



pennsylvania
DEPARTMENT OF HUMAN SERVICES

December 9, 2019

Mr. Timothy D. Johnson
Chief Operating Officer
Menno Haven, Inc.
2011 Scotland Avenue
Chambersburg, Pennsylvania 17201

RE: Chambers Pointe Personal Care Center
1425 Philadelphia Avenue
Chambersburg, Pennsylvania 17201
Certificate #: 327690

Dear Mr. Johnson:

As a result of the Department's Bureau of Human Services Licensing annual inspection on September 24, 2019 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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,

A handwritten signature in black ink, appearing to read "Kevin Hancock".

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: *CHAMBERS POINTE PERSONAL CARE CENTER*
Address: *1425 PHILADELPHIA AVENUE,, CHAMBERSBURG, PA 17201*
County: *FRANKLIN* Region: *CENTRAL*

License Number: *32769*

Administrator

Name: *Angela Pickel* Phone: *7172610220* Email: *angela.pickel@mennohaven.org*

Legal Entity

Name: *MENNO-HAVEN INC*
Address: *2011 SCOTLAND AVENUE, CHAMBERSBURG, PA, 17201*

Certificate(s) of Occupancy

Type: *I-1* Date: *02/09/2010* Issued By: *Chambersburg Borough*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *72* Waking Staff: *54*

Inspection

Type: *Full* BHA Docket #: Notice: *Unannounced*
Reason: *Renewal, Complaint*

Inspection Dates and Department Representative

09/24/2019 - On-Site: Hope O'Pake, Doug Hoover
09/25/2019 - On-Site: Hope O'Pake, Doug Hoover

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *133* Residents Served: *72*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *72*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

Rec'd
10/22/19
GE

3c - Post Current License

Regulations

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

A copy of the Chapter 2600 regulations was not posted in a conspicuous and public place in the home.

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.)

3C - Upon the discovery of the Chapter 2600 not being displayed, Chapter 2600 (the pink book) was placed outside of the mail room along with a copy of the previous survey results and resident handbook. The receptionist/administrative assistant is responsible for the upkeep of the survey results and handbook as well as the Chapter 2600.

Legal Entity Representative

Angela Pickel
Signature

Angela Pickel ^{PCA-A} Administrator
Printed Name and Title

10/22/2019
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 11/13/19
(Date)

Plan of correction implementation status as of 11/13/19
(Date)

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

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

185a - Implement Storage Procedures

Regulations

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #1 is prescribed Meclizine and Acetaminophen as needed. These medications were not available in the home.

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.)

185A -- Access to medication

Upon the discovery of the prn medication not being in the medication cart, the resident's file was reviewed and was ascertained that she had not needed the medication for 90 days. This information was given to the PCP and the medication was discontinued. An audit of the prn medications will take place monthly when the night shift LPN audits the medications in the cart.

The results of the medication audits will be included in the home's next quality management review. - GE, 11/13/19

Legal Entity Representative

Angela Pickel
Signature

Angela Pickel ^{PCP-A} Administrator *10/22/2019*
Printed Name and Title Date

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(Date) (Date)

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(Initials) Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

187a - Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #2 is prescribed Meloxicam, Vitamin B12, Calcium, and a multivitamin. However, the medication administration record does not indicate the diagnosis or purpose for the medications.

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.)

187A- Missing diagnosis on medication.

Upon the discovery of the missing diagnoses on the bottles of medication, the pharmacy was updated as well as the MAR. To prevent missing diagnoses on medications and/or vitamins, an audit will take place monthly with the night shift LPN when she reviews medications on the diagnosis exempt report.

The results of the monthly audits will be included in the home's periodic quality management reviews. - GE, 11/13/19

Legal Entity Representative

Angela Pickel

Signature

Angela Pickel RCHA Administrator

Printed Name and Title

Date

10/22/2019

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