





**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

FEB 08 2013

Mr. John D. Sauder, VP of Operations  
The Mennonite Home  
Mennonite Home (Susq1, 3-4Fl. Juniata 1-4Fl. Conestoga 1Fl.)  
1520 Harrisburg Pike  
Lancaster, Pennsylvania 17601

Dear Mr. Sauder:

As a result of the Department of Public Welfare's (Department) licensing inspection on October 2, 2012 and October 3, 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.

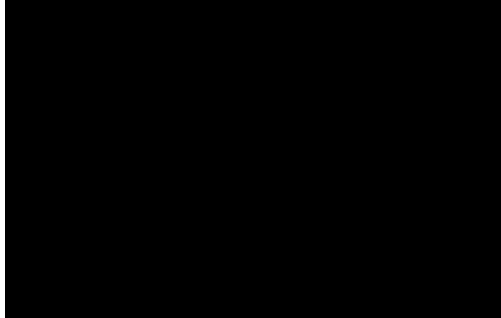
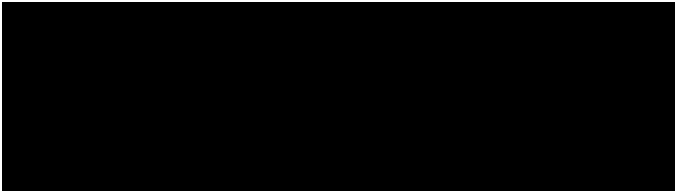
Sincerely,

A handwritten signature in black ink, appearing to read "Ronald Melusky", with a stylized flourish at the end.

Ronald Melusky  
Director

Enclosures  
License  
Violation Report

**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		Region: CENTRAL
Legal Entity Name: THE MENNONITE HOME		
Legal Entity Address: 1520 HARRISBURG PIKE, LANCASTER, PA 17601		
<b>Certificate(s) of Occupancy</b>		
I-2 04/03/2012 Township of Manheim	I1 02/11/2004 Township of Manheim	
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 127	Waking Staff: 95
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
10/02/2012: Rouse, McKinley; Palermo, Michael		
10/03/2012: Rouse, McKinley; Palermo, Michael		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 165	Number of Residents who:	
Number of Residents Served: 112		
Secured Dementia Care Unit in Home: Yes		
Area: Attached to main Building		
Secured Dementia Unit Capacity, if Applicable: 15		
		

**RECEIVED**

DEC 7 2012

**CENTRAL REGION FIELD OFFICE  
Human Services Licensing**

Violation Report: 32178 - 10/02/2012 - Rouse, McKinley  
 PCH Name: MENNONITE HOME SUSQ1 3 4 FL JUNIATA1 4 FL CONESTOGA 1 FL

**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 medication administration record for Resident #1 does not include a diagnosis for Loratadine 10mg.

The medication administration record for Resident #2 does not include a diagnosis for the following medications:

- Ayr 0.65% solution
- Omega XL
- Comigan 0.2-05% drops

**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.*

All noted medications were given a current supporting diagnosis at the time of the survey. ~~Both residents have been transferred to healthcare since the time of the inspection.~~

Procedure implemented as of 10/10/12, the LPN/Clinical Coordinator will assess all new orders that the MD has written, for a supporting diagnosis for ordered medication. If one is not present, that MD will be asked at that time to supply a diagnosis for the medication ordered. In addition, prior to any MD visit, the Clinical Coordinator (rounding nurse) will evaluate all Physician's Order recap sheets noting if all medications have a supporting diagnosis. If it is found that that a diagnosis is not present, the physician can supply a diagnosis at the time of the visit. As a third check point, nightly during chart checks, all new orders will be evaluated for a supporting diagnosis for a new medication order. If one is not present, a request will be made for the prescribing MD to supply a supporting diagnosis for the new medication order.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *John D. Sander, NHA VP of Operations* Date *12/4/12*

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

The above plan of correction is approved as of 1-2-13  
 (Date)

The above plan of correction was approved by *JS*  
 (Initials)

Plan of correction implementation status as of 1-2-13  
 (Date)

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

Violation Report: 32178 - 10/02/2012 - Rouse, McKinley  
 PCH Name: MENNONITE HOME SUSQ1 3 4 FL JUNIATA1 4 FL CONESTOGA 1 FL

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

2a. DESCRIPTION OF VIOLATION

Resident #1 has an order for Lyrica 150mg to be administered twice daily. The medication was not administered to the resident on 9/7/12 at 8:00pm.

Resident #1 has an order for Hydrocodone-Acetaminophen 7.7-500mg to be administered four times daily. The medication was not administered to the resident on 9/7/12 at 7:30pm and 9/22/12 at 3:30pm.

Resident #1 has an order for Morphine Sulfate CR 15mg to be administered three times daily. The medication was not administered to the resident on 9/7/12 at 10:00pm and 9/22/12 at 2:00pm.

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.

Please review the following explanation as we do not agree with the violation cited.

This was not a potential violation that was disclosed at the time of our exit interview. I would have taken the opportunity, at that time, to explain the key for the electronic Medication Record. The noted dates are keyed with an "\*", as showing that the resident was out of the building at the time of administration. Medication is sent with the resident when they go out of the building. If the medication was omitted, the key "!" would be used.

*See attached MAR's 1-4*

*Violation withdrawn - 28*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*John D. Sander, NHA*

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

*John D. Sander, NHA VP of Operations*

Date 12/4/12

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

The above plan of correction is approved as of \_\_\_\_\_ (Date)

The above plan of correction was approved by \_\_\_\_\_ (Initials)

Plan of correction implementation status as of \_\_\_\_\_ (Date)

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

Violation Report: 32178 - 10/02/2012 - Rouse, McKinley  
 PCH Name: MENNONITE HOME SUSQ1 3 4 FL JUNIATA1 4 FL CONESTOGA 1 FL

**1. REGULATION 55 Pa.Code §2600**

2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

**2a. DESCRIPTION OF VIOLATION**

The directions for operating the home's locking mechanism are not conspicuously posted near the door to the outside enclosed courtyard of the SDCU.

**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.

Please review the following information as we do not agree with the violation cited.

~~Although directions were not posted on the door exiting the enclosed courtyard, they were posted at the door going from inside the facility into the courtyard. The door (gate) that exits the courtyard goes into a parking lot or potentially unsafe area. Thus posting these instructions pose a danger to residents that have the ability to understand directions. Posting the directions at the door leading into the courtyard, from the facility, pose less of a risk to those residents while still sharing the directions with staff and visitors. \*\*Please see attached photo.~~

As discussed during the survey, a sign was posted at the exiting gate on 10/2/12. ~~Please understand that our concern is still regarding those residents that can understand directions and we continue to feel that the location of the previous sign was the better solution. Please see enclosed pictures.~~

- a. Sign that is present in the inside of facility beside the door leading into courtyard.
- b. Sign posted on gate exiting courtyard, on 10/2/12.

*c. Posted signs contain directions for using issued swipe cards to activate doors. -se*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*John D. Sander, NHA*

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

*John D. Sander, NHA VP of Operations*

Date

*12/4/12*

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

The above plan of correction is approved as of

1-17-13  
 (Date)

Plan of correction implementation status as of

1-17-13  
 (Date)

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

The above plan of correction was approved by

*se*  
 (Initials)