



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

OCT 3 0 2013

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 July 24, 2013 and July 25, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) must be maintained.

Your regular license for the period September 2, 2013 to September 2, 2014 was issued on June 17, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matt Jones".

Matthew Jones <sup>JH</sup>  
Acting Director

Enclosure  
License Inspection Summary



Violation Report: 33671 - 07/24/2013- Rosenblat, Dale  
PCH Name: THE VILLAGE SQUARE

1, REGULATION 55 Pa.Code §2600  
2600.93(a)- Each ramp, interior stairway and outside steps must have a well-secured handrail.

2a. DESCRIPTION OF VIOLATION  
The ramp off of the exit near apartment #5 on the lower ground level does not have a handrail.

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.

A handrail will be installed along the ramp off of the exit near Apartment #5 on the lower ground level.  
Sidewalks/ramps are evaluated for maintenance/repair during a regular annual PM.

Installation will be completed by 11/1/13.

*Violation withdrawn - JE*

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Timothy D. Johnson*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *TIMOTHY D. JOHNSON, COO* Date *7/11/13*

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: 33671 - 07/24/2013- Rosenblat, Dale  
PCH Name: THE VILLAGE SQUARE

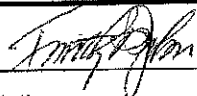
1. REGULATION 55 Pa.Code §2600  
2600.103(c)- Food shall be protected from contamination while being stored, prepared, transported and served.

2a. DESCRIPTION OF VIOLATION  
Five small salads in the refrigerator next to the main kitchen were not protected from contamination.

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 staff were inserviced on 7/25/2013 that all food must be covered, labeled and dated. All new staff will be instructed and trained on this policy at time of hire. The general manager of dining services will audit that all food is covered, labeled and dated, once a week for 90 days.

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 9/11/13

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

The above plan of correction is approved as of 10/3/13  
(Date)

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

Plan of correction implementation status as of 10/3/13  
(Date)  
 Fully Implemented  
 Partially Implemented - Adequate Progress  
 Partially Implemented- Inadequate Progress  
 Not Implemented

Violation Report: 33671 - 07/24/2013- Rosenblat, Dale  
PCH Name: THE VILLAGE SQUARE

1. REGULATION 55 Pa.Code §2600  
2600.132(c) -A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION  
The fire drill record for the drill conducted on July 15, 2013 at 12:28am, does not include the number of residents in the home at the time of the drill and the number of residents evacuated.

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 fire drill record for the drill conducted on July 15, 2013 at 12:28 am has been completed by recording the number of residents in the home at the time of the drill and the number of residents evacuated.

Effective immediately, fire drill records will be completed by the end of the shift and scanned to Personal Care Administrator, Life Safety Supervisor and Executive Director.

*The personal care administrator will ensure that all required elements are recorded on the fire drill log accurately & completely*

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

Signature of Legal Entity Representative  
{Required on EVERY Page} *[Signature]*

Printed Name and Title of Legal Entity Representative  
{Required on EVERY Page} *TIMOTHY D. JOHNSON* | Date *9/11/13*

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

<p>The above plan of correction is approved as of <i>10/3/13</i> (Date)</p> <p>The above plan of correction was approved by <i>[Signature]</i> (Initials)</p>	<p>Plan of correction implementation status as of <i>10/2/13</i> (Date)</p> <p><input type="checkbox"/> Fully Implemented</p> <p><input checked="" type="checkbox"/> Partially Implemented- Adequate Progress</p> <p><input type="checkbox"/> Partially Implemented- Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
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Violation Report: 33671 - 07/24/2013- Rosenblat, Dale  
 PCH Name: THE VILLAGE SQUARE

1. REGULATION 55 Pa.Code §2600  
 2600.133(a)(2) - If the home serves nine or more residents, if the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.

2a. DESCRIPTION OF VIOLATION  
 The main level hallway at the corner near room 110 and the hallway coming from the opposite direction near room 111, do not have a direct visual line to the nearest exit. There are no signs marking the line of travel to the exits. Also, the lower level hallway coming from room #7 does not have a direct visual line to the nearest exit. There is no sign marking the line of travel to the exit On July 24, 2013, the home served 78 residents.

