



AUG 15 2014

Mr. Timothy D. Johnson, Chief Operating Officer
Menno-Haven, Inc.
2075 Scotland Avenue
Chambersburg, Pennsylvania 17201

RE: The Village Square
License #: 336710

Dear Mr. Johnson:

As a result of the Department of Public Welfare's licensing inspection on July 7, 2014 and July 8, 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 September 2, 2014 to September 2, 2015 was issued on June 10, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones
Director

JH

Enclosure
License Inspection Summary

Violation Report: 33671 - 07/07/2014 - Hoover, Douglas
 PCH Name: THE VILLAGE SQUARE

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

The apartment for resident #1, deceased on 1/16/14, was cleared of all personal belongings on 1/31/14. The resident's estate was entitled to a refund of \$1633.00 which was not issued until 3/10/14.

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 Business Office Director will compile a list of deceased Personal Care residents and the date of their room release as these occur each month. This list will include the due date of any refund should the resident have a credit balance.

The Billing Specialists will review the end of month resident statements, that are generated the first week of the following month, for credit balances for any Personal Care residents on the refund report and process refunds to meet the due date deadline.

The Business Office Director will use the refund report to audit monthly the refund process for compliance with the due date deadline, *to ensure the resident's estate is refunded within 30 days from the date the room is cleared of the resident's personal property*

This plan will be effective July 9, 2014. In addition, monthly audits will be done through 9/30/14.

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) *TIMOTHY D. JOHNSON*

Date *7/16/14*

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

The above plan of correction is approved as of *8/01/14*
 (Date)

Plan of correction implementation status as of *8/01/14*
 (Date)

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

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

Violation Report: 33671 - 07/07/2014 - Hoover, Douglas
 PCH Name: THE VILLAGE SQUARE

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

There was no documentation that direct care staff member A completed and passed the Department-approved direct care training course and competency test.

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 direct staff member that was missing her certificate for direct care training was called into work the day the inspectors were here and completed it and it was given to inspectors. On her first day of work it was signed off she had done this but apparently failed to print off certificate. Other new staff members files were pulled and they had indeed printed off their certificates.

Upon first day of work HR Department and Director will make sure copy of DPW course certificate is printed and placed into personal file effective July 30, 2014

DPW certificates enclosed.

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) Timothy D. Johnson Date 7/16/14

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 (Date)

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 (Initials)

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Violation Report: 33671 - 07/07/2014 - Hoover, Douglas
 PCH Name: THE VILLAGE SQUARE

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.


2a. DESCRIPTION OF VIOLATION
 The home has a "house" glucometer for new residents who do not have their own glucometers or for emergencies. The same glucometer is used with different residents and puts residents at risk for unsanitary 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.

The house Glucometer has been removed and has been replaced with 2 new unopened Glucometers to be used in event of emergency. Once opened it will be issued to resident it was opened for and a new replacement Glucometer will be ordered from Pharmacy. These have been replaced by Director and education done with staff on re-orders that will be done by med nurse as needed.

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
TIDORRY D. JOHNSON			7/16/14

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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	

Violation Report: 33671 - 07/07/2014 - Hoover, Douglas
 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 11/12/13 at 8:45 am lists the evacuation time as "approximately 4 minutes" without detailing minutes and seconds.

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.

Effective immediately, we will no longer use the word "approximate" in the drill records. In the future when an alarm sounds that was not a scheduled drill, we will pull the history at the fire panel to determine exact time of the alarm.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/24/2013
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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)	Date
TINDITY D. JOHNSON	7/16/14

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Violation Report: 33671 - 07/07/2014 - Hoover, Douglas
 PCH Name: THE VILLAGE SQUARE

1. REGULATION 55 Pa.Code §2600
 2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION
 All exit routes were used in 8 of 11 fire drills from August of 2013 to June of 2014. The home does not routinely use alternate exit routes during fire drills.

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 Maintenance Department has developed internal numbering systems for the exits which will be utilized in planning of the fire drills for various locations. This will be effectively immediately.
 Will use alternating exits during fire drills based on internal numbering system that will be reviewed by the Life Safety Supervisor each month.

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) *Trinity D. Johnson* Date *7/16/14*

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The above plan of correction is approved as of <u>8.04.14</u> (Date)	Plan of correction implementation status as of <u>8.04.14</u> (Date)
The above plan of correction was approved by <u>[Signature]</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: 33871 - 07/07/2014 - Hoover, Douglas
 PCH Name: THE VILLAGE SQUARE

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
 From August of 2013 to June of 2014; 5 fire drills were held on a Tuesday; 5 fire drills were held on a Thursday and 1 fire drill was held on a Wednesday. The home did not conduct any fire drills on Mondays, Fridays and weekends.

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 Maintenance Department has created a chart to better schedule and track the times the drills occur to ensure drills are occurring on weekends. This will be effective immediately.

