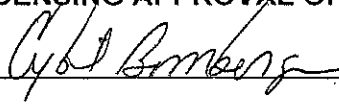
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| 141a-2 The medical evaluation shall include the following: (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. | <p>-The medical evaluation dated 3/4/10 for Resident 1 referred to an attached medication regimen. The attachment was dated 3/19/10.</p> <p>-The medical evaluation dated 3/23/10 for Resident 2 referred to an attached medication regimen. The attachment was dated 3/26/10.</p> <p>-The medical evaluation dated 12/2/09 for Resident 3 referred to an attached medication regimen. The attachment was dated 12/24/09.</p> <p>-The medical evaluation dated 1/5/10 for Resident 4 referred to an attached medication regimen. The</p> | 8/2/10 | <p>The discrepancy occurred because the medical evaluation is currently produced electronically thru dictation, whereas the attachment currently is not. To eliminate the discrepancy, the attachment will be added electronically thru dictation the same day as medical evaluation.</p> <p><i>All medical evaluations will be reviewed upon receipt by the administrator or designee. Any medical evaluation that is not complete will be returned to the physician for completion. 08/18/10</i></p> | <p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><u>8/18/10</u> <u> </u> Date Initials (DPW)</p> |

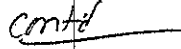
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| | attachment was dated 4/22/10. -The medical evaluation dated 3/13/10 for Resident 5 referred to an attached medication regimen. Nothing was attached. Repeat violation, May 7, 2009 | | |  |

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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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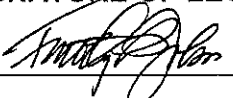

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| 187a A medication record shall be kept to include the following for each resident for whom medications are administered: (14) Name and initials of the staff person administering the medication. | -The administration of 6 units <i>Novolog</i> with breakfast for Resident 6 was not initialed on 6/30/2010. -The bedtime dose of <i>Alprazolam</i> for Resident 6 was not initialed on 6/28/10. The narcotic log indicated a tablet was removed and the count on the log matched the actual number of tablets remaining. For that reason, staff felt sure the resident received the medication. -The 1pm dose of <i>Morphine Sulfate</i> for Resident 7 was not initialed on 6/20/10. | 9/16/10 | The 10-6 LPN will review MARs for each resident daily for two weeks, then team leader will check every week for four weeks to ensure MARs are properly initialed. All missed initials were corrected. <i>Additional training will be held with any staff that are identified as not documenting administration of medications timely and properly.</i> CBB 8/18/10 | Steps have been taken to correct violation; full compliance is not verifiable <u>8/18/10</u> <u>OB</u> Date Initials (DPW) |

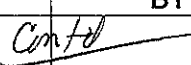
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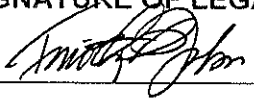
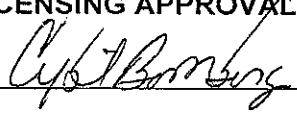
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| | -The noon dose of <i>Isosrbide</i> for Resident 7 was not initialed on 6/20/10. | | |  |

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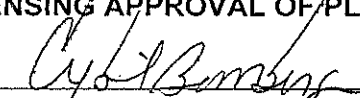
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| 187d The home shall follow the directions of the prescriber. | Resident 6 has a physician order for <i>Glucoscan</i> 4 times a day. The <i>Glucoscan</i> was conducted only 3 times on 6/10/2010 and 6/27/2010. | 9/1/10 Pharmacy will print glucoscan TAR for new beginning for 9/10 as 8/10 MARS/TARs already out. | The glucoscan was conducted four times both of these dates. The results were found on the glucoscan record form but not on the MAR. To avoid discrepancies such as this in the future, the TAR and glucoscan record for residents without an order for insulin coverage will be kept in a separate binder. The RA will initial the TAR once glucoscan is completed. The results block of the TAR will read "See glucoscan record" and results will be recorded on the glucoscan record. For residents with sliding scale coverage orders, the glucoscan record will be kept with MAR and again MAR will be initialed once glucoscan done, number of units given noted and results documented. | 8/18/10  |

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| 190a A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies. | -Staff person E completed initial medication training on 8/8/2007. The initial annual practicum was completed 12/09. No training was completed in 2008. -Staff person F completed initial medication training on 4/2/2008. The initial annual practicum was completed 1/9/2010. No training was completed in 2009. The administrator confirmed that Staff persons E and F administered medications in June. | 8/3/10 | Staff person E scheduled to complete new medication administration training on 8/3/10. Will follow medication training for future observation. Staff person F has since resigned; she is no longer here. <i>The administrator or designee will review the training credentials of staff quarterly to ensure that medication trainings including annual practicums are current.</i> | 8/18/10 CB |

8/18/10

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

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| NAME AND ADDRESS OF PERSONAL CARE HOME The Village Square, 2075 Scotland Avenue, Chambersburg, PA 17201 | CURRENT LICENSE NUMBER 336710 |
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| INSPECTION DATE(S) (Include all dates of the inspection) June 30 and July 1, 2010 | REGIONAL REPRESENTATIVE Lynn Loudenslager and Jaime Erb |
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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)

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| SIGNATURE OF LEGAL ENTITY REPRESENTATIVE  | DATE 7/28/10 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION  | DATE 8/18/10 |
|---|------------------------|---|------------------------|

| 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 |
|--|---|--|---|--|
| 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. | The medical evaluation dated 1/4/2010 for Resident 8 indicates a need for physical therapy. This service need was not identified on the assessment dated 1/15/2010. | 8/11/10 | <p>An audit will be performed to compare information on medical evaluation to information on assessment for 20 residents.</p> <p>The attachment form will be edited to include same information as contained on medical evaluation.</p> <p>This new edited attachment form will be used moving forward and the old assessment forms destroyed.</p> <p><i>Assessment for resident #8 was reviewed to reflect all needs. 08/18/10</i></p> | <p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="center"><i>05</i></p> <p>Date <u>8/23/10</u> Initials (DPW)</p> |

Per Administrator, 10 records will be reviewed monthly = random selection. 08/23/10

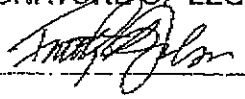
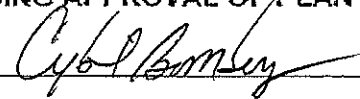
VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600


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|--|---|--|---|--|
| 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. | <p>-The assessment dated 3/11/2010 for Resident 9 indicates the need for blood pressure monitoring. This service need was not included in the support plan dated 3/11/2010.</p> <p>-The assessment dated 2/11/2010 for Resident 6 indicates the need for blood pressure monitoring. This service need was not included in the support plan dated 2/11/2010.</p> <p>-The assessment dated 4/16/2010 for Resident 5 indicates the need for blood pressure monitoring. This service need was not included in the support plan dated 4/16/2010.</p> | 9/1/10 | <p>Staff education will be provided for staff completing support plans.</p> <p>All support plans for current residents will be reviewed to ensure plan of care aligns with assessment form; necessary changes will be made.</p> <p>The Personal Care Administrator or designee will review 10 random support plans and assessment forms monthly moving forward.</p> | <p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="right">8/23/10  Date Initials (DPW)</p> |