



**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

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE

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  
(MAXIMUM CAPACITY)  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

**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 October 5, 2016 until October 5, 2017,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 127960

Robert E. Robinson  
ISSUING OFFICER

Jay Baulk  
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.



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

OCT 05 2016

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

RE: Oakwood Court  
License #: 127960

Dear Ms. Donnelly:

As a result of the Department of Human Services' annual licensing inspection on June 21, 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosures  
License  
License Inspection Summary



Violation Report: 12796 - 06/21/2016 - Keppel, Autumn  
 PCH Name: OAKWOOD COURT

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Direct care Staff Members A, B, and C did not receive training on falls and accident prevention during the September 2014- August 2015 training year.

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.

2600.65(g)

Training on falls and accident prevention was missed in the September 2014-August 2015 training year. Training on this topic was held in September of 2015 (see attached training schedule). Staff members A and B completed this training in September of 2015 (see attached). Staff person C has been assigned this training and will complete it by July 31, 2016. Going forward, training on falls and accident prevention will be given annually and will include all staff working in Personal Care, not just nursing staff. The Director of Personal Care Services will ensure that training on this topic is included in the annual training schedule.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Erin N. Toth, PCHA*

Printed Name and Title of Legal Entity Representative *Erin N. Toth* Date *7/7/16*  
 (Required on EVERY Page) *Director of Personal Care Services*

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

The above plan of correction is approved as of *[Signature]*  
 (Date)

Plan of correction implementation status as of *[Signature]*  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *[Signature]*  
 (Initials)

Violation Report: 12796 - 06/21/2016 - Keppel, Autumn  
 PCH Name: OAKWOOD COURT

1. REGULATION 55 Pa.Code §2600  
 2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION  
 - Tide detergent, with a manufacturer's label indicating "Harmful if swallowed," and "Call a physician or Poison Control Center immediately," was unlocked and accessible to residents in the secured dementia unit's (SDCU) laundry room. Residents residing in the SDCU have not been assessed capable of recognizing and using poisons safely.  
 - Shout stain removal spray, with a manufacturer's label indicating if ingested to "Get medical attention immediately," was unlocked and accessible to residents in the SDCU's laundry room. Residents residing in the SDCU have not been assessed capable of recognizing and using poisons safely.

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.

2600.82(c)

By July 31, 2016, laundry services will no longer be done within the Secured Dementia Care Unit (SDCU). Laundry will be sent down to the central laundering facilities in the building. Therefore, laundry detergent and stain removal spray will no longer be kept within the SDCU. Other potentially poisonous materials are stored in locked cabinets and are inaccessible to the residents. Monthly audits will be conducted by the Director of Personal Care Services and the results will be reported at Quality Management meetings quarterly to ensure that these items are appropriately stored.

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

Signature of Legal Entity Representative (Required on EVERY Page) Erin N. Toth, PEHA

Printed Name and Title of Legal Entity Representative Erin N. Toth Date 7/7/16  
 (Required on EVERY Page) Director of Personal Care Services

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

The above plan of correction is approved as of 8/8/16  
 (Date)

Plan of correction implementation status as of 8/8/16  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by [Signature]  
 (Initials)