Life Safety Supervisor will monitor the schedule monthly for days of the week and times of drills.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 Date 7/16/14

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The above plan of correction was approved by <u>JE</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: 33871 - 07/07/2014 - Hoover, Douglas
 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 June 2014 medication administration record for resident #2 did not document that *Ativan, 0.5 mg.*, was given on 6/20/14 at 8:00 am and 6/23/14 at 8:00 pm. The narcotic count log documented that the *Ativan* was given on those dates.

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.

Medication administration record had PRN med recorded on narcotic log but not on the MAR. The facility will have an in-service done by consulting Pharmacist and there will also be random spot checks done on narcotic logs and the MARS by the Pharmacist by 9/30/2014.

Missed medication had not been scanned via Accuflo and this will be monitored and checked by consulting Pharmacist via Accuflo and narcotic log checks when she is in to do in-service and audits.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/24/2013	
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
Timothy D. Johnson			7/16/14

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 (Date)

Plan of correction implementation status as of 8.04.14
 (Date)

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

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

Violation Report: 33671 - 07/07/2014 - Hoover, Douglas
 PCH Name: THE VILLAGE SQUARE

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 a sliding insulin scale order which requires that 2 units of *Humalog* be given if the blood sugar reading is between 140 and 179. Four units of *Humalog* are to be given if the blood sugar reading is between 180 and 239.
 On 6/13/14 at 4:00 pm, resident #3's blood sugar reading was 227 which required 4 units of insulin. The resident was given 2 units of insulin.
 On 6/22/14 at 4:00 pm, resident #3's blood sugar reading was 146 which required 2 units of insulin. No insulin was given to 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.

Insulin administration was not given the proper dosage related to sliding scale listed. The 2 nurses that were involved will be sent for Diabetic Class Education on these skills. The consulting Pharmacist will also do an in-service for all med administration staff relating to insulin sliding scale and med administration documentation. Random spot checks will also be done by Pharmacist within the next 60 days to be completed by 9/30/2014 for compliance.

Enclosed copies class schedule.

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) *Timothy D. Johnson* Date *7/14/14*

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The above plan of correction is approved as of *8/10/14*
 (Date)

Plan of correction implementation status as of *8/10/14*
 (Date)

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

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

7th
Reeds

RECOMMENDATION FOR CERTIFICATE OF COMPLIANCE (RENEWALS ONLY)

INSTRUCTIONS: Regional Program Office completes form, makes two copies, keeps one copy and forwards the original and one copy to the Licensing Office. (This form is to be used for RENEWALS ONLY.)

3280060002

REGION CENTRAL	COUNTY FRANKLIN	FACILITY E-MAIL MAROTT@MENNOHAVEN.ORG
NAME AND ADDRESS OF AGENCY/FACILITY THE VILLAGE SQUARE		
2075 SCOTLAND AVENUE		
CHAMBERSBURG 17201		LEGAL E-MAIL JOHNSOT@MENNOHAVEN.ORG
MAILING ADDRESS OF FACILITY 2075 SCOTLAND AVENUE		
CHAMBERSBURG PA 17201		TELEPHONE NO.: 717-263-8545
NAME OF LEGAL ENTITY MENNO-HAVEN, INC.		FEIN/SSIC
CURRENT CERTIFICATE NUMBER 336710	TYPE OF CONTROL <input type="checkbox"/> PUBLIC <input checked="" type="checkbox"/> PRIVATE	
EFFECTIVE DATE FROM 09/02/2013 TO 09/02/2014	IF PRIVATE <input type="checkbox"/> PROFIT <input checked="" type="checkbox"/> NON-PROFIT	

TYPE OF FACILITY & TYPE OF SERVICE PROVIDED:

ADULT RESIDENTIAL FACILITIES
PERSONAL CARE HOMES

SSI= 0	ID= 0	PD= 0
60+ = 73	MN= 0	Hospice w/in yr = 2
MI= 0	SDU Census = NA	

RECEIVED RECEIVED

AUG 04 2014 AUG 14 2014

Human Services Licensing

DATE(S) OF INSPECTION **July 7th & 8th 2014**

RECOMMENDATIONS:			
<input checked="" type="checkbox"/> CERTIFICATE RECOMMENDED	TYPE <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> PROVISIONAL	IF PROVISIONAL <input type="checkbox"/> FIRST <input type="checkbox"/> SECOND <input type="checkbox"/> THIRD <input type="checkbox"/> FOURTH	SCORE
<input type="checkbox"/> CERTIFICATE NOT RECOMMENDED	REASON <input type="checkbox"/> DENIAL <input type="checkbox"/> NON-RENEWAL <input type="checkbox"/> REVOCATION <input type="checkbox"/> VOLUNTARY CLOSURE <input type="checkbox"/> OTHER	PERIOD FROM 9/2/14 TO 9/2/15	
LIST REGULATION CHAPTER Chapter 2600	FIRE SAFETY APPROVAL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE 2-9-10	TYPE A2, A3, 12 Green Township
		LICENSED CAPACITY 130	CURRENT CENSUS 73

