

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 July 21, 2011 until July 21, 2012,

unless sooner revoked for non-compliance with applicable laws and regulations.

No: 127720

*Robert E. Robinson*

ISSUING OFFICER

*[Signature]*

DIRECTOR

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 - 01/11



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

ADULT RESIDENTIAL LICENSING

AUG 02 2011

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

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 May 23, 2011 and May 24, 2011 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 black ink, appearing to be 'R' followed by a long horizontal stroke.

Ronald Melusky  
Acting Director

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, PA 19435		CURRENT LICENSE NUMBER L27720	
INSPECTION DATES (Include all dates of the inspection) 05/23/2011		REGIONAL REPRESENTATIVE Sandi Wooters, Roslyn Brewer	
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 <i>Jeanette De La Rosa</i>		DATE 6/15/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>
			DATE 7/19/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
25a1 Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.	Resident #1, admitted 03/04/11, contract was dated and signed on 03/18/11 by the designee.	5-25-11	25a1 Contracts will be reviewed by the Marketing Manager or designee to ensure compliance with signatures and dates. This action is to be effective immediately and ongoing with all contracts. Please see attached signature pages of one resident who was admitted after the DPW inspection.	7/19/11 CEM

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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, PA 19435		CURRENT LICENSE NUMBER 127720	
INSPECTION DATES (include all dates of the inspection) 05/23/2011		REGIONAL REPRESENTATIVE Sandi Wooters, Roslyn Brewer	
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 <i>Jeanette De la Rosa</i>	DATE <i>6/15/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE <i>7/19/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
25b 25b - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.	-The contract for resident #3 dated 12/25/2010 was not signed by the residents payer.  -The contract for resident #4 dated 12/25/2011 was not signed by the residents payer.	<i>5-25-11</i>	25b Contracts will be reviewed by the Marketing Manager or designee to ensure compliance with signatures and dates. This action is to be effective immediately and ongoing with all contracts. Please see attached signature pages of one resident who was admitted after the DPW inspection.	<i>7/19/11 CRM</i>

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SIGNATURE OF LEGAL ENTITY <i>Jeanette De la Rosa</i>	DATE <i>6/15/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE <i>7/19/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
81b Wheelchairs, walkers, prosthetic devices and other apparatus used by residents shall be clean, in good repair and free of hazards.	Resident #5 who resides in room #1224, had an enabler attached to the bed that measured 6 x 23 and a 4 inch wide opening which would allow a limb in the enabler causing hazard to the resident.	<i>6-6-11</i>	81b Resident #5 enabler was removed and new enabler installed with DPW specifications in accordance with regulations. All rooms were inspected for compliance. Room inspections will be done periodically. See audit sheet attached. PC Admin/ Designee will monitor for compliance.	<i>7/19/11 CRM</i>

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**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, PA 19435		CURRENT LICENSE NUMBER 127720	
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SIGNATURE OF LEGAL ENTITY <i>Jeanette De La Rosa</i>		DATE 6/15/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>
			DATE 7/19/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	<p>The below poisonous materials were found in resident rooms with labels that read "If accidentally swallowed get medical help or call poison control right away". These residents, have not been assessed capable of recognizing and using poisons safely.</p> <ul style="list-style-type: none"> <li>-Resident #1, room #1237 had, Ultra bright-label</li> <li>-Resident #3, room #1110 had, Arm and hammer complete care.</li> <li>-Resident #4, room #1231 had Crest toothpaste.</li> <li>-Resident #5, room #1224 had Crest toothpaste.</li> <li>-Resident #6, room #1237 had Colgate toothpaste.</li> <li>-Resident #7, room #1234 had Destin.</li> </ul>	6-17-11	<p>82c Resident #1, #3, #4, #5, #6, #7 were assessed and are safe to have Poisonous Materials in their room. Documentation stating the above residents is safe to have poisonous materials in room were added to their assessment and support plan. In addition, all residents were assessed for the ability to safely use poisonous materials and it was determined that all were safe except for several residents. These residents who are not safe will have Poisonous Materials locked in their rooms and a key will be kept with staff. Staff will assist residents with handling any poisonous materials. The RN Process Coordinator will assess residents upon admission, yearly, and during any significant change. Education was provided to all residents and families regarding poisonous materials on June 14. See agenda attached. Inservice for staff will be given on June 15 and 23<sup>rd</sup>. PC Administrator/ Designee will conduct routine audits to ensure compliance. See audit sheet</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>[Signature]</i>          Initials (DPW)</p> <p>Date</p>

*attached. xml*

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

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SIGNATURE OF LEGAL ENTITY <i>Jeanette De la Rosa</i>	DATE <i>6/15/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE <i>7/19/11</i>

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101j7 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	Resident #6 in bed room # 1237, does not have a source of light that can be turned on/off from bedside.	<i>6-17-11</i>	101j7 Resident #6 was issued a lamp next to bed during the DPW inspection. PC Admin/Designee will conduct routine audits on all residents rooms to ensure compliance. See audit sheet attached.	<i>7/19/11</i>

