



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 23 2017

Mr. Joshua F. Bashore-Steury,
LSW, PHCA, 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 Mr. Bashore-Steury:

As a result of the Department of Human Services' annual licensing inspections on August 30, 2017 and August 31, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 32178 - 08/25/2017 - Springs, Israel
PCH Name: Mennonite Home

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 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 10/5/16, Resident#1 was sent to the Lancaster General Hospital after a fall and received twelve stitches to his/her head as a result. This incident was not reported to the Department.

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 page 2A

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

Signature of Legal Entity Representative (Required on EVERY Page) *Josh Bashore Steury, PLHA, LSW*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Josh Bashore - Steury, PLHA, LSW* Date *9/22/17*

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

The above plan of correction is approved as of *9/25/17*
(Date)

Plan of correction implementation status as of *9/25/17*
(Date)

The above plan of correction was approved by *JB*
(Initials)

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

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Mennonite Home Communities

Personal Care

Plan of Correction – Regulation 2600.16(c)

This PCHA has created an additional written resource to provide to the leadership team responsible for reporting "Reportable Incidents" to Department of Human Services. This additional education has been provided in a 1:1 environment. In addition, the Personal Care staff are to contact either this PCHA or the Senior Clinical Coordinator in the event they suspect an incident needs to be reported.

Josh Bashore-Steeny, PCHA, LSW

Josh Bashore-Steeny, PCHA, LSW

9/22/17

Violation Report: 32178 - 08/22/2017 - Springs, Israel
 PCH Name: Mannonite Home

1. REGULATION 55 Pa.Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION
 The home has not performed a sleeping hours fire drills since 1/26/17.

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. Page 3A

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Josh Bashore-Stearry, PLHA, LSW*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Josh Bashore-Stearry, PLHA, LSW</i>	Date <i>9/22/17</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u><i>9/25/17</i></u> (Date)	Plan of correction implementation status as of <u><i>9/25/17</i></u> (Date)
The above plan of correction was approved by <u><i>BAS</i></u> (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

Page 3A of 4

Mennonite Home Communities

Personal Care

Plan of Correction – Regulation 2600.132(e)

This PCHA has created a standing Microsoft Outlook calendar reminder to pop up every five months to conduct a sleeping time fire drill. The Senior Clinical Coordinator will be responsible for auditing records and ensuring the sleeping time fire drill has been completed by the sixth month.

Josh Bashore Steery, PCHA, LSW

Josh Bashore-Steery, PCHA, LSW

9/22/17

* A successful sleeping hours fire drill was completed by the home on 8/30/2017 at 11:26pm.

BAS 9/25/17

Violation Report: 32178 - 08/28 2017 - Springs, Israel
 PCH Name: Mennonite Home

1. REGULATION 55 Pa.Code §2600

2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Resident#1's prescribed Melatonin that was discontinued on 5/27/17 and prescribed Artificial Tears that was discontinued 10/14/16 were still stored in the medication cart with current medications on 8/23/17.

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. Page 4A

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative *Josh Darchow Steury, PCHA, LSW*
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Josh Darchow Steury, PCHA, LSW</i>	Date <i>9/22/17</i>
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 (Date)

The above plan of correction was approved by *BAS*
 (Initials)

Plan of correction implementation status as of *9/25/17*
 (Date)

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

Mennonite Home Communities

Personal Care

Plan of Correction – Regulation 2600.183(d)

The process for removing expired and discontinued medications from the medication carts will be reviewed with all Personal Care team members. This will allow medications to be removed upon receiving the order for a medication to be discontinued.

The process for auditing carts on night shift for discontinued and expired medications will also be reviewed with the night shift team as this process is in place at this time.

Finally, the night shift Clinical Coordinator will be responsible for auditing one med cart each month to ensure quality medication cart audits are completed by the greater night shift team and ensuring compliance with this regulation.

Josh Bashore-Stearns, PLHA, LSW
Josh Bashore - Stearns, PLHA, LSW
9/22/17