

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

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

LEGAL ENTITY

To operate PENN HALL AT MENNO HAVEN

NAME OF FACILITY OR AGENCY

Located at 1425 PHILADELPHIA 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 133
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 1, 2011 until November 1, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 327690

Robert E. Robinson

ISSUING OFFICER

R. C. King

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

NOV 03 2011

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

Mr. Timothy D. Johnson, Chief Operating Officer
Menno-Haven, Inc.
2011 Scotland Avenue
Chambersburg, Pennsylvania 17201

RE: Penn Hall at Menno Haven
1425 Philadelphia Avenue
Chambersburg, Pennsylvania 17201

Dear Mr. Johnson:

As a result of the Department of Public Welfare's licensing inspection on September 12, 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 read 'R. Melusky'.

Ronald Melusky
Director

Enclosures
License
Violation Report

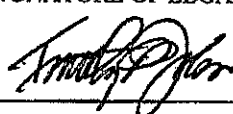

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

Page 1 of 24

NAME AND ADDRESS OF PERSONAL CARE HOME PENN HALL AT MENNO HAVEN, 1425 PHILADELPHIA AVENUE CHAMBERSBURG, PA 17201		CURRENT LICENSE NUMBER 327690	
INSPECTION DATES (Include all dates of the inspection) 09/12/2011		REGIONAL REPRESENTATIVE Doug Hoover, Serena Chou	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center; margin: 0;"><i>Timothy Johnson, COO</i></p>			
SIGNATURE OF LEGAL ENTITY 	DATE 9/29/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 10-24-11

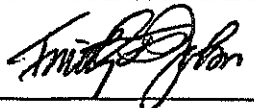
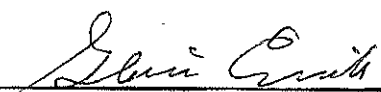
REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
<p>51/52 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).</p> <p>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</p>	<p>Staff A, hired 9/22/08; did not have a criminal background check.</p>	<p>9/30/11</p>	<ul style="list-style-type: none"> • Please see attached Response for Criminal Record Check for Staff A • Criminal background check was completed at time of hire however Human Resource Dept was not able to locate Employee file at time of inspection. 	<p>10-24-11 BE</p>

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REGULATION 55 Pa.Code §2600 (relating to protective services for older adults) and other applicable regulations.	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
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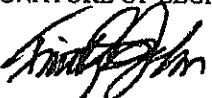

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54a Direct care staff persons shall have the following qualifications: (1) Be 18 years of age or older, except as permitted in subsection (b). (2) Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry. (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care	Direct care staff person B, hired 7/25/11, does not have a GED diploma. The facility documented that Staff B failed the GED test on 9/6/11 and could not verify active enrollment in a GED training program.	9/30/11	<ul style="list-style-type: none"> Employee was hired upon condition she receives her GED within the 6 month requirement Violation statement has that Employee failed GED as of 9/6/11 is not correct. This date was taken from a post-it note that was from HR Staff confirming Employee is enrolled to take her GED Upon hire Employee had advised she previously taken classes and was waiting for test dates from local High School On date of inspection Employee file did not contain documentation from GED Testing Center See Attached letter from GED Testing Center showing Employee's registration for GED test Administrator will submit documentation of GED to the Department, upon receipt. - EE 	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>10-24-11 EE</p> <p>Date Initials (DPW).</p>

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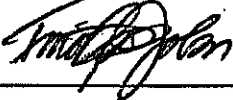
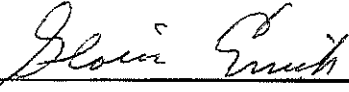
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services with reasonable skill and safety.			Control.	