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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			DATE <i>7/19/11</i>

  

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123c For a home serving 9 or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.	The home does not have the line of travel on the emergency evacuation diagrams in Magnolia House's 1st, 2nd and 3rd floors.	<i>6-6-11</i>	123c The line of travel was added to all Emergency evacuation diagrams in Magnolia. Please see diagram attached. PC Admin/Designee will monitor for Compliance.	<i>7/19/11 CRM</i>

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

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181c A resident who desires to self-administer his medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.	<p>-Resident #4 medical evaluation dated 1/18/11 indicated, the resident can not self administer medications. The assessment dated 2/1/11 indicated the resident can self administer medications.</p> <p>-The following residents have not been assessed to self administer medications and OTC medications were found in the residents rooms:</p> <p>Resident #4 medical evaluation dated 1/18/11, medications in resident bedroom: Zan tai, Coricidin, Lisinopl/HCTZ, Fleet clycencim suppositories, Docusate sodium</p> <p>Resident #7 medical evaluation dated 9/14/10, medication in the resident bedroom, Fibrilac, Mylanta, Vicks Vapor rub and Desitin stomach relief</p> <p>Resident #9 medical evaluation dated 1/27/11, medication in residents bedroom, Robitussin Tussin, Imodium, Artificial tears, Aloe mist nasal spray, cortizone 10 plus restful night essentials.</p>	6-17-11	<p>181c                      The assessment dated 2/1/11 for resident # 4 was amended by PC RN Coordinator to state resident is not able to self administer per medical evaluation. Dated 1/18/2011. Please see attached.                      Resident's #4, #7, and #9, do not have the ability to self medicate and over the counter medications were removed from the residents room. Inspections were conducted on all resident rooms in Magnolia. Letters were sent to all residents and families -see attached.                      A meeting was scheduled with all residents and families on June 14 to answer any questions. Inservice to all staff is scheduled for 6/15/2011 and 6/23/2011.                      Room inspections will be done periodically by PC Admin and designees for compliance.                      See audit sheet attached.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>[Signature]</i>                      Date Initials (DPW)</p>

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, PA 17435		CURRENT LICENSE NUMBER 127720	
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SIGNATURE OF LEGAL ENTITY <i>Joanette De la Rosa</i>		DATE <i>6/15/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherou Mitchell</i>
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VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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NAME AND ADDRESS OF PERSONAL CARE HOME FREDERICK MENNONITE COMMUNITY MAGNOLIA HOUSE, PO BOX 498 2349 BIG ROAD FREDERICK, PA 19435		CURRENT LICENSE NUMBER 127720	
INSPECTION DATES (Include all dates of the inspection) 05/23/2011		REGIONAL REPRESENTATIVE Sandi Wooters, Roslyn Brewer	
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SIGNATURE OF LEGAL ENTITY <i>Jeanette De La Rosa</i>	DATE 6/15/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE 7/19/11

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183f1 Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person,	On 5/24/2011 the following expired medication were found in resident #9's bedroom: Refresh tears dated 1/09, Visine tears dated 9/08, Nasal wash xyitol dated 11/08 and Vicks Vapor rub dated 11/06.	6-17-11	183f1 A room inspection was done on resident #9. All expired meds were discarded. Inspections were conducted on all resident rooms in Magnolia. Letters were sent to all residents and families -see attached. A meeting was scheduled with all residents and families on June 14-see agenda attached. Inservice for all staff is scheduled on 6/23/2011. Room inspections will be done periodically by PC Admin and designees for compliance. See audit sheet attached.	<i>[Signature]</i> Date 7/19/11 Initials (DPW)

Steps have been taken to correct violation; full compliance is not verifiable  
*[Signature]*  
Date  
7/19/11  
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, PA 17435		CURRENT LICENSE NUMBER 127720	
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			DATE 7/19/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.				

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SIGNATURE OF LEGAL ENTITY <i>Jeanelle De la Rosa</i>		DATE 6/15/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron McDaniel</i>
			DATE 7/19/11

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227d Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.	<p>The following residents have needs indicated on their medical evaluation and the support plan did not indicate how the home was going to meet the residents' needs:</p> <ul style="list-style-type: none"> <li>- Resident # 1, medical evaluation dated 3/03/11 identified allergy to Penicillin. The support plan was dated 4/1/11.</li> <li>-Resident # 4, medical evaluation dated 1/18/11 identified allergy to Sulfa. The support plan was dated 2/15/11.</li> <li>-Resident # 10, medical evaluation dated 12/22/11 identified allergy to Macrohid, Sulfa, Bacrim and Demerol. The support plan was dated 2/11/11.</li> <li>-Resident # 11, medical evaluation dated 1/16/11 identified allergy to Sulfa. The support plan was dated 2/11/11.</li> </ul>	6-17-11	<p>227d Resident #1, #4, #10, and #11 medical Records were reviewed and allergies Identified. See attached. Allergies were identified and added to assessments and support plans for all residents in Magnolia. RN Process Coordinator and PC Admin will monitor for compliance.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>[Signature]</i> Date Initials (DPW)</p>