



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17102-1810

ADULT RESIDENTIAL LICENSING  
Central Region Field Office  
555 Walnut Street, 6<sup>th</sup> Floor  
Harrisburg, Pennsylvania 17101

PHONE: (717) 772-4673  
FAX: (717) 783-3956  
Toll Free: 1-800-882-1885

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: May 9, 2012**

Mr. John D. Sauder, Vice President of Health Services  
The Mennonite Home  
Mennonite Home (Susq1,3-4FL,Juniata1-4FL.,Conestoga1FL)  
1520 Harrisburg Pike  
Lancaster, Pennsylvania 17601

Dear Mr. Sauder:

As a result of the Department of Public Welfare's licensing inspection on April 20, 2012 of the above personal care home, a violation with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report was 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.



Sincerely,

A handwritten signature in black ink that reads "Cybil Bomberger". The signature is fluid and cursive, with a long horizontal line extending to the right.

Cybil Bomberger  
Regional Licensing Director

Enclosure  
Violation Report

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

<b>PCH Name:</b> MENNONITE HOME SUSQ1 3 4 FL JUNIATA1 4 FL CONESTOGA 1 FL		<b>License Number:</b> 321780
<b>Address:</b> 1520 HARRISBURG PIKE, LANCASTER, PA 17601		<b>County:</b> Lancaster
<b>Administrator:</b> Dana Aldinger, PCHA		<b>Region:</b> CENTRAL
<b>Legal Entity Name:</b> THE MENNONITE HOME		
<b>Legal Entity Address:</b> 1520 HARRISBURG PIKE, LANCASTER, PA 17601		
<b>Certificate(s) of Occupancy</b>		
C-2 LP 06/23/2005 L&I	I-2 04/03/2012 Manheim Township	
<b>Staffing Hours</b>		
<b>Resident Support:</b> NM	<b>Total Daily Staff:</b> 112	<b>Waking Staff:</b> 84
<b>Type of Inspection:</b> Partial	<b>BHA Docket Number:</b> NA	<b>Notice:</b> Unannounced
<b>Reason(s) for inspection(s)</b>		
Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
04/20/2012: Riel, Becky		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
<b>Partial or Full Triggers:</b> NA		<b>Random Indicators:</b> NA
<b>Resident Demographic Data as of Inspection Dates</b>		
<b>Licensed Capacity:</b> 165 <b>Number of Residents Served:</b> 112 <b>Secured Dementia Care Unit in Home:</b> No <b>Area:</b> <b>Secured Dementia Unit Capacity, if Applicable:</b> 	<b>Number of Residents who:</b> 	

Violation Report: 32178 - 04/20/2012 - Riel, Becky

1. REGULATION 55 Pa.Code §2600

2600.227(d) - 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.

2. DESCRIPTION OF VIOLATION

Progress notes indicate several occasions where Resident #1 wanders into other resident bedrooms, sometimes getting into the other resident's bed or personal belongings. The progress notes also indicate that Resident #1 has been verbally and physically aggressive to staff several different times. The resident's support plan does not document these issues and how they are to be addressed.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Support plans will be updated with significant changes to a residents' condition including physical, behavioral and emotional changes. The support plan updates will be reviewed with the departmental staff and the support plan will be available in an accessible location, for staff to review as needed. The support plan for Resident #1 was updated the date of inspection, 4/20/2012.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) Dana Aldinger DPC

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Dana Aldinger DPC Date 5-1-12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 5/1/12 (Date)

Verification of Legal Entity Representative Signature CB (Date)

The above plan of correction was approved by CB (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented