



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to HATFIELD MENNONITE HOMES INC  
LEGAL ENTITY

To operate OAKWOOD COURT  
NAME OF FACILITY OR AGENCY

Located at 275 DOCK DRIVE, LANSDALE, PA 19446  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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To provide Personal Care Homes  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 80  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.  
(MAXIMUM CAPACITY)  
**Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 26**

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from May 18, 2016 until November 18, 2016,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 127961

Robert E. Robinson  
ISSUING OFFICER

Jay Baulh  
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



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DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

**MAILING DATE: MAY 18 2016**

Ms. Nancy Donnelly, Executive Director  
Hatfield Mennonite Homes, Inc.  
275 Dock Street  
Lansdale, Pennsylvania 19446

RE: Oakwood Court  
License #: 127961

Dear Ms. Donnelly:

As a result of the Department of Human Services' (Department) licensing inspections on October 1, 2015, October 26, 2015 and March 22, 2016 of the above facility, the violations specified on the enclosed Licensing Inspection Summary were found.

Based on violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), your current license #127960 dated August 8, 2015 to August 8 2016 is REVOKED. Additionally, your license dated August 8, 2016 to August 8, 2017 is REVOKED. A FIRST PROVISIONAL license is being issued based on your plan to correct the violations as specified on the Licensing Inspection Summary. This FIRST PROVISIONAL license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated August 8, 2016 to August 8, 2017 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your FIRST PROVISIONAL license is enclosed.

All violations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Ms. Nancy Donnelly

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If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Kevin Brumbach, Fines Manager  
Human Services Licensing  
Department of Human Services  
Room 631 Health and Welfare Building  
625 Forster Street  
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Jay Bausch  
Deputy Secretary

Enclosures  
License  
Licensing Inspection Summary

**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2809**

PCH Name: OAKWOOD COURT		License Number: 12796
Address: 275 DOCK DRIVE, LANSDALE, PA 19446		County: Montgomery
Administrator: Kimberly Fischer		Region: SOUTHEAST
Legal Entity Name: HATFIELD MENNONITE HOMES INC		
Legal Entity Address: 275 DOCK DRIVE, LANSDALE, PA 19446		
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support:	Total Daily Staff: 95	Working Staff: 71
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 10/01/2015: McHale, Christine; Kazlmer, Lauren		
Off-Site Inspection Dates and Inspectors, if Applicable 10/26/2015: McHale, Christine 03/22/2016: McHale, Christine		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 80	Number of Residents Served: 70	Number of Residents who:
Secured Dementia Care Unit in Home: Yes	Area: Harmony House	Receive Supplemental Security Income: 0
Secured Dementia Unit Capacity, if Applicable: 28	Number of Residents Served In Secured Dementia Care Unit, if applicable: 24	Are 60 Years of Age or Older: 70
Number of Current Hospice Residents: 2	Number of Hospice Residents in past year: 13	Have Mental Illness: 0
		Have an Intellectual Disability: 0
		Have a Mobility Need: 26
		Have a Physical Disability: 0

Violation Report: 12796 - 10/01/2015 - McHale, Christine  
 PCH Name: OAKWOOD COURT

**1. REGULATION 55 Pa.Code §2600**  
 2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #1, age [redacted] is diagnosed with Alzheimer's Dementia and resides in the home's secured dementia care unit. On 9/30/15, direct care staff member A, age [redacted] was observed romantically kissing the Resident in their room by direct care staff member B. Per the Department's investigation, it was found that direct care staff member A reported that they consider Resident #1 to be their girlfriend and that entering the Resident's room, as well as, kissing was a normal occurrence when the staff member would work. According to the police report dated 10/2/2015, direct care staff member A confessed and described the inappropriate sexual touching of Resident #1. On 2/8/16, Staff A was arrested and charged with multiple felony level counts of Institutional Sexual Assault and Aggregated Indecent Assault.

During an interview with the Department, Resident #1 reported that they had been "picked up by a few boys [in the facility]" and that they did not like it. Resident #1 further stated that these boys would be in the resident's room and that the Resident did not like it and was frightened.

Direct care staff member B reported that on 9/30/15, direct care staff member A was not assigned to provide care for Resident #1. However, due to direct care staff member A always being with Resident #1, resident #1's room was the first place that direct care staff member B looked for direct care staff member A when they could not be located. Direct care staff member B also reported that direct care staff member A and Resident #1 would often spend one on one time together and take walks alone. Direct care staff member B reported that Resident #1 would refer to direct care staff member A as their friend, boyfriend, or friend that they had known for years. Direct care staff member C, also reported that direct care staff member A would always have Resident #1 around them even when not assigned.

**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.

Please see attached.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Erin N. Toth, PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Erin N. Toth, PCHA</i>	Date <i>5/6/16</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <i>5/11/16</i> (Date)	Plan of correction implementation status as of <i>5/11/16</i> (Date)
The above plan of correction was approved by <i>(Signature)</i> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

License # 127960

Plan of Correction related to violation of regulation 2600.42(b)

On 9/30/15, Staff member B witnessed staff member A kissing resident #1. Staff member A was immediately suspended and, shortly thereafter, his employment was terminated as a result of Living Branches' investigation.

On an annual basis, all staff receives an in-service related to resident abuse prevention. At orientation, staff also receive training related to Residents Rights and Abuse Prevention. Additionally, all staff must pass a criminal background check prior to beginning employment with Living Branches. Staff A did pass the criminal background check at the time of his hiring.

To address the violation of regulation 2600.42(b), an additional hour long in-person in-service was held on 10/20/2015 (see attached attendance record). This in-service, conducted by Peace Church Compliance Program, was also taped for staff who were unable to attend on 10/20 (see attached completion record). Going forward, staff in Harmony House will not be permitted to be alone with a resident behind a locked door. Residents continue to be able to lock their own doors, but while performing care, the staff person will ensure that the door is unlocked in order to enable other staff to intervene quickly, if necessary. Under special circumstances (such as in the event there is a resident who frequently wanders into rooms, or for the dignity of other residents) exceptions to this will be granted only by the Director of Personal Care Services or designee. Going forward all Living Branches staff will continue to receive annual training on Resident Rights and Abuse Prevention. Additionally, monthly Personal Care meeting agendas will include Resident Rights and Abuse Prevention discussions and any concerns from staff observations.

By providing this plan of correction, Harmony House does not admit the allegations/representations contained in the inspection summary other than as set forth herein.

Legal Entity Representative – Erin N. Toth, Director of Personal Care Services

*Erin N. Toth, PCHA*

*The administrator will arrange for an outside agency that specializes in abuse training to provide a training for ALL staff of the home, within 30 days of receipt of this Plan of Correction. Documentation of the training will be maintained for the Department's review.*

*5/5/16*