



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 27 2017

Ms. Brenda Rodriguez, Director of Personal Care
The Mennonite Home
1520 Harrisburg Pike
Lancaster, Pennsylvania 17601

RE: Mennonite Home (Susq. 1, 3-4 FL, Juniata 1-4 FL, Conestoga 1 FL)
License #: 321780

Dear Ms. Rodriguez:

As a result of the Department of Human Services' annual licensing inspections on September 14, 2016 and September 15, 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,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 32178 - 09/14/2016 - Gillespie, Denise
 PCH Name: MENNONITE HOME SUSQ1 3 4 FL JUNIATA1 4 FL CONESTOGA 1 FL

1. REGULATION 55 Pa.Code §2600

2600.28(e) - In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P.S. §§ 10226.101 - 10226.107). The home shall keep documentation of the refund in the resident's record.

2a. DESCRIPTION OF VIOLATION

Resident #1, age [redacted] died on [redacted] 16. The resident's room was cleared of personal belongings on [redacted] 16. The home did not refund the resident's previously paid rent to the resident's estate until 4/21/16.

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 A Page 2A of 2 - SE

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Josh F. Dastore PLHA, LSW

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Joshua F. Dastore - Steiner PLHA, LSW

Date *11/30/16*

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

The above plan of correction is approved as of 12-2-16
 (Date)

The above plan of correction was approved by SE
 (Initials)

Plan of correction implementation status as of 12-2-16
 (Date)

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

Attachment A

1. **Specific Change:** A resident's account balance will be checked at the time notification is received of this resident's death. A check request will be issued for repayment of the credit balance at the time it is determined one exists. This will allow a refund to be processed within thirty days of a resident's passing.
2. **Who will carry out the change:** [REDACTED] Billing Clerk, will be responsible for carrying out this change. gk
3. **When:** Immediately
4. **How:** Face-to-face meeting between [REDACTED] PCHA, [REDACTED] Vice President of Finance, and [REDACTED] Billing Clerk
5. **Compliance:** An audit will be completed each month by [REDACTED] Billing and Payroll Clerk, to determine that refunds for Personal Care residents with credit balances who have passed away. The audit will be done to be certain refunds have been issued appropriately and within the thirty day period. Reports of the monthly audit will be reported to the Compliance Committee.

Paul Dash Brey, PCCHA, LSC - 11/30/16