



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
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ADULT RESIDENTIAL LICENSING
Central Region Field Office
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Harrisburg, Pennsylvania 17101

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CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: May 2, 2012

Mr. John D. Sauder, Vice President of Health Services
The Mennonite Home
Mennonite Homes (Susq1.3-4FL, Juniata1-4FL, Conestoga1FL.)

Dear Mr. Sauder:

As a result of the Department of Public Welfare's licensing inspection on April 26, 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,

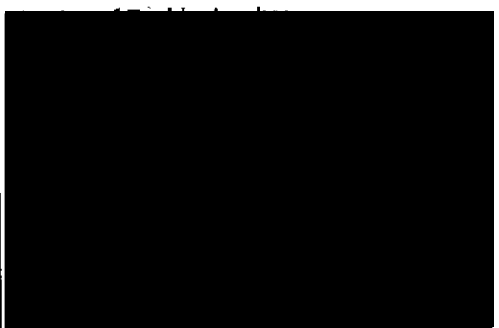

A handwritten signature in black ink, appearing to read "Cybil Bomberger", with a long horizontal line extending to the right.

Cybil Bomberger
Regional Licensing Director

Enclosure
Violation Report

John P. Kander NHA 4/27/12

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

PCH Name: MENNONITE HOME SUSQ1 3 4 FL JUNIATA1 4 FL CONESTOGA 1 FL		License Number: 321780
Address: 1520 HARRISBURG PIKE, LANCASTER, PA 17601		County: Lancaster
Administrator: Dana Aldinger, PCHA		Region: CENTRAL
Legal Entity Name: THE MENNONITE HOME		
Legal Entity Address: 1520 HARRISBURG PIKE, LANCASTER, PA 17601		
Certificate(s) of Occupancy		
C-2 LP 06/23/2005 L&I	I-2 04/03/2012 Manheim Township	
Staffing Hours		
Resident Support: NM	Total Daily Staff: 117	Waking Staff: 88
Type of Inspection: Partial	BHA Docket Number: NA	Notice: Announced
Reason(s) for Inspection(s) Interim		
On-Site Inspections Dates and Department Representatives On-Site 04/26/2012: Riel, Becky		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers: NA		Random Indicators: NA
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 165 Number of Residents Served: 117 Secured Dementia Care Unit In Home: Yes Area: NA Secured Dementia Unit Capacity, if Applicable: 15		
		

John Sauder NHA 4/27/12

Violation Report: 32178 - 04/26/2012 - Riel, Becky

1. REGULATION 55 Pa.Code §2600

2600.231(h) - The resident-home contract in § 2600.25 (relating to resident-home contract) must also include a disclosure of services, admission and discharge criteria, change in condition policies, special programming and costs and fees.

2. DESCRIPTION OF VIOLATION

The resident-home contract does not include the disclosure of services, admission and discharge criteria, change in condition policies, and special programming in relation to the home's secure dementia care unit.

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.

(see attached addendum for the secure dementia)

Plan of Correction for Regulation 55 Pa. Code 2600

Specific Change: The Landis Run Agreement was updated on 4/27/2012 to include disclosure of services, admission and discharge criteria, change in condition policies, special programming and costs and fees in relation to the home's secure dementia care unit.

Who made the change and when change was made: The Landis Run Agreement was updated by [redacted] Director of Social Work, on 4/27/12.

The change will be made by: Using the updated Landis Run Agreement for all residents being admitted to Landis Run.

System implemented to make sure the same violation will not occur again: Any previous Landis Run Agreements will be discarded.

Training provided to staff: The updated Landis Run Agreement will be reviewed with the Personal Care Social Worker and Personal Care Admissions Associate on 5/1/12.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *John D. Sauder*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) John D. Sauder NHA VP of Health Services Date 4/27/12

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

The above plan of correction is approved as of 5/2/12 (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