



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: August 23, 2012**

Mr. Timothy D. Johnson, Chief Operating Officer  
Menno-Haven, Inc.  
The Village Square  
2075 Scotland Avenue  
Chambersburg, Pennsylvania 17201

Dear Mr. Johnson:

As a result of the Department of Public Welfare's licensing inspection on May 11, 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.

The violation 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 the violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

Sincerely,

A handwritten signature in cursive script that reads "Gloria Emick".

Gloria Emick  
Regional Licensing Administrator

Enclosure(s)



*Carol M... 7/11/2012*

Violation Report: 33671 - 05/11/2012 - Hoover, Douglas  
PCH Name: THE VILLAGE SQUARE

1. REGULATION 55 Pa.Code §2600  
2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2. DESCRIPTION OF VIOLATION  
The support plan for resident #1, dated 12/14/11, was not signed by the administrator who participated in its development.

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.*

DPW Plan of Correction  
Violation Report 33671  
5/11/2012

Issue: Issue cited support plan was not signed by Administrator who participated in development.

The support plan was dated and signed by Administrator on 5/11/2012 that had been missed.

Resident records were reviewed to prevent a similar violation from occurring again. Staff helping to develop support plan will sign immediately upon completion. Staff education on this matter has been done.

Audits will be done on support plans each month for the next quarter and followed in Quality Assurance (QA) reports for compliance.

Change has been made by Administrator who will conduct audits and follow through on QA reporting. ~~Copy of next QA report will be sent to DPW for compliance.~~ *be*

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

Signature of Legal Entity Representative  
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)      Date

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

The above plan of correction is approved as of 8-23-12  
(Date)

Verification of Legal Entity Representative Signature 8-23-12  
(Date)

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

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