



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUL 11 2014

Mr. Brent E. Nafziger, Executive Director
Hatfield Mennonite Homes, Inc.
2343 Bethlehem Pike
Hatfield, Pennsylvania 19440

RE: Dock Meadows
License #: 126780

Dear Mr. Laign:

As a result of the Department of Public Welfare's licensing inspection on April 22, 2014, 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 August 19, 2014 to August 19, 2015 was issued on May 30, 2014. 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 - 56 Pa.Code Chapter 2600**

PCH Name: Dock Meadows		License Number: 12676
Address: 2343 Bethlehem Pike, Hatfield, PA 19440		County: Bucks
Administrator: Cheryl Loftus		Region: SOUTHEAST
Legal Entity Name: HATFIELD MENNONITE HOMES, INC		
Legal Entity Address: 2343 BETHLEHEM PIKE, HATFIELD, PA 19440		
Certificate(s) of Occupancy Other 03/28/1987		
Staffing Hours Resident Support: Total Daily Staff: 49 Waking Staff: 37		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 04/22/2014: Miller, Chevon; Braswell, Natasha		
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: 80 Number of Residents Served: 49 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: 0 Number of Hospice Residents in past year: 4	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 49 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 12678 - 04/22/2014 - Miller, Chevron
 PCH Name: Dock Meadows

1. REGULATION 66 Pa.Code §2600

2600.66(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

Training orientation for direct care staff person A, whose first day of work was 10/2/13 did not include smoking procedures.

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 was brought in 4/23/14 and smoking procedure was reviewed. Staff person A had worked for us prior to this time period (2 yrs approx.) before so staff didn't review at re-hire. Staff was informed all staff hired must be in-service at time of hire prior to or first day.
 HR has developed form to be used to in-service new hires prior to or first day of work. (See attached) This training on listed items will be completed by Supervisor of new staff person.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Cheryl Loftus, Director</i>	Date <i>6/3/14</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>6/11/14</u> (Date)	Plan of correction implementation status as of <u>6/11/14</u> (Date)
The above plan of correction was approved by <u>CLEM</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: 12678 - 04/22/2014 - Miller, Chevon
 PCH Name: Dook Meadows

1. REGULATION 65 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
 The training topics direct care person B orientation did not include topics involving the Older Adults Protective Services Act and reportable incidents.

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.
*In-serviced staff person. Updated HR-New Employee Orientation Day Checklist (see Attached).
 Our In-services on CARE 2 LEARN - Inspector suggested we actually include Older Adults Protective Services Act in annual training on Abuse. We will be incorporating into next years Inservices on CARE 2 LEARN.*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Cheyl Loftus, Director</i>	Date <i>6/5/14</i>
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Violation Report: 12678 - 04/22/2014 - Miller, Chevon
 PCH Name: Dock Meadows

1. REGULATION 55 Pa.Code §2800

2800.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

The annual training for direct care staff person A in training year 2012-2013 did not include the specific topic medication administration as permitted by the regulation.

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.

Care Coordinator in-serviced Nursing staff on medication self-administration training. The Annual training topics will be incorporated into monthly team meetings. This will be incorporated into completion of this year and completed Annually. Sign-in sheet will record staff in-serviced at meetings. Anyone that doesn't attend meeting will need to read material and sign off.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Cheryl Loftus

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

Cheryl Loftus, Director

Date *6/4/14*

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 (Initials)

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- Partially Implemented - Inadequate Progress
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Violation Report: 12678 - 04/22/2014 - Miller, Chevron
 PCH Name: Dock Meadows

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 Resident # 1 last medical evaluation was completed on 2/6/2013

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.

The Identified Resident had 2 med Evaluations dated for 2012 and none for 2013. The prior med Eval had 12/13/12 as an exam date and 2/13/13 as physician's signature date. So the med. eval for 2013 was done early (12/13) which should have been done in January or Feb. 2013.

POC.

All staff was re-educated regarding DPW requirement for Medical Evaluations - including Purpose of Evaluations, Time Frame, Completion of forms.

The format for the reminder letters sent to the Residents POAs is being adjusted to facilitate expanded notification for making appointment with PCH Care Coordinator is re-writing letter by 6/11/14.

The staff person assigned to complete the RASP for the resident needing Annual med. Eval. completed and the staff person responsible for tracking and sending notifications to the POA will both confirm that the required time frames and form completion are accurate (dates are correct, provider signature and date are appropriate, all sections are completed with no blank areas and medication/treatment list are attached.

Any corrections required will be addressed immediately and documented. Nursing staff will be informed of changes and sign off on updated process by June 12th, 2014.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cheeryl Loftus, Director* Date *6/5/14*

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