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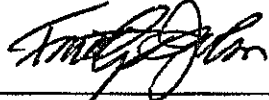

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location if applicable. (3) The designated meeting place outside the building or within the firesafe area in the event of an actual fire. (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable. (5) The location and use of fire extinguishers. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.			Contd. <div style="text-align: center; height: 300px; border-left: 1px dashed black; border-right: 1px dashed black; border-bottom: 1px dashed black;"></div>	

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65b Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following: (1) Resident rights. (2) Emergency medical plan. (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (4) Reporting of reportable incidents	<p>Direct care staff A, hired 9/22/08, did not have training in OAPSA, emergency medical plan and reportable incidents within 40 scheduled work hours.</p> <p>Direct care staff C, hired 2/4/11, did not have training in OAPSA, emergency medical plan and reportable incidents within 40 scheduled work hours.</p> <p>Ancillary staff D, hired 1/10/11, did not have training in OAPSA, emergency medical plan and reportable incidents.</p> <p>Ancillary staff F, hired 8/19/11, did not have training in OAPSA, emergency medical plan and reportable incidents.</p>	<p>9/30/11</p> <p>10/1/11 next day to work</p> <p>on going</p>	<ul style="list-style-type: none"> Direct Care Staff A & C had completed training at time of hire. See Attached Ancillary Staff D & F had OAPSA, however Staff D did not complete within 40 scheduled working hours. See attached Staff-D updated training Staff F will be trained by Dietary management in smoking safety procedure, emergency medical plan & reportable incidents on 10/1/11. Standardized checklist will be used for all new hires to prevent required items being missed due to different departments using a variety of orientation processes. 	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>10-24-11 DE</p> <p>Date Initials (DPW)</p>

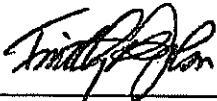

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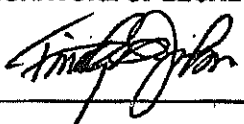

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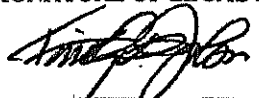

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65d Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following: (1) Training that includes a demonstration of job duties, followed by supervised practice. (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test. (3) Initial direct care staff person training to include the	Direct care staff C, hired 2/4/11, did not complete and pass the Department's direct care training course and competency test. Direct care staff E, hired 7/21/10, did not complete and pass the Department's direct care training course and competency test.	9/30/11 ongoing	• See attached. Both Direct Care Staff C & E completed Dept's direct care training course & competency test. • Documentation of training will be kept in accordance with 2600.65: - & E	10-24-11 & E

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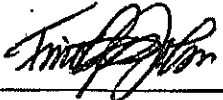

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following: (i) Safe management techniques. (ii) ADLs and IADLs. (iii) Personal hygiene. (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities. (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older. (vi) Implementation of the initial assessment, annual			<i>Contd.</i>	

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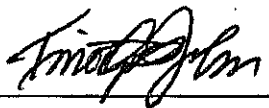
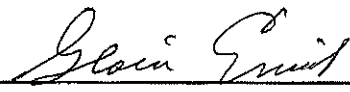
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assessment and support plan. (vii) Nutrition, food handling and sanitation. (viii) Recreation, socialization, community resources, social services and activities in the community. (ix) Gerontology. (x) Staff person supervision, if applicable. (xi) Care and needs of residents with special emphasis on the residents being served in the home. (xii) Safety management and hazard prevention.			Contd.	

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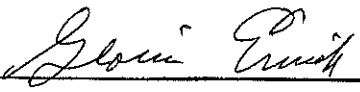
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(xiii) Universal precautions. (xiv) The requirements of this chapter. (xv) Infection control. (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.			<i>Contd.</i>	

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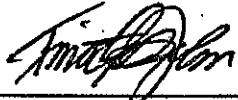
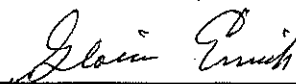
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65e Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.	Direct care staff person G, hired 9/15/05, did not have documentation of the required 12 hours of training for 2010. Direct care staff person H, hired 6/5/01, did not have documentation of the required 12 hours of training for 2010.	9/30/11 ongoing	<ul style="list-style-type: none"> See Attached Training Plans for Staff G & H. Upon discussion with Regional Reps during this inspection, Administrator was advised that Silver Chair Learning System can only be counted as clock hour for total time each employee specifically spent taking the course, instead of the "1 hour credit" deemed per SLS. <p>To be in compliance for 2011 current training plan will be adjusted to reflect additional clock hours are completed on top of online course work, by identified staff persons. Documentation of training shall be kept by the Administrator. - BE</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>10-24-11 BE Date Initials (DPI)</p>


