



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 3 1 2018

Ms. Mary Cater
Personal Care Home Administrator
Weaverland Mennonite Homes
316 North Fifth Street
Denver, Pennsylvania 17517

RE: Cocalico Christian Home
Certificate #: 322060

Dear Ms. Cater:

As a result of the Department's Bureau of Human Services Licensing annual inspection on May 14, 2018, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes).

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,

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

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: COCALICO CHRISTIAN HOME		License Number: 32206
Address: 316 NORTH FIFTH STREET, DENVER, PA 17517		County: Lancaster
Administrator: Mary Cater		Region: CENTRAL
Legal Entity Name: WEAVERLAND MENNONITE HOMES		
Legal Entity Address: 40 HILLSIDE ROAD, STEVENS, PA 17578		
Certificate(s) of Occupancy		
R-2 08/03/2006 Denver Boro.		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 13	Waiting Staff: 10
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 05/14/2018: Hoover, Douglas		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED</p> <p>JUN 18 2018</p> <p>Human Services Licensing</p>		
Other Details		
Partial or Full Triggers:	Random Indicators:	
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 15 Number of Residents Served: 12 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served In Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 1 Number of Hospice Residents In past year: 2	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 11 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 1 Have a Physical Disability: 0	

Violation Report: 32206 - 05/14/2018 - Hoover, Douglas
PCH Name: COCALICO CHRISTIAN HOME

1. REGULATION 55 Pa.Code §2600
2600.97 - Each elevator and stair glide must have a certificate of operation from the Department of Labor and Industry or the appropriate local building authority in accordance with 34 Pa.Code Chapter 405 (relating to elevators and other lifting devices).

2a. DESCRIPTION OF VIOLATION
The home has a stair glide next to the office which descends to the basement. The certificate of compliance from Denver Borough is dated 12/9/11. There have been no inspections or recertifications since the stair glide was installed in 2011.

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.

As of May 17 2018, We did get our stair glide serviced and inspected in order to be compliant. Please see attached statement.

Also, we plan to have an annual service and inspection to be in farther compliance. Administrator will schedule yearly. -SE

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Mary Cater*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) MARY CATER PCHA Date 6/14/18

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

The above plan of correction is approved as of 7-17-18
(Date)

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

- Plan of correction implementation status as of 7-17-18
(Date)
- Fully Implemented
 - Partially Implemented - Adequate Progress
 - Partially Implemented - Inadequate Progress
 - Not Implemented