

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to THE MENNONITE HOME  
LEGAL ENTITY

To operate MENNONITE HOME(SUSQ1,3-4 FL,JUNIATA1-4 FL,CONESTOGA 1 FL)  
NAME OF FACILITY OR AGENCY

Located at 1520 HARRISBURG PIKE, LANCASTER, PA 17601  
(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 150  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 15

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 February 8, 2014 until February 8, 2015,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 321780

Robert E. Robinson  
ISSUING OFFICER

  
ACTING 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 - 10/13

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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 December 13, 2013 until February 8, 2014,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 321780

Robert E. Robinson  
ISSUING OFFICER

[Signature]  
ACTING 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

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

**MAILING DATE: DEC 13 2013**

Ms. Jennifer Binecz, Director of Personal Care  
The Mennonite Home  
1520 Harrisburg Pike  
Lancaster, Pennsylvania 17601

RE: Mennonite Home (Susq1.3-4FL.Juniata1-4FL, Conestoga1FL.)  
License #: 321780

Dear Ms. Binecz:

As a result of the Department of Public Welfare's licensing inspection on September 11, 2013 and September 12, 2013, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

As a result of your facilities recent adjustment of the use of physical space, we are revising your licensed capacity.

Since this is a reduction in the previous licensed capacity, you have the right to appeal this decision through a hearing before the Bureau of Hearings and Appeals, Department of Public Welfare in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal, a written request for an appeal must be received within 10 days of the date of this letter by:

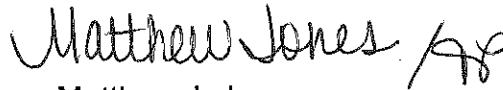
Jacob Herzing, Enforcement Manager  
Human Services Licensing  
Department of Public Welfare  
Room 631 Health and Welfare Building  
625 Forster Street  
Harrisburg, Pennsylvania 17120

Ms. Jennifer Binecz

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This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink that reads "Matthew Jones" followed by a stylized flourish or initials.

Matthew J. Jones  
Acting Director

Enclosures  
License  
Licensing Inspection Summary

**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: 32178
Address: 1520 HARRISBURG PIKE, LANCASTER, PA 17601		County: Lancaster
Administrator: Jen Binecz		Region: CENTRAL
Legal Entity Name: THE MENNONITE HOME		
Legal Entity Address: 1520 HARRISBURG PIKE, LANCASTER, PA 17601		
Certificate(s) of Occupancy		
I-2 04/03/2012 Township of Manheim	I-1 02/11/2004 Township of Manheim	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 136	Waking Staff: 102
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 09/11/2013: Rosenblat, Dale; Gensil, Lori 09/12/2013: Rosenblat, Dale; Gensil, Lori		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p><b>RECEIVED</b></p> <p>DEC 06 2013</p> <p><b>CENTRAL REGION FIELD OFFICE</b> <b>Human Services Licensing</b></p>		
Other Details		
Partial or Full Triggers:	Random Indicators:	
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 165 Number of Residents Served: 121 Secured Dementia Care Unit in Home: Yes Area: Landis Run Secured Dementia Unit Capacity, if Applicable: 15 Number of Residents Served in Secured Dementia Care Unit, if applicable: 15 Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 5	Number of Residents who: Receive Supplemental Security Income: 7 Are 50 Years of Age or Older: 121 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 15 Have a Physical Disability: 0	

Violation Report: 32178 - 09/11/2013 - Rosenblat, Dale  
 PCH Name: MENNONITE HOME SUSQ1 3 4 FL JUNIATA1 4 FL CONESTOGA 1 FL

1. REGULATION 55 Pa.Code §2600  
 2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

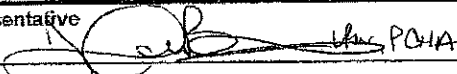
2a. DESCRIPTION OF VIOLATION  
 Spray Nine Multipurpose Cleaner and Disinfectant and Clorox Urine Remover, with a manufacturer's label indicating "call a doctor or poison control center for treatment", was unlocked and accessible to residents in the housekeeping area on the first floor. Residents of the home, including Residents #1 and #2, have not been assessed capable of recognizing and using poisons safely.

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.

Violation - 82c

1. Door was closed and locked immediately. Completed 9/12/13
2. Magnetic door opener removed and replacement self locking door knob ordered. Completed 9/13/13
3. Sign was placed on the door notifying staff to close and lock when not occupied until lock can be replaced. (see attachment) Completed 9/13/13
4. Re-education done with housekeeping staff regarding the regulations on poisonous materials. (see attachment) Completed by 10/18/13
5. DOPC will do random audits of housekeeping area and other areas that hold poisonous materials 2x per week for 1 months to make sure that poisonous materials are not accessible to residents. (see attachment)  
 Start Date 9/16/13 Expected Completion Date 10/16/13
6. Audits will be conducted of the area ongoing with daily rounds.

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


Signature of Legal Entity Representative (Required on EVERY Page)  PCHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jennifer Bineaz LBN, PCHA      Date 12/3/13

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

The above plan of correction is approved as of 12/6/13  
 (Date)

Plan of correction implementation status as of 12/6/13  
 (Date)

The above plan of correction was approved by   
 (Initials)

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

Violation Report: 32178 - 09/11/2013 - Rosenblat, Dale  
 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.

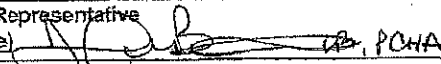
2a. DESCRIPTION OF VIOLATION  
 Resident #3 has an order for Novolog 100u, inject 10u 3 times daily and hold if blood sugar is less than 149. On 9/3/13, blood sugar measured 137, novolog was not held; also on 9/9/13, blood sugar measured 148 and novolog was not held. The medication was administered to Resident #3 on 9/3 and 9/9/13 at 7:30 am.

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.

Violation - 187d

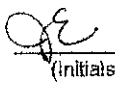
1. Physician, Resident & POA notified of error on 9/13/13
2. Re-education done with specific Med Tech. (see attachment) Completed 9/13/13
3. Re-education with all Med Tech/LPN on medication administration & parameters. (see attachment) Completed on 9/20/13
4. Education will be done ongoing with staff on Medication Administration.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page)  PCHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jennifer Binecz LPN, PCHA	Date <u>12/3/13</u>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>12/6/13</u> (Date)	Plan of correction implementation status as of <u>12/6/13</u> (Date)
The above plan of correction was approved by  (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented