

Department of Human Services
Bureau of Human Service Licensing

September 6, 2022

[REDACTED]

MENNO HAVEN INC
2011 SCOTLAND AVENUE
CHAMBERSBURG, PA, 17201

RE: MENNO HAVEN MEMORY CARE - 1
700 NORTH PENN HALL DRIVE
CHAMBERSBURG, PA, 17201
LICENSE/COC#: 33512

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/12/2022, 07/13/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *MENNO HAVEN MEMORY CARE - 1* License #: *33512* License Expiration: *02/03/2023*
Address: *700 NORTH PENN HALL DRIVE, CHAMBERSBURG, PA 17201*
County: *FRANKLIN* Region: *CENTRAL*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *MENNO HAVEN INC*
Address: *2011 SCOTLAND AVENUE, CHAMBERSBURG, PA, 17201*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *R-4* Date: *06/21/2019* Issued By: *Greene Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *24* Waking Staff: *18*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *07/13/2022*

Inspection Dates and Department Representative

07/12/2022 - On-Site: [REDACTED]
07/13/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *15* Residents Served: *12*

Secured Dementia Care Unit

In Home: *Yes* Area: *Menno Haven 1* Capacity: *15* Residents Served: *12*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *12*
Diagnosed with Mental Illness: *12* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *12* Have Physical Disability: *0*

Inspections / Reviews

07/12/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/04/2022*

Inspections / Reviews *(continued)*

08/08/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/15/2022*

08/15/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/22/2022*

09/06/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [REDACTED], for resident #1 was signed by the payor and the home, but not by the resident; nor was there an indication that the resident was unable or unwilling to sign.

Plan of Correction

Accept

All contracts were audited on July 29-30, 2022 by the PCHA and the appropriate statement of "unable to sign" or "declined to sign" was noted on each resident signature line for all contracts including addendums. Going forward, the resident line will be noted "unable to sign due to cognition" unless deemed that the new resident understands what they are signing.

Completion Date: 08/09/2022

Document Submission

Implemented

All contracts were audited on July 29-30, 2022 by the PCHA and the appropriate statement of "unable to sign" or "declined to sign" was noted on each resident signature line for all contracts including addendums. Going forward, the resident line will be noted "unable to sign due to cognition" unless deemed that the new resident understands what they are signing.

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept

The Human Resources team audited all Memory Care team records for the presence of a high school diploma on June 21, 2022 and have been working to obtain documentation for any that are missing. All have been received except for person A. The Justifacts education verification link was sent to person A to complete. Depending on [REDACTED] high school/GED situation, it can be a quick turnaround, or it can take a bit of time. But, as of today, [REDACTED] has done [REDACTED] part in submitting for the verification. The Human Resources Team Services Assistant will audit all Memory Care new hires at the end of each quarter starting September 30, 2022 and will notify the Memory Care administrator of any missing documentation who will gather the needed items.

Completion Date: 08/09/2022

Document Submission

Implemented

The Human Resources team audited all Memory Care team records for the presence of a high school diploma on June 21, 2022 and have been working to obtain documentation for any that are missing. All have been received except for person A. The Justifacts education verification link was sent to person A to complete. Depending on [REDACTED] high school/GED situation, it can be a quick turnaround, or it can take a bit of time. But, as of today, [REDACTED] has done [REDACTED] part in submitting for the verification. The Human Resources Team Services Assistant will audit all Memory Care new hires at the end of each quarter starting September 30, 2022 and will notify the Memory Care

54a - Direct Care Staff (continued)

administrator of any missing documentation who will gather the needed items.

66a - Staff Training Plan

1. Requirements

2600.

66.a. A staff training plan shall be developed annually.

Description of Violation

The home does not have a staff training plan developed for 2022.

Plan of Correction

Accept

The staff training plan for 2022 was created and implemented via our NetLearning and now PayCom system, but was not listed in a format accepted by the inspector. Menno Haven's Education and Engagement Specialist developed and implemented the plan via our PayCom system. The attached is a re-written plan, better displaying what is being implemented for each team member wht the dates assigned, and the regs they match to.

