



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 24 2016

Mr. Timothy D. Johnson, Chief Operating Officer
Menno Haven, Inc.
2011 Scotland Avenue
Chambersburg, Pennsylvania 17201

RE: Penn Hall at Menno Haven
1425 Philadelphia Avenue
Chambersburg, Pennsylvania 17201
License #: 327690

Dear Mr. Johnson:

As a result of the Department of Human Services' annual licensing inspection on October 7, 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.

Sincerely,

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

Matthew J. Jones
Director ^{1/5/16}

Enclosure
License Inspection Summary

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

PCH Name: Penn Hall at Menno Haven		License Number: 32769
Address: 1425 Philadelphia Avenue, Chambersburg, PA 17201		County: Franklin
Administrator: Tiffany Rife		Region: CENTRAL
Legal Entity Name: Menno-Haven Inc		
Legal Entity Address: 2011 Scotland Avenue, Chambersburg, PA 17201		
Certificate(s) of Occupancy I-1 02/09/2010 Chambersburg Boro		
Staffing Hours Resident Support: NA Total Daily Staff: 85 Waking Staff: 64		
Type of Inspection: Ind - Partial/Center head BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal, Indicator		
On-Site Inspections Dates and Department Representatives On-Site 10/07/2015: Bomberger, Cybil; Gillespie, Denise		
Off-Site Inspection Dates and Inspectors, if Applicable		
RECEIVED DEC 07 2015 CENTRAL REGIONAL OFFICE Harrisburg, PA		
Other Details Partial or Full Triggers: 16c opened general requirements section Random Indicators: 29b3, 15d, 41a, 97, 224c		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 133 Number of Residents Served: 85 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: 1 Number of Hospice Residents in past year: 5	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 85 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 2	

Violation Report: 32769 - 10/07/2015 - Bomberger, Cybil
 PCH Name: Penn Hall at Menno Haven

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.16 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 5/2/2015, Resident #1 reported missing approximately \$80.00 from his/her wallet. The home failed to submit an incident report to the Department regarding the incident.

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.

Licensing Representative reviewed Regulation 2600.16 (C) with Administrator and clarified subsection (11) vs (12) at the time of the inspection. Administrator was educated by the Representative the correct subsection that should have been researched during this incident which would have then resulted in the proper notification to the designated Departments. Since the inspection another incident of this nature was brought to the attention of the Administrator and proper reporting was followed and will be followed for any future incidents.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *TIMOTHY D. JOHNSON, COO* Date *12/3/15*

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

The above plan of correction is approved as of <u>12-3-15</u> (Date) The above plan of correction was approved by <u>BE</u> (Initials)	Plan of correction implementation status as of <u>12-3-15</u> (Date) <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
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