

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 (MAXIMUM CAPACITY)  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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 March 14, 2013 until March 14, 2014,  
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



MAR 14 2013

Mr. Timothy Johnson, COO  
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 (Department) licensing inspection on September 27, 2012 and September 28, 2012 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 Human Services 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 "Ronald Melusky". The signature is written in a cursive style with a long, sweeping underline.

Ronald Melusky  
Director

Enclosures  
License  
Violation Report



Violation Report: 32769 - 09/27/2012 - Rouse, McKinley  
 PCH Name: PENN HALL AT MENNO HAVEN

**1. REGULATION 55 Pa.Code §2600**

2600.187(a) - 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 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.

**2a. DESCRIPTION OF VIOLATION**

The insulin sliding scale for Resident #1 indicated that the resident was to be given 8 units of Humalog insulin if the resident's blood sugar ranged from 351-400. The medication administration record for Resident #1 for 09/16/2012, at 12:00PM, indicates that the resident was given 8 units of Humalog insulin, but the record does not indicate the resident's blood sugar at the time of the administration of insulin.

The insulin sliding scale for Resident #1 indicated that the resident was to be given 4 units of Humalog insulin if the resident's blood sugar ranged from 251-300. On 09/16/2012, at 4:30PM, the medication administration record indicated that the resident's blood sugar was 268, but the record does not indicate if insulin was administered to the resident.

The medication administration record for Resident #2 indicated that the resident was to receive Warfarin 5mg take 1 tablet by mouth daily. The medication was not marked as given in the medication administration record for 09/19/2012.

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

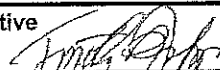
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The three separate staff members involved in the above documentation issues were counseled and review of regulatory requirements training was given. A new system was also implemented (See attached Accountability Sheet). These sheets are initiated for each Medication & Treatment Administration Book for all floors. At the end of each shift, staff swaps MAR & TAR Books with another team mate on their shift to double check all orders have been fulfilled and documentation completed. Staff then sign off on the Accountability Sheet that the double check was completed and there are no issues.

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)

Timothy D. Johnson

Date 12-4-12

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

The above plan of correction is approved as of 2-19-13  
 (Date)

Plan of correction implementation status as of 2-19-13  
 (Date)

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

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

Violation Report: 32769 - 09/27/2012 - Rouse, McKinley  
 PCH Name: PENN HALL AT MENNO HAVEN

1. REGULATION 55 Pa.Code §2600  
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

The medication administration record for Resident #2 indicated that the resident was to be given Calcium 600mg 400IU take 1 tablet by mouth twice daily. The medication administration record indicated that the medication was not administered for the following dates and times: 09/10/2012 at 8:00PM, 09/11/2012 at 8:00PM, 09/12/2012 at 8:00AM.

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

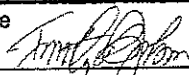
*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

After investigating with Staff persons responsible for not giving the medication over the above times it was determined that Staff was using up supplies of the medication that Resident had brought in with her upon admission. There was a supply in both the AM & PM medication carts. Staff assumed Medication was then going to be received through typical automatic Cart Fill system from the Pharmacy in blister pack format, but the Pharmacy was not contacted with the start date to send the blisters. With the new implementation of the Accountability Sheets staff are questioning their teammates when they see an area that is circled identifying an item was not given and confirming the reason. This double check will provide another way of eliminating drops in communication.

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)

Timothy D. Johnson

Date 12-4-12

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

The above plan of correction is approved as of 2-19-13  
 (Date)

Plan of correction implementation status as of 2-12-13  
 (Date)

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

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