Completion Date: 08/03/2022

Document Submission

Implemented

The staff training plan for 2022 was created and implemented via our NetLearning and now PayCom system, but was not listed in a format accepted by the inspector. Menno Haven's Education and Engagement Specialist developed and implemented the plan via our PayCom system. The attached is a re-written plan, better displaying what is being implemented for each team member wht the dates assigned, and the regs they match to.

82a - Poisonous Materials

1. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

On the morning of 7/12/2022, a generic spray bottle with the words "2 cups hydrogen peroxide and 1 cup water" was observed on the table in the front alcove of the home.

Plan of Correction

Accept

The poisonous material noted in this citing has been disposed of appropriately on July 12, 2022 and all chemicals within in the home have been audited and noted to have intact labels from the manufacturer. Audits will continue a minimum of quarterly by the PCHA or Household Coordinator to assure proper compliance.

Completion Date: 08/09/2022

Document Submission

Implemented

The poisonous material noted in this citing has been disposed of appropriately on July 12, 2022 and all chemicals within in the home have been audited and noted to have intact labels from the manufacturer. Audits will continue a minimum of quarterly by the PCHA or Household Coordinator to assure proper compliance.

91 - Telephone Numbers

1. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

91 - Telephone Numbers *(continued)*

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department posted on or by the landline telephone in the main hallway.

Plan of Correction

Accept

All landline phones were audited on July 14th by the Clinical Supervisor and Household Coordinator to assure that the proper emergency numbers are attached and available for use. A replacement card with the appropriate phone numbers was zip tied to the hall phone where the previous one was pulled off. Audits will continue a minimum of quarterly by the PCHA or Household Coordinator to assure proper compliance.

Completion Date: 08/09/2022

Document Submission

Implemented

All landline phones were audited on July 14th by the Clinical Supervisor and Household Coordinator to assure that the proper emergency numbers are attached and available for use. A replacement card with the appropriate phone numbers was zip tied to the hall phone where the previous one was pulled off. Audits will continue a minimum of quarterly by the PCHA or Household Coordinator to assure proper compliance.

123b - Emergency Procedures Posted

1. Requirements

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

The home's emergency procedures are not posted in a conspicuous and public place in the home.

Plan of Correction

Accept

A copy of the Emergency Procedures book was made and placed in the foyer of the home on 7/12/22. The ongoing plan will be for the PCHA to audit this book quarterly along with the other documentation made available in the home to the public and update with any new documents when appropriate.

Completion Date: 07/26/2022

Document Submission

Implemented

A copy of the Emergency Procedures book was made and placed in the foyer of the home on 7/12/22. The ongoing plan will be for the PCHA to audit this book quarterly along with the other documentation made available in the home to the public and update with any new documents when appropriate.

132f - Alternate Exit Routes

1. Requirements

2600.

132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The "patio" was the only exit route used during the fire drills held from 4/14/2021 to 5/19/2022.

Plan of Correction

Accept

The exit route used during fire drills will be alternated throughout the year a minimum of three times by the Safety and Security team that are in charge of the drills. The Manager of Safety and Security and the fire drill team was notified in writing of this on August 9, 2022 for implementation in ongoing fire drills..

Completion Date: 08/09/2022

132f - Alternate Exit Routes (continued)

Document Submission **Implemented**

The exit route used during fire drills will be alternated throughout the year a minimum of three times by the Safety and Security team that are in charge of the drills. The Manager of Safety and Security and the fire drill team was notified in writing of this on August 9, 2022 for implementation in ongoing fire drills..

227g -Support Plan Signatures

1. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #2 participated in the development of his/her support plan on [REDACTED]. However, the resident did not sign the support plan nor is there an indication that he/she is unwilling or unable to sign.