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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>On 9/12/11, there was a can of "Johnson Wax Professional" in the basement resident storage area. The label read: "In case of contact, get medical attention."</p> <p>On 9/12/11, there was a container of "Fast Orange Hand Cleaner" in front of the outside garage area next to the water pump. The label read: "Eye irritant. In case of contact, call a physician."</p> <p>Not all residents in the facility were assessed as capable of recognizing and using poisons safely.</p>	<p>9/14/11</p> <p>9/29/11</p> <p>9/30/11</p> <p>Ongoing</p>	<ul style="list-style-type: none"> • Wax's hand cleaner were removed • See attached staff educational handout and signage of on-site training to housekeeping staff provided by housekeeping team leader • See attached staff educational handout and signage of on-site training to Grounds Dept staff provided Executive Manager of Plant operations. • Ongoing Director of Housekeeping and Grounds will be attentive of their designated work areas and will continue to remind their staff of safe keeping of potentially dangerous chemicals. 	<p>10-24-11 <i>BS</i></p>


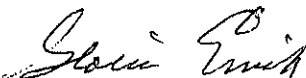
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME PENN HALL AT MENNO HAVEN, 1425 PHILADELPHIA AVENUE CHAMBERSBURG, PA 17201		CURRENT LICENSE NUMBER 327690	
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100a The exterior of the building and the building grounds or yard shall be in good repair and free of hazards.	Behind the facility is a large body of water with a water fountain in the center. There are walkways that border grassy banks that lead directly to the water. Two culverts are partially fenced with split rail wood fencing. On the far side of the water, there is a 10-15 foot wall that borders the water. This area is accessible to personal care residents, however there are no barriers or warning signs to protect residents from potential drowning or injury.	10/7/11	<ul style="list-style-type: none"> • Custom signs will be ordered to provide warning to Residents of pond. • At least 4 signs will be ordered & upon arrival will be installed within a week of the delivery of the signs to the home • Signs will be strategically placed at various areas around the pond 	Steps have been taken to correct violation; full compliance is not verifiable 10-24-11  Date Initials (DPW)

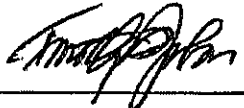

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106 If a home operates a swimming area, the following requirements apply: (1) Swimming areas shall be operated in accordance with applicable laws and regulations. (2) Written policy and procedures to protect the health, safety and well-being of the residents shall be developed and implemented.	The facility does not have written policies specific to personal care residents for the use of the pool. The pool is located in another attached building and is accessible to personal care residents.	9/30/11	<ul style="list-style-type: none"> Attached excerpt from Resident Handbook; House Rules regarding Wellness center which is given to all Residents on or before admission. Attached Menno Haven, Inc Chap 2600.106 Policy on Swimming Area Attached Policy; Statement of Pool/Spa use effective 1/1/99. Attached Physician Clearance Form and Sample Orientation packet to Wellness Center Orientation is completed by Wellness Staff and staff maintains documentation of clearance; orientation forms. 	10-24-11 BE

