

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to THE MENNONITE HOME

LEGAL ENTITY

To operate MENNONITE HOME(SUSQ1,3-4 FL,JUNIATA1-4 FL,CONESTOGA 1 FL)

NAME OF FACILITY OR AGENCY

Located at 1520 HARRISBURG PIKE, LANCASTER, PA 17601

(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 165  
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 November 2, 2010 until November 2, 2011,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 321780

*Robert E. Robinson*

ISSUING OFFICER

*Kurt 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

NOV 16 2010

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

Mr. John D. Sauder, NHA, Vice Pres. of Health Services  
The Mennonite Home  
Mennonite Home  
1520 Harrisburg Pike  
Lancaster, Pennsylvania 17601

Dear Mr. Sauder:

As a result of the Department of Public Welfare's licensing inspection on September 1, 2010 and September 2, 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**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> The Mennonite Home, 1520 Harrisburg Pike, Lancaster, Pennsylvania 17601		<b>CURRENT LICENSE NUMBER</b> 321780	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> September 1 and 2, 2010		<b>REGIONAL REPRESENTATIVE</b> Ryan Novak, Tom Shopay and Steve Snyder	
<b>PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)</b>			
<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> <i>Dana R. Aldinger</i>	<b>DATE</b> 9-20-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Cybil Bomberg</i>	<b>DATE</b> 10/25/10

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
52 Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act 35 P.S. §§ 10225.101— 10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults) and other applicable regulations.	The criminal record check dated 12/18/09, for staff person A, hired 2/1/10, lists offenses that prohibit the individual from employment in a personal care home.	10/15/10	MHC will abide by the 52 Prohibited Offenses contained in Act 169 as it relates to the criminal background checks. Director of Human Resources, will be responsible for assuring the compliance of this Act. Employee will be terminated no later than the correction date listed.  <i>Staff person terminated - Administrator states now aware of OAPSA requirements for All staff hired and will ensure is followed. CS 10/25/10</i>	<i>10/25/10 CS</i>

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81b Wheelchairs, walkers, prosthetic devices and other apparatus used by residents shall be clean, in good repair and free of hazards.	Resident #1's bed was equipped with a grab assist bar that had spacing between the bars that would allow for the entrapment of the resident's limbs/head.	9/28/10	Physical Therapy was informed of the modification request to the grab assist bar. A mesh cover was ordered to fit over the grab assist bar to protect the resident from entrapment of the head and limbs.  <i>The administration will ensure that any assist bars used in the future will not have space that would allow for entrapment - OS 10/25/10.</i>  <i>photos</i>	<i>10/25/10 OS</i>

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102d-1 Toilet and bath areas shall have grab bars, hand rails or assist bars.	The toilet located in the restroom of the Juniata wing, adjacent to the wellness center, was not equipped with a grab assist bar.	9/9/10	Grab Bars were installed in the public bathrooms on the Juniata first floor, adjacent to the wellness center.  (See Attachment A)	10/25/10 <i>CB</i>

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1021 Shelves or hooks for the resident's towel and clothing shall be provided.	The rooms for Residents # 2, 3, 4, 5, 6, 7, 8 and 9 did not contain an individually labeled hook or shelf for each resident's towel.	9/14/10	Wall plaques stating "Door Bed" and "Window Bed" were installed in all shared bathrooms. Residents were educated on the importance of not sharing personal items.  (See Attachment B)	10/25/10 <i>CB</i>

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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.	The medical evaluations for Residents #1, 10, 11 and 12 refer to attached lists. The lists were attached but were not signed or dated by the respective physician.	9/8/10	All MD rounding nurses were educated on the importance of having all attached documents to the medical evaluation, signed and dated. In addition, all medical evaluations will be given to the Director of Personal Care, upon completion. An audit tool will be utilized for compliance.  (See attachment C)	Steps have been taken to correct violation; full compliance is not verifiable  Date <u>10/25/10</u> Initials (DPW) <u>CS</u>

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184b If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.	The following OTC medications were found in the shared bathroom of Resident #3 that were not labeled with the resident's name: <ul style="list-style-type: none"> <li>• Natural Fiber Laxative</li> <li>• Gas X</li> <li>• Anti-Diarrheal Caplets</li> <li>• Cepacol Sore Throat Spray</li> </ul>	9/2/10	OTC medication was removed from the resident's room and the physician was notified of their usage. The resident was educated on the proper storage of OTC medication.  <i>Staff check residents rooms routinely during housekeeping and when providing personal care services. Unlabeled medications are then reported to the staff person in charge of that shift to be handled appropriately.</i> <i>(9/16/2010)</i>	Steps have been taken to correct violation; full compliance is not verifiable. <i>10/25/10</i> Date <i>TS</i> Initials (DPW)

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187a A medication record shall be kept to include the following for each resident for whom medications are administered:  (12) Diagnosis or purpose for the medication, including pro re nata (PRN).	The following medications for Resident #13 did not contain a diagnosis or purpose on the medication administration record (MAR):  <ul style="list-style-type: none"> <li>• Furosemide 40mg tablet</li> <li>• Lisinopril 10mg tablet</li> <li>• Aspirin Chewable 81mg tablet</li> <li>• Zolpidem Tartrate 5mg tablet</li> <li>• Macular Protect Complete Capsules</li> </ul>	9/10/10	Facility Medical Director and Pharmacy owner were consulted concerning implementing a check system to ensure all diagnosis codes are documented on all new orders. LPN and Med Tech staff were educated concerning the importance of observing for new orders without a diagnosis code, and to request a code from the physician in the event one is absent.  <i>Per phone contact with administrator, the changes to the electronic MAR system will not permit for diagnosis to be left blank on the MAR. CB 10/25/10</i>	<i>10/25/10 CB</i>

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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.	The pre-admission screenings for Residents #10, 11, 14, 15 and 16 were not dated.	9/7/10	<p>Staff members that utilize the Pre-assessment tool were re-educated in the proper usage, that all applicable areas require an entry.</p> <p align="center">(See Attachment D)</p> <p><i>The administrator or designee will review resident records as a quality assurance review to ensure that pre admission forms are complete and dated. as 10/25/10</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="center"><i>10/25/10</i></p> <p>Date <i>10/25/10</i> Initials (DPW) <i>CS</i></p>