LIST ANY RESTRICTIONS TO OCCUPANCY OR WAIVERS OF REGULATION

James Etk 8-04-14
SIGNATURE - PERSON MAKING RECOMMENDATION

APPROVED BY

RENEWAL APPLICATION FOR EXISTING CERTIFICATE OF COMPLIANCE

APPLICATION IS MADE HEREWITH TO RENEW THE CERTIFICATE OF COMPLIANCE TO OPERATE THE FACILITY/AGENCY TO PROVIDE THE SERVICE SPECIFIED

TYPE OR USE PEN, SIGN AND RETURN	
IDENTIFICATION 3280060002	
1. NAME OF AGENCY/FACILITY THE VILLAGE SQUARE	TELEPHONE NUMBER (717) 263-8545
FACILITY ADDRESS 2075 SCOTLAND AVENUE, CHAMBERSBURG PA 17201	E-MAIL FOR FACILITY (NOT the WEB site URL) MAROTTC@MENNOHAVEN.ORG
3. COUNTY FRANKLIN	
TELEPHONE NUMBER 717-263-8545	
2. NAME OF LEGAL ENTITY MENNO-HAVEN, INC.	
MAILING ADDRESS (CORRESPONDENCE TO BE DELIVERED TO) 2075 SCOTLAND AVENUE CHAMBERSBURG PA 17201	E-MAIL FOR LEGAL ENTITY (NOT the WEB site URL) JOHNSOT@MENNOHAVEN.ORG
4. DATE CERTIFICATE EXPIRES 09/02/2014	
5. CERTIFICATE NUMBER 336710	
6. NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE <i>Timothy D. Johnson</i>	
7. TYPE OF SERVICE PROVIDED PERSONAL CARE HOMES	FEIN OR SSN 23-6276101
8. REQUESTED/LICENSED CAPACITY (PERSONAL CARE HOMES) 130 Ch # 0096822 \$ 50.00	
9. TYPE OF OPERATION <input type="checkbox"/> PROFIT <input checked="" type="checkbox"/> NON-PROFIT	10. TYPE OF OWNERSHIP/CONTROL <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> FOREIGN PART <input type="checkbox"/> LLP <input type="checkbox"/> LP <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> SCHOOL DISTRICT <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> FOREIGN CORP <input type="checkbox"/> LLC <input type="checkbox"/> OTHER
11. PRIOR LICENSE STATUS Has the agency/facility (Item 1) or Legal Entity (Item 2), or the Person Responsible (Operator) (Item 6), or the person signing the application ever been denied a Certificate or License, had a Certificate of Compliance or License revoked, or had a Certificate of Compliance or License non-renewed in Pennsylvania or any other state? <input type="checkbox"/> YES (IF YES, EXPLAIN ON SEPARATE SHEET) <input checked="" type="checkbox"/> NO	
12. PLEASE ANSWER THE FOLLOWING (IF YES, EXPLAIN ON SEPARATE SHEET) HAS THE LEGAL ENTITY, OWNER, OR OPERATOR EVER: A. BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B. BEEN CONVICTED OF A CRIME INVOLVING CHILD ABUSE, CHILD NEGLECT, MORAL TURPITUDE, OR PHYSICAL VIOLENCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO C. BEEN NAMED A PERPETRATOR IN AN INDICATED OR FOUNDED REPORT OF CHILD ABUSE IN ACCORDANCE WITH THE CHILD PROTECTIVE SERVICE LAW (11 P.S. 2201-2225) OR THE CARE-DEPENDENT SERVICES ACT (18 PA.C.S. § 2713)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
13. CURRENT STATUS OF LEGAL ENTITY, OWNER OR OPERATOR IS THE LEGAL ENTITY, OWNER, OR OPERATOR CURRENTLY CHARGED WITH A FELONY OR MISDEMEANOR? <input type="checkbox"/> YES (IF YES, EXPLAIN ON SEPARATE SHEET) <input checked="" type="checkbox"/> NO	

RECEIVED

MAY 14 2014

DECLARATION

Human Services Licensing

Any false information or statement knowingly given in this application is punishable under section 4904 of the PA Crimes Code.

I understand that the Certificate of Compliance will be issued to me on the condition that I will operate the above named facility or agency in accordance with the laws of the Commonwealth of Pennsylvania and with the rules and regulations of the Department of Public Welfare; Title VI of the Civil Rights Act of 1964; the Age Discrimination Act of 1975; the Rehabilitation Act of 1973; and the PA Human Relations Act of 1955; and I hereby declare that the information given in this application is true to the best of my knowledge.

Timothy D. Johnson
NAME (Type or Print)

Chief Operating Officer
TITLE

Timothy D. Johnson
SIGNATURE OF THE LEGAL ENTITY REPRESENTATIVE
(Where the legal entity is a corporation, the signature must be of a corporate officer.)

5/12/14
DATE