



October 16, 2019

Mr. David A. Gentry
Chief Financial Officer
Menno Haven, Inc.
2011 Scotland Avenue
Chambersburg, Pennsylvania 17201

RE: Menno Haven Memory Care – 2
702 North Penn Hall Drive
Chambersburg, Pennsylvania 17201
Certificate #: 335131

Dear Mr. Gentry:

As a result of the Department's Bureau of Human Services Licensing inspection on September 30, 2019 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because the home is new and not yet serving four or more residents.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes) a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

During the inspection, citations on the enclosed violation report were found. All citations specified on the 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.

Your PROVISIONAL license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

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

Mr. David A. Gentry

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 applicant responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kevin Hancock', written in a cursive style.

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosures
License
Violation Report



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to MENNO HAVEN INC
LEGAL ENTITY

To operate MENNO HAVEN MEMORY CARE - 2
NAME OF FACILITY OR AGENCY

Located at 702 NORTH PENN HALL DRIVE, CHAMBERSBURG, PA 17201
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 15
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 15
(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from September 30, 2019 until March 30, 2020
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **335131**

Robert E. Robinson
ISSUING OFFICER

[Signature]
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility

Violation Report: 33513- 09/30/2019 - Cargile, Kellee

PCH Name: Menno Haven Memory Care 2

1. REGULATION 55 Pa.Code §2600

2600.133(a)(1) - If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

2a. DESCRIPTION OF VIOLATION

There is no exit sign over the door leading to the secure demential care unit's courtyard area.

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.

In Accordance with 2600.13(a)(1) Exit Signs have been placed on the door leading to the Secured Dementia Courtyard area. Signs are in plain legible letters. See attached pictures.

*UPDATE: In response to 1600.133(a)(1) and in addition to the correction listed above, this correction was made and photos were taken the same day as the inspection; 9.30.19. The egress signs will be monitored during firewalks that are offered during bi-weekly new employee orientation. A note will be added to the attendance sheet verifying the existence of the signs.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page)

Amy R. Fager, NHA

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

Amy R. Fager, NHA

Date *10/15/19*

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

The above plan of correction is approved as of <u>10/15/19</u> (Date)	Plan of correction implementation status as of <u>10/15/19</u> (Date)
The above plan of correction was approved by <u>GE</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 33513 - 09/30/2019 - Cargile, Kellie
 PCH Name: Menno Haven Memory Care 2

1. REGULATION 55 Pa.Code §2600

2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

2a. DESCRIPTION OF VIOLATION

The secure dementia care unit's front door is equipped with an electronic fob system and opens once a card is placed against it. Per the home's Administrator, only staff have access to the cards and will be responsible for letting visitors out of the home.

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.

*UPDATE: In accordance with 1600.233(c), each room will be assigned an access control device. This device may be a Proximity Card, Key Fob or other access method. At admission, families will be given the opportunity to request an access control device. Additional access devices may be available upon request. Visiting hours, specifically only for the use of these devices, will be set from 8 a.m.- 8 p.m. for the safety and security of residents and staff. The intent of this policy is not to deter visitors; simply to make it easier for families to visit while ensuring the safety of all involved while maintaining the integrity of the regulation. Upon transfer or discharge, the resident's family will be asked to return the access device and IT will disable the device. Attached is the draft policy. This policy has not been enforced yet but will be approved and implemented by October 31st. Any admissions prior to the implementation of the policy will be offered the device at the time of the implementation. Because the devices are being used and not a code system, the sign will be posted at the time of implementation inviting guests to use their control device and/or request one if they do not have one at the time of visit.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Amy R Fager, NHA

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

Amy R Fager, NHA

Date

10/15/19

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The above plan of correction is approved as of 10/15/19
 (Date)

Plan of correction implementation status as of 10/15/19
 (Date)

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

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