Plan of Correction **Accept**

All current support plans have been audited and verified that the resident has either signed or the appropriate box has been checked as a reason for not signing. Going forward, all support plans will be completed either with the original PDF form from DHS our through the Point, Click, Care system which includes the appropriate boxes to check if res refuses, is unable, etc to sign. The person completing the support plan will also have the PCHA or another trained team member initial the document that they are complete as a second check.

Completion Date: 08/02/2022

Document Submission **Implemented**

All current support plans have been audited and verified that the resident has either signed or the appropriate box has been checked as a reason for not signing. Going forward, all support plans will be completed either with the original PDF form from DHS our through the Point, Click, Care system which includes the appropriate boxes to check if res refuses, is unable, etc to sign. The person completing the support plan will also have the PCHA or another trained team member initial the document that they are complete as a second check.

227h - Support Plan Refuse Sign

1. Requirements

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Resident #1 participated in the development of his/her support plan on [REDACTED]. The resident is cognitively unable to sign the support plan. The home did not make a notation regarding the resident's cognitive inability to sign the support plan.

Plan of Correction **Accept**

All current support plans have been audited and verified that the resident has either signed or the appropriate box has been checked as a reason for not signing. Going forward, all support plans will be completed either with the original PDF form from DHS our through the Point, Click, Care system which includes the appropriate boxes to check if res refuses, is unable, etc to sign. The person completing the support plan will also have the PCHA or another trained team member initial the document that they are complete as a second check.

Completion Date: 08/02/2022

Document Submission **Implemented**

All current support plans have been audited and verified that the resident has either signed or the appropriate box

227h - Support Plan Refuse Sign (continued)

has been checked as a reason for not signing. Going forward, all support plans will be completed either with the original PDF form from DHS our through the Point, Click, Care system which includes the appropriate boxes to check if res refuses, is unable, etc to sign. The person completing the support plan will also have the PCHA or another trained team member initial the document that they are complete as a second check.

231e - No Objection Statement

1. Requirements

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

Resident #1 was admitted to the the home, which in its entirety is a [REDACTED] The home has no documentation that the resident and the resident's designated person have not objected to the admission.

Plan of Correction

Accept

All resident records have been audited on July 29-30, 2022 by the PCHA, [REDACTED] and seven were missing this addendum piece. Five have been signed by the resident or responsible party with a notation stating "unable to sign" for those that are unable to understand what they are signing. There are two more outstanding that need to be collected. Going forward, this information will be included as an addendum with a plan to incorporate that piece into the current resident contract to decrease the need for extra signatures from resident/responsible party. The PCHA will verify this has been completed and included in every resident record.

Completion Date: 08/09/2022

Document Submission

Implemented

All resident records have been audited on July 29-30, 2022 by the PCHA, [REDACTED] and seven were missing this addendum piece. Five have been signed by the resident or responsible party with a notation stating "unable to sign" for those that are unable to understand what they are signing. There are two more outstanding that need to be collected. Going forward, this information will be included as an addendum with a plan to incorporate that piece into the current resident contract to decrease the need for extra signatures from resident/responsible party. The PCHA will verify this has been completed and included in every resident record.

254a - Records Discharge/Active

1. Requirements

2600.

254.a. Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.

Description of Violation

On 7/12/2022, a binder with records including shower schedules and peri-care for all residents was found on the counter in the kitchenette area unlocked, unattended, and accessible.

Plan of Correction

Accept

The team was reminded/educated at the team meeting on 7/21/22 that all personal health information must be protected and not left lying in the common area. A notice was placed on the front of each communication book as well. Management will continue to monitor that it is not left lying around and include on monthly team meeting topics.

Completion Date: 08/02/2022

254a - Records Discharge/Active (continued)

Document Submission**Implemented**

The team was reminded/educated at the team meeting on 7/21/22 that all personal health information must be protected and not left lying in the common area. A notice was placed on the front of each communication book as well. Management will continue to monitor that it is not left lying around and include on monthly team meeting topics.