



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 15 2016

Ms. Karen E. Lehman, CEO
Rockhill Mennonite Home, Inc.
3250 State Road
Sellersville, Pennsylvania 18960

RE: Rockhill Mennonite Community
License #: 126870

Dear Ms. Lehman:

As a result of the Department of Human Services' annual licensing inspection on January 27, 2016 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,

Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: 12687 - 01/27/2016 - Colon, Lissette
 PCH Name: ROCKHILL MENNONITE COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
 On 1/27/16, there were three trash cans, and one recycle can in the main kitchen with circular holes cut in the middle of each lid.

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.

Trash cans to be covered properly and secured then or today (1/28/16).

Staff has been instructed to inspect regularly and holes cut in them.

Dining Services Director is responsible for inspecting trash receptacles to ensure they are properly covered.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Karen E. Lehman*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Karen E. Lehman, CEO* Date *2/19/2016*

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The above plan of correction is approved as of 2/25/16
 (Date)

Plan of correction implementation status as of 2/25/16
 (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: 12687 - 01/27/2016 - Colon, Lissette
 PCH Name: ROCKHILL MENNONITE COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION
 Staff person A's initial medication training was held on 5/9/14. However, there was no documentation for the annual practicum for 5/2015. The home has completed thus far, two medication administration record reviews and four observations for 5/2015 - 5/2016.

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.

Staff person A has completed:
 a) Initial medication training on 1/29/16
 b) ^{Six} Three medication pass observations
 c) Two MAR reviews
 See attached documentation.

Med Techs will not assist with any medication administration unless all regulatory training requirements have been completed as evidenced by documentation from former employer or conducted at Rockhill Mennonite Community.
 Assistant Director of Personal Care is responsible for ensuring continued compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Karen Lehman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Karen E Lehman, CEO	2/19/2016

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The above plan of correction is approved as of <u>2/25/16</u> (Date)	Plan of correction implementation status as of <u>2/25/16</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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