



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SEP 30 2015

Ms. Cheryl M. Bollinger, PCH 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 Human Services' licensing inspection on July 15, 2015 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 10, 2015 to September 10, 2016 was issued on June 19, 2015. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones  
Director<sub>LSH</sub>

Enclosure  
License Inspection Summary



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

<b>PCN Name:</b> COCALICO CHRISTIAN HOME		<b>License Number:</b> 32206
<b>Address:</b> 316 N 5TH ST, DENVER, PA 17517		<b>County:</b> Lancaster
<b>Administrator:</b> Cheryl Bollinger		<b>Region:</b> CENTRAL
<b>Legal Entity Name:</b> WEAVERLAND MENNON		
<b>Legal Entity Address:</b> 40 HILLSIDE ROAD, STEVENS, PA 17578		
<b>Certificate(s) of Occupancy</b> R-2 08/03/2006 Denver Boro.		
<b>Staffing Hours</b> <b>Resident Support:</b> 0 <b>Total Daily Staff:</b> 11 <b>Waking Staff:</b> 6		
<b>Type of Inspection:</b> Full <b>BHA Docket Number:</b> <b>Notice:</b> Unannounced		
<b>Reason(s) for Inspection(s)</b> Renewal		
<b>On-Site Inspection Dates and Department Representatives On-Site</b> 07/15/2015: Hoover, Douglas		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<p><b>RECEIVED</b></p> <p>AUG 17 2015</p> <p>CENTRAL REGION FIELD OFFICE Human Services Licensing</p>		
<b>Other Details</b> <b>Partial or Full Triggers:</b> <b>Random Indicators:</b>		
<b>Resident Demographic Data as of Inspection Dates</b>		
<b>Licensed Capacity:</b> 16 <b>Number of Residents Served:</b> 11 <b>Secured Dementia Care Unit in Home:</b> No <b>Area:</b> <b>Secured Dementia Unit Capacity, if Applicable:</b> <b>Number of Residents Served in Secured Dementia Care Unit, if applicable:</b> <b>Number of Current Hospice Residents:</b> 1 <b>Number of Hospice Residents in past year:</b> 2	<b>Number of Residents who:</b> <b>Receive Supplemental Security Income:</b> 0 <b>Are 60 Years of Age or Older:</b> 10 <b>Have Mental Illness:</b> 4 <b>Have an Intellectual Disability:</b> 2 <b>Have a Mobility Need:</b> 0 <b>Have a Physical Disability:</b> 0	

**Violation Report: 32208 - 07/15/2015 - Hoover, Douglas**  
**PCH Name: COCALICO CHRISTIAN HOME**

**1. REGULATION 55 Pa.Code §2600**  
 2600.187(d) - The home shall follow the directions of the prescriber.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #2 has a physician order for *Ensure* to be given three times daily with meals. The *Ensure* was not given on 7/8/15 or 7/9/15 because it was not available in the home.

**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 very important to Coccalico Christian Home that we follow all doctor's orders. The *Ensure* order was for 4 oz. to be given with each meal. The supper dose on 7/8/15 and the breakfast dose on 7/9/15 were missed because family was providing it + the supply had been depleted. This resident missed a total of 8oz. of *Ensure*. From now on, CCH will have at least a small stock supply on reserve to be used in such cases. Administrator or designee will monitor. -EE

<b>Repeat Violation: No</b>	<b>Date(s) of Previous Violation(s):</b>		
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**Signature of Legal Entity Representative (Required on EVERY Page)** *Cheryl M. Bollinger, RN, PCHHA*

<b>Printed Name and Title of Legal Entity Representative (Required on EVERY Page)</b> Cheryl M. Bollinger, RN, PCHHA	<b>Date</b> 8/17/15
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>8-20-15</u> (Date)	Plan of correction implementation status as of <u>8-20-15</u> (Date)
The above plan of correction was approved by <u>EE</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