



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: January 2, 2018

Mr. Joshua F. Bashore-Steury, LSW, PCHA
Director of Personal Care
The Mennonite Home
1520 Harrisburg Pike
Lancaster, Pennsylvania 17601

RE: Mennonite Home, Susquehanna 1, 3 – 4 Floors,
Juniata 1-4 Floors, Conestoga 1 Floor
Certificate #: 321780

Dear Mr. Bashore-Steury:

As a result of the Department of Human Services' licensing inspection on November 29, 2017 of the above facility, a violation with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary was found.

The violation 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 cursive script that reads "Gloria Emick".

Gloria Emick
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 32178 - 11/29/2017 - Cargile, Kellie
 PCH Name: MENNONITE HOME SUSQ1 3 4 FL JUNIATA1 4 FL CONESTOGA 1 FL

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the home on [redacted] 17. The initial assessment was completed on [redacted] 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~~ ^{Err} see attached document
 page 2 A of 2 - BE

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Josh Bashore - Steeny, PLHA, CSW Director
 Date 12/26/17

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

The above plan of correction is approved as of <u>1-2-18</u> (Date)	Plan of correction implementation status as of <u>1-2-18</u> (Date)
The above plan of correction was approved by <u>BE</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

Mennonite Home Communities

Personal Care

Plan of Correction – 2600.225(a)

December 26, 2017

JE

1. Review current system for completion of initial assessments with Night Shift Clinical Coordinator and provide additional education as needed. This person oversees the completion of RASPs and communicates out to other team members the residents' RASPs that need to be completed and by what date the RASPs must be done.
2. The Mennonite Home Personal Care practice will be changed to completing the RASP within 10 days of a resident's admission to Personal Care. The RASPs for residents of Landis Run to be completed within 48 hours of admission.
3. The Night Shift Clinical Coordinator will communicate via email to the staff person responsible for completing the RASP, the Director of Personal Care, and the Senior Clinical Coordinator the date in which the initial assessment must be completed.
4. Once the due date for completion has been established, the staff person assigned to the RASP will see that it is completed by that date. If for some reason, that person is not available to complete the initial assessment in the necessary 10 days (or 48 hours for Landis Run) after admission, the following back up order will be utilized to ensure completion:
 - a. Night Shift Clinical Coordinator
 - b. Senior Clinical Coordinator
 - c. Director of Personal Care
5. RASP's will be audited monthly by the Night Shift Clinical Coordinator to ensure 100% compliance with this practice.
 - a. If the RASP is completed by the Night Shift Clinical Coordinator, the RASP will be audited by the following persons in this order:
 - i. Director of Personal Care
 - ii. Senior Clinical Coordinator
6. This Director will audit an additional three RASP's per month to ensure compliance with this practice.

Josh Bashore - Stearns, PCHA, LSW - Director
 Printed Name and Title

[Signature], PCHA, LSW
 Signature

12/26/17
 Date