



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

AUG 05 2014

Ms. Cheryl M. Bollinger, RN, Administrator  
Weaverland Mennonite Homes  
40 Hillside Road  
Stevens, Pennsylvania 17578

RE: Cocalico Christian Home  
316 North Fifth Street  
Denver, Pennsylvania 17517  
License #: 322060

Dear Ms. Bollinger:

As a result of the Department of Public Welfare's licensing inspection on July 9, 2014, 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).

Your regular license for the period September 10, 2014 to September 10, 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

*34*

Enclosure  
Licensing Inspection Summary



Violation Report: 32206 - 07/09/2014 - Minnich, Ron  
 PCH Name: COCALICO CHRISTIAN HOME

**1. REGULATION 55 Pa.Code §2600**  
 2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

**2a. DESCRIPTION OF VIOLATION**  
 On 7/03/14, 7/04/14 and 7/05/14, from 10:00pm - 6:00am, 11 residents were present in the home. During this time, Staff Person A was present in the home alone and was not certified in first aid.

**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.

It is important to have the caregivers trained in first aid so they can come to the aid of any resident, as needed.

[Redacted] (Staff person A) worked 7/3/14, 7/4/14 + 7/5/14, from 10 pm - 6 am, as the sole caregiver for 11 residents, and part of First Aid training was lacking from her file. [Redacted] was able to immediately receive First Aid training, conducted by [Redacted] on the evening of 7/9/14. Documentation of her current training is now in her file.

This will not happen again under the watch of [Redacted] RV, PCHA. I will be certain to have all documentation in place before allowing a new employee to work. To aid in this, a checklist of all necessary documents is attached to the front of employee files.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Cheryl M. Bollinger RV, PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cheryl M. Bollinger*      Date *7/23/14*

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

|   |   |
|---|---|
| The above plan of correction is approved as of <u>8/01/14</u><br>(Date)       | Plan of correction implementation status as of <u>8/01/14</u><br>(Date)   |
| The above plan of correction was approved by <u>[Signature]</u><br>(Initials) | <input checked="" type="checkbox"/> Fully Implemented<br><input type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |