

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ROCKHILL MENNONITE HOME INC
LEGAL ENTITY

To operate ROCKHILL MENNONITE COMMUNITY
NAME OF FACILITY OR AGENCY

Located at 3250 STATE ROAD, SELLERSVILLE, PA 18960
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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 74
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

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 April 2, 2013 until April 2, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 126870

Robert E. Robinson
ISSUING OFFICER

[Signature]
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.



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

FEB 21 2013

Mr. Ronald Sawatsky, CEO
Rockhill Mennonite Home, Inc.
Rockhill Mennonite Community
3250 State Road
Sellersville, Pennsylvania 18960

Dear Mr. Sawatsky:

As a result of the Department of Public Welfare's (Department) licensing inspection on January 3, 2013 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.

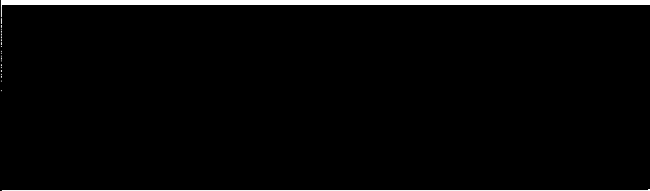

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky".

Ronald Melusky
Director

Enclosures
License
Violation Report

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

PCH Name: ROCKHILL MENNONITE COMMUNITY		License Number: 126870
Address: 3250 STATE ROAD, SELLERSVILLE, PA 18960		County: Bucks
Administrator: Lili Meyers		Region: SOUTHEAST
Legal Entity Name: ROCKHILL MENNONITE HOME INC		
Legal Entity Address: 3250 STATE ROAD, SELLERSVILLE, PA 18960		
Certificate(s) of Occupancy		
A-3, I-1, I-2 12/18/1997 West Rockhill Township	I-2 03/01/2012 West Rockhill Township	
Staffing Hours		
Resident Support:	Total Daily Staff: 45	Waking Staff: 34
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 01/03/2013: Adams, Patricia; OPake, Hope		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 74 Number of Residents Served: 45 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, if Applicable: 	Number of Residents who: 	

Violation Report: 12687 - 01/03/2013 - Adams, Patricia
 PCH Name: ROCKHILL MENNONITE COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Staff person A, whose first day of work was 10/28/11 did not receive orientation in the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) Designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) Location and use of fire extinguisher.

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.

* Staff person A received orientation on the following procedures as per regulation 65(A).
 * Any ancillary staff hired will receive orientation prior to or during first day of work - see attached.
 * Administration + or designee will ensure compliance of 65(A) by reviewing all new staffing records on the first day of hire.
 * POC will be added to Quality Assurance review conducted quarterly.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Orville L. Yoder*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Interim CEO, Orville Yoder</i>	Date <i>1/23/13</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>1/4/13</u> (Date)	Plan of correction implementation status as of <u>1/4/13</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 12687 - 01/03/2013 - Adams, Patricia
 PCH Name: ROCKHILL MENNONITE COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
 (1) Resident rights.
 (2) Emergency medical plan.
 (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
 (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

Ancillary staff person A, hired 10/28/11, did not receive orientation in the following within 40 scheduled working hours:
 (1) Resident rights.
 (2) Emergency medical plan.
 (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Service Act.
 (4) Reporting of reportable incident and conditions

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.

* Staff person A received orientation on Residents Rights, Emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Service Act and Reporting of reportable incidents and conditions. (see attached)

* Any new ancillary staff will receive training on the required procedures pertaining to 65 (B) within first 40 scheduled working hours. The administrator will review all new hire cards on the second week of hire to ensure compliance.

* Administrator and or designee will ensure compliance of 65 (B).

* POC will be added to Quality Assurance review conducted quarterly.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Orville L. Yoder*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date
 Interim CEO, Orville Yoder 1/23/13

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

The above plan of correction is approved as of <u>1/17/13</u> (Date) The above plan of correction was approved by <u>JB</u> (Initials)	Plan of correction implementation status as of <u>1/17/13</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 12687 - 01/03/2013 - Adams, Patricia
 PCH Name: ROCKHILL MENNONITE COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (36 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Ancillary staff person A did not receive training in the following during training year 2012:

- (1) Fire safety completed by a fire safety expert.
- (4) The Older Adult Protective Services Act.
- (6) New population groups being service at the home, if applicable.

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.

* 65(G) Ancillary staff person A will receive training in the required areas as noted in 65(G) -
 * Training will be on 1/30/2013 and it will be videotaped in order for all staff to be trained.
 * Any new ancillary staff hired will receive the required training under 65(G).
 * Administrator and or designee shall ensure compliance of 65(G) by reviewing annual training of all staff each December.
 * POC to be added to QA for review on a quarterly basis.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Orville R. Yoder*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Interim CEO, Orville Yoder Date 1/23/13

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

The above plan of correction is approved as of 1/14/13 (Date)

Plan of correction implementation status as of 1/14/13 (Date)

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

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