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.

Exit lights will be installed in the hallway by rooms 110 and 222 and also by room 7 to mark the line of travel to the exits. These exit lights will be monitored and maintained during a regular monthly PM.

Installation will be completed by 10/4/13.

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 9/11/13

*[Signature]*  
 TIMOTHY D. JOHNSON

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

The above plan of correction is approved as of 10/3/13  
 (Date)

Plan of correction implementation status as of 10/21/13  
 (Date)

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

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

Violation Report: 33671 - 07/2412013- Rosenblat, Dale  
 PCH Name: THE VILLAGE SQUARE

1. REGULATION 55 Pa.Code §2600

2600.184(a)-The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

On June 11, 2013, the physician changed Resident #1's prescription instructions for oxycodone from once every 12 hours to once daily. The Medication Administration Record (MAR) for July accurately reflects these new instructions. The pharmacy label on the narcotic inventory sheet and the pharmacy label on the oxycodone both have the old instructions to administer the medication every 12 hours. There was no instruction change notification on the narcotic sheet or the medication packet.

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.*

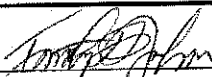
We now have a supply of direction change labels that will be used to indicate changes of instructions on medication packet and narcotic sheet. Refer to chart.

Pharmacy Consultant will in-service all nurses and med techs by 9/27/2013. Audits will be conducted by Pharmacy Consultant by September 30<sup>th</sup> and continue through current quarter.

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

9/10/13

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The above plan of correction is approved as of

10/3/13  
 (Date)

Plan of correction implementation status as of

10/3/13  
 (Date)

The above plan of correction was approved by

GAZ  
 (Initials)

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

Violation Report: 33671 - 07/24/2013- Rosenblat, Dale  
PCH Name: THE VILLAGE SQUARE

1, REGULATION 55 Pa.Code §2600  
2600.185(a)- The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION  
On July 24, 2013, at approximately 11:30am, a single tablet in a small plastic cup was found in the top drawer of the medication cart. The name of the medication and the name of the resident was not identified on the cup. It was determined that Resident #3 refused the Furosemide that was scheduled for the 12:00pm administration and a staff person stored this medication to try to administer the medication at a different time. This was confirmed by Staff Person D.

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.*

Pharmacy Consultant will provide in-servicing of nursing and med techs on medication refusals.

Pharmacy Consultant will conduct audits by September 30 through current quarter.

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *TIMOTHY D. JOHNSON* | Date *9/11/13*

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The above plan of correction is approved as of <u>10/3/13</u> (Date)	Plan of correction implementation status as of <u>10/3/13</u> (Date)
The above plan of correction was approved by <u>lsc</u> (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: 33671 - 07/24/2013- Rosenblat, Dale  
 PCH Name: THE VILLAGE SQUARE

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 home uses a Master Key to identify the individual staff person with the specific medication administration record (MAR) entry. Staff Persons A, B and C administered medications to residents during the month of July; however their initials, printed name and signature are missing from the Master Key.

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 Director will educate all nurses and med techs of the purpose of the Master Key.  
 The Director will compare the staff roster and the Master Key monthly x3.

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*  
 Printed Name and Title of Legal Entity Representative (Required on EVERY Page) TIMOTHY D. JOHNSON Date 9/11/13

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Violation Report: 33671 - 07/24/2013- Rosenblat, Dale  
 PCH Name: THE VILLAGE SQUARE

1. REGULATION 55 Pa.Code §2600  
 2600.187(b)- The information in § 2600.187(a)(i3) and § 2600.187(a)(i4) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION  
 Resident #2 has a physician order for codeine sulfate, 1 tab every 4 hours. The medication was administered 7/3/13, but the narcotic log does not indicate a tablet was removed. On 7/12/13, the narcotic log indicates a tablet was removed, but the medication administration record does not indicate the medication was administered on that day. The count of narcotics was accurate.

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 Pharmacy Consultant will review the procedure for controlled meds and shift count with nurses and med techs.

The Pharmacy Consultant will conduct unannounced controlled medication counts and audit documentation of Narcotic inventory sheet by September 30<sup>th</sup> and through current quarter.

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 9/11/13

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 (Initials)

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