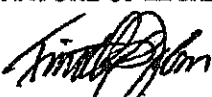
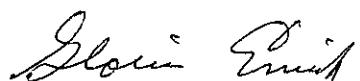
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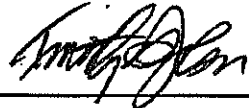
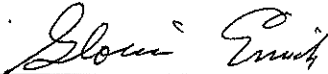
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181f. The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering his medication.	The facility did not include <i>Hydrocortisone</i> , <i>Ciprofloxacin</i> , <i>triple antibiotic ointment</i> and <i>Triamcinolone</i> on the list of current medications prescribed for resident #1. <i>Tylenol</i> and <i>Calmoseptine</i> were not included on the list of current medications prescribed for resident #2.	9/23/11 9/22/11 <i>Ongoing</i>	<ul style="list-style-type: none"> Resident records were updated Residents who self-medicate were educated on regulations See attached new form established to be completed by staff during med reviews with self-medicating residents. Form will be signed off by staff and resident. This form will replace previous review form which only had staff signing off that a general review was completed. Updated checklist has regs listed on it as well as a more thorough step by step system. 	Steps have been taken to correct violation; full compliance is not verifiable <u>10-24-11</u> Date Initials (DPW)


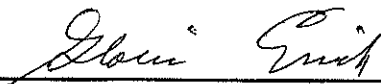
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183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	<p><i>Acetaminphen</i> prescribed for resident #3 expired on 7/31/11.</p> <p>A enema suppository prescribed for resident #4 expired in 8/11.</p>	<p>9/11/11</p> <p><i>ongoing</i></p>	<ul style="list-style-type: none"> • Expired meds were removed • All medication carts were audited for any other possible expired meds. • See attached <i>Weekly Medication Cart Check</i> will be completed to track medications being Oct 2011 	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>10-24-11 <i>EE</i></p> <p>Date Initials (DPW)</p>

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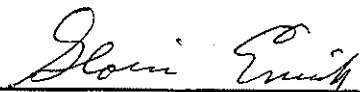
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183e Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.	<ul style="list-style-type: none"> On 9/13/11, a loose round, orange pill was found in the 2nd drawer of the 2nd floor medication cart. 3 loose white, round pills and 2 oval white pills were found in the 2nd drawer of the 3rd floor medication cart. 	<p>9/14/11</p> <p style="margin-top: 20px;">ongoing</p>	<ul style="list-style-type: none"> All loose pills were removed & all med carts audited for any other possible loose pills. See attached weekly medication cart check form to be completed by nursing staff being Oct 2011 	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="margin-left: 20px;">10-24-11 DS</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">Date</td> <td style="border: none;">Initials (DPW)</td> </tr> </table>	Date	Initials (DPW)
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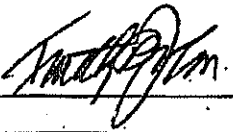

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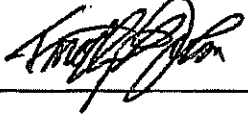

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184a The original container for prescription medications shall be labeled with a pharmacy label that includes the following: (1) The resident's name. (2) The name of the medication. (3) The date the prescription was issued. (4) The prescribed dosage and instructions for administration. (5) The name and title of the prescriber.	A container of <i>Amoxicillin, 500mg.</i> , was not labeled with the name of resident #5.	9/14/11 Ongoing	<ul style="list-style-type: none"> • Medication was removed from the cart for proper labeling • Staff will be auditing medication carts and will advise Administrator if future medications are found not to be labeled correctly. 	10-24-11 EE

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137a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	<p>The medication administration record (MAR) for resident #8 was not initialed for the 8:00 AM administration of <i>Dolivite</i>, 6 mg. on 9/8/11.</p> <p>The MAR for resident #7 was not initialed for the 5:00 PM administration of <i>Ranitidine</i>, 150 mg. on 9/11/11.</p> <p>The MAR for resident #9 was not initialed for the 8:00 AM administration of <i>Procardia</i>, 30 mg. on 8/11/11.</p>	<p>9/29/11</p> <p>Ongoing</p>	<p>All 3 staff that were responsible for missed proper documentation were counseled</p> <p>MARs will be audited month by month to obtain confirmation of any nursing staff having ongoing issues with thorough completion of MAR. Patterns will be addressed by Administrator with education and/or Employee Counseling.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>10-24-11 DE</p> <p>Date Initials (DPW)</p>

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precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.			Contd.	