

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

February 10, 2023

[REDACTED], LPN, DIRECTOR
MENNO-HAVEN INC
[REDACTED]

RE: CHAMBERS POINTE PERSONAL
CARE CENTER
1425 PHILADELPHIA AVENUE
CHAMBERSBURG, PA, 17201
LICENSE/COC#: 32769

Dear [REDACTED], LPN,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/01/2023, 02/02/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: CHAMBERS POINTE PERSONAL CARE CENTER **License #:** 32769 **License Expiration:** 03/14/2024

Address: 1425 PHILADELPHIA AVENUE, CHAMBERSBURG, PA 17201

County: FRANKLIN **Region:** CENTRAL

Administrator

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

Legal Entity

Name: MENNO-HAVEN INC

Address: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 64 **Waking Staff:** 48

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:** 0

Reason: Renewal **Exit Conference Date:** 02/02/2023

Inspection Dates and Department Representative

02/01/2023 - On-Site: [REDACTED]

02/02/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 133 **Residents Served:** 64

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:** 64

Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0

Have Mobility Need: 0 **Have Physical Disability:** 0

Inspections / Reviews

02/01/2023 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 02/13/2023

02/09/2023 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 02/09/2023

Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 02/14/2023

Inspections / Reviews *(continued)*

02/09/2023 POC Submission

Submitted By: [REDACTED] Date Submitted: 02/09/2023

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 02/14/2023

02/10/2023 Document Submission

Submitted By: [REDACTED] Date Submitted: 02/09/2023

Reviewer: [REDACTED] Follow Up Type: Not Required

65a FS Orientation 1st Day

1. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, whose first day of work was [REDACTED], did not receive orientation until [REDACTED] on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

Staff person B, whose first day of work was [REDACTED], did not receive orientation until [REDACTED] on the following topics: evacuation procedures, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, the location and use of fire extinguishers and smoke detectors and fire alarms.

Plan of Correction

Accept [REDACTED] - 02/09/2023)

PCHA revised the orientation checklist on 2/6/23 to clarify the training requirements for Day 1 per DHS regulations. See attachment. The Administrator or the Neighborhood Coordinator will be involved in the 1st day of training with all clinical and non-clinical staff to ensure Day 1 requirements are completed.

Licensee's Proposed Overall Completion Date: 02/09/2023

Implemented [REDACTED] - 02/10/2023)

183e Storing Medications

2. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On [REDACTED], 6 loose pills were found in the home's purple medication cart located in the Nurses' office.

Plan of Correction

Accept [REDACTED] - 02/09/2023)

The PCHA destroyed the 6 loose pills in the Rx destroyer on [REDACTED]. The Administrator has done education for all

183e Storing Medications (continued)

LPN's and Med Tech's with the above noted regulation. The education was completed on 2/7/23. See attached. The Administrator has revised the medication cart checklist for 10p 6a shift by adding a column to ensure all medications are in the original packaging. See attached. The revisions were completed on 2/7/2023. The audit is ongoing at this facility.

Licensee's Proposed Overall Completion Date: 02/09/2023

Implemented () - 02/10/2023

186c - Change in Medications**3. Requirements**

2600.

186.c. Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

Description of Violation

On [REDACTED] Resident 1's prescribed medication label for [REDACTED], states to be given 1 tablet 4x a day. The home had received a notice of dosage change to 2x a day from the prescriber on 01/20/23. The change was recorded on Resident 1's medication administration record (MAR); however, the prescription label was not updated.

Plan of Correction

Accept () - 02/09/2023

The charge LPN immediately clarified the order and placed a "Directions changed refer to chart" label on the noted blister pack. An audit was completed on 2/6 2/8/23 of all medication carts by LPN's and Administrator to ensure correct orders on MARs matched all blister packs. The Administrator has revised the medication cart checklist for 10p 6a shift by adding a column to do MAR reviews. See attached. The revisions were completed on 2/7/23. The audit is ongoing at this facility.

Licensee's Proposed Overall Completion Date: 02/08/2023

Implemented () - 02/10/2023