



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

APR 30 2014

Mr. Timothy Johnson, CEO  
Menno-Haven, Inc.  
2011 Scotland Avenue  
Chambersburg, Pennsylvania 17201

RE: Penn Hall at Menno Haven  
1425 Philadelphia Avenue  
Chambersburg, Pennsylvania 17201  
License #: 327690

Mr. Johnson:

As a result of the Department of Public Welfare's licensing inspection on September 23, 2013 and September 24, 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 must be maintained.

Your regular license for the period March 14, 2014 to March 14, 2015 was issued on December 30, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones  
Director

Enclosure  
License Inspection Summary

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

PCR Name: PENN HALL AT MENNO HAVEN		License Number: 327690
Address: 1425 PHILADELPHIA AVENUE, CHAMBERSBURG, PA 17201		County: Franklin
Administrator: Tiffany Rife		Region: CENTRAL
Legal Entity Name: MENNO HAVEN INC		
Legal Entity Address: 2011 SCOTLAND AVENUE, CHAMBERSBURG, PA 17201		
Certificate(s) of Occupancy A-2/A-3/A-1 09/2010 Chambersburg Borough		
Staffing Hours Resident Support: NM                      Total Daily Staff: 96                      Waking Staff: 72		
Type of Inspection: Full                      BHA Docket Number: NA                      Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 09/23/2013: Riel, Becky; Gensil, Lori 09/24/2013: Riel, Becky; Gensil, Lori		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: NA                      Random Indicators: NA		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 133 Number of Residents Served: 96 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 2	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 96 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 1	

**RECEIVED**

NOV 01 2013

**CENTRAL REGION FIELD OFFICE  
Human Services Licensing**

Violation Report: 32769 - 09/23/2013 - Riel, Becky  
 PCH Name: PENN HALL AT MENNO HAVEN

**1. REGULATION 55 Pa.Code §2600**

2600.28(e) - In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P.S. §§ 10226.101 - 10226.107). The home shall keep documentation of the refund in the resident's record.

**2a. DESCRIPTION OF VIOLATION**

Resident #1, died on 3/27/2013. The resident's room was cleared of personal belongings on 3/29/2013. The home did not refund the resident's previously paid rent to the resident's estate until 6/5/2013.

**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.*

Notification to the Business Office for billing matters is sent via email when a Resident's room is released. Violation was addressed with Business Office Manager and policy for refunds was adjusted with the Billing Specialists educated. After Inspection and prior to receiving Violation Report, all PC Resident's who have released their rooms have had their billing statements audited for compliance. Billing department has adjusted billing processes to separate PC Residents from Skilled Care Residents as Skilled Care has a 60 day window per the Elder Care Payment Restitution Act.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>TIMOTHY D. JOHNSON, COO</u>	Date <u>11-1-13</u>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 12.10.13  
 (Date)

Plan of correction implementation status as of 12.10.13  
 (Date)

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

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

Violation Report: 32769 - 09/23/2013 - Riel, Becky  
 PCH Name: PENN HALL AT MENNO HAVEN

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct Care Staff Person A does not have a US high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry.

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.*

Upon inspection it was found that the Human Resource Department did accept the Employee's High School Diploma that was not from the US. The Employee no longer works in Personal Care as a Direct Care Staff person but will retain her employment with the Company in a different capacity. Employee has registered for GED classes. If Employee is successful in obtaining her GED, she will be reconsidered back for employment in the PC area if all required qualifications are met. The HR Dept, staff were re-educated on the Regulations for qualifications of Direct staff and have implemented a checks and balances system within their department.

*The administrator will ensure that all current direct care staff have a high school diploma, GED or active registration on CNA Registry. LAC  
 12-10-13*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>TIMOTHY D. JOHNSON, COO</i>	Date <i>11-1-13</i>
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Violation Report: 32769 - 09/23/2013 - Riel, Becky  
 PCH Name: PENN HALL AT MENNO HAVEN

1. REGULATION 55 Pa.Code §2600

2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION

During the fire drill on 3/13/2013 @ 10:53pm, 5 staff people participated in the drill and on 6/5/2013 @ 4:54am, 10 staff people participated in the drill. According to staff records, the average number of staff people on duty at these times of day is 3.

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.*

Fire Drill on 6/6/13: Scheduled to work on the floor during this time period is one LPN and three Resident Assistants for a total of 4 Direct Care staff. At the time of the alarm of 4:54am, the Housekeeping Staff were present in another part of the building preparing to begin their shift but had no clocked in yet. All of the Housekeeping staff for PC and Skilled responded to the fire alarm unaware if it was an actual fire or a drill. At the time of the event, Housekeeping Staff that jumped into motion even before clocking in were commended for their participation and payroll was adjusted to catch their hours worked.

Fire Drill on 3/3/13: Scheduled to work this night was the typical night shift crew of one LPN and three Resident Assistants. The 5th person counted as a participant in this drill was the Security Guard. As per the facility policy, the LPN notifies Security via 2-way radio that the building is under alarm. The Security Guard then makes his way to this Campus and/or Building depending on his location at the time of the event. The Security Guard's role is to then meet and direct the Fire Department as to the location of the alarm within the building. The extra person on this drill, the Guard does not assist with evacuation of Residents from their rooms.

Fire drills are managed by a trained Life Safety Employee for Menno Haven. [redacted] does not inform any PC staff of the time, date or locations of the drills as all drills are to be unannounced. Going forward, Employee will advise the Administrator that the drill will happen that night so the schedule can be checked to rule out that no new staff are training or extra staff are the building for a specific reason. [redacted] will also check to see if other departments have entered the building near the time of the drill and ask them not to participate so proper documentation of the minimal amount of staff in the building can be concluded for evacuation times.

*during fire drills conducted*

*implementation*

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, COO*      Date *11-1-13*

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The above plan of correction is approved as of *1/10/14* (Date)

Plan of correction implementation status as of *3/11/14* (Date)

The above plan of correction was approved by *[Signature]* (Initials)

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Violation Report: 32769 - 09/23/2013 - Riel, Becky  
 PCH Name: PENN HALL AT MENNO HAVEN

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident #2 was admitted on 3/29/2013. A medical evaluation has not been completed for the resident.

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.

Medical Evaluation for Resident was completed on 4/19/13. Please see attached copies of DME, Physician Order Sheets, and Dictation from MD for that visit. At the time of Inspection, Administrator was showing on tracking system that Medical Evaluation was completed but form could not be located on the Resident's chart. After further investigation it was found that forms had been removed from the chart when Therapy Services had performed a Medicare mandated audit for eligibility of services.

Once forms were found, staff person from Therapy services that had pulled the required form, then performed an audit of the other Penn Hall Personal Care Residents that had been selected by CMS and provided a list of those Residents so their charts could be checked for required forms. At that time, the listed Resident was the only Resident noted to not have had all their paperwork properly returned to the chart. Therapies' Administrative Assistant was educated on the required forms and in the future all copies will be made within the Personal Care Office and packets of paperwork checked by PC staff that originals were left in the chart and not accidentally taken.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Timothy D. Johnson, COO	11-1-13

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