

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 - 2  
702 NORTH PENN HALL DRIVE  
CHAMBERSBURG, PA, 17201  
LICENSE/COC#: 33513

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 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 - 2* License #: *33513* License Expiration: *01/21/2023*  
Address: *702 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: *22* Waking Staff: *17*

**Inspection Information**

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

**Inspection Dates and Department Representative**

07/13/2022 - On-[REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *15* Residents Served: *11*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Menno Haven 2* Capacity: *15* Residents Served: *11*

**Hospice**

Current Residents: *2*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *11*  
Diagnosed with Mental Illness: *11* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *11* Have Physical Disability: *0*

**Inspections / Reviews**

**07/13/2022 - Full**

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

**08/08/2022 - POC Submission**

Inspections / Reviews (*continued*)

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*

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. Dependign on her high school/GED situation, it can be a quick turnaround, or it can take a bit of time. But, as of today, she has done her 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 Memory Care administrator of any missing documentation.

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. Dependign on her high school/GED situation, it can be a quick turnaround, or it can take a bit of time. But, as of today, she has done her 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 Memory Care administrator of any missing documentation.

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 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, the dates they are assigned, and the regs that 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, the dates they are assigned, and the regs that match to.

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

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 #1 participated in the development of his/her support plan on [REDACTED]. However, the support plan was not signed by the assessor at the home.

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 check as a reason for not signing. Going forward, all support plans will be completed either with the original PDF form from DHS or through the Point, Click, Care system which includes the appropriate boxes to check if a resident 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 check as a reason for not signing. Going forward, all support plans will be completed either with the original PDF form from DHS or through the Point, Click, Care system which includes the appropriate boxes to check if a resident 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 not cognitively

227h - Support Plan Refuse Sign (continued)

able to sign the support plan. The home did not make a notation regarding the resident's cognitive inability 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 check as a reason for not signing. Going forward, all support plans will be completed either with the original PDF form from DHS or through the Point, Click, Care system which includes the appropriate boxes to check if a resident 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 check as a reason for not signing. Going forward, all support plans will be completed either with the original PDF form from DHS or through the Point, Click, Care system which includes the appropriate boxes to check if a resident 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 #2 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 were audited on July 29-30, 2022 by the PCHA, Kimberly Paylor and four were missing the addendum piece that includes the no objection statement. Two have been signed by the responsible party with a notation stating "unable to sign" for those that are unable to understand what they are signing. The two that have not been obtained, will be collected and attached to their respective records. 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 were audited on July 29-30, 2022 by the PCHA, Kimberly Paylor and four were missing the addendum piece that includes the no objection statement. Two have been signed by the responsible party with a notation stating "unable to sign" for those that are unable to understand what they are signing. The two that have not been obtained, will be collected and attached to their respective records. 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.