

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

January 29, 2024

[REDACTED], ADMINISTRATOR  
MENNO HAVEN INC  
[REDACTED]

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 08/29/2023, 08/30/2023 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: *MENNO HAVEN MEMORY CARE - 1* License #: *33512* License Expiration: *02/03/2024*  
 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: [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: *08/30/2023*

**Inspection Dates and Department Representative**

08/29/2023 - On-Site: [REDACTED]  
 08/30/2023 - 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: *ALL* 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: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *12* Have Physical Disability: *0*

**Inspections / Reviews**

08/29/2023 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/23/2023*

10/04/2023 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *01/29/2024*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/13/2023*

Inspections / Reviews *(continued)*

01/18/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/29/2024

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 01/26/2024

01/29/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/29/2024

Reviewer: [REDACTED]

Follow Up Type: Bypass Document Submission

01/29/2024 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/29/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

123a - Exit Doors

1. Requirements

2600.

123.a. Exit doors must be equipped so that they can be easily opened by residents from the inside without the use of a key or other manual device that can be removed, misplaced or lost.

Description of Violation

Withdrawn (█ - 01/12/2024)

All doors that exit the home are equipped with an electronic fob system that opens the doors once the fob is placed against the wall mounted sensor. Only staff and immediate family of the residents are given a fob to open the doors, all other visitors need to contact staff if they want to leave the home.

231c - Preadmission Screening

2. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on █. However, the resident 1's written cognitive preadmission screening was completed on █.

Plan of Correction

Do Not Accept (█ - 10/04/2023)

The pre-admission is typically completed within 72 hours, but this resident was held in her current Personal Care room and was delayed due to waiting for the provider to see resident to get a new DME completed. Addendum added to Pre-Admit stating re-assessed on date of admission. Also, will put into place an admission checklist which highlights the time-sensitive nature of the pre-admit.

Licensee's Proposed Overall Completion Date: 09/15/2023

Update: 10/04/2023

-Please provide dates that the addendum will be added and who completed that step

-Please indicate when the admission checklist will start being used as well as who is responsible for completing that checklist going forward.

Plan of Correction

Accept (█ - 01/18/2024)

The pre-admission is typically completed within 72 hours, but this resident was held in █ current Personal Care room and was delayed due to waiting for the provider to see resident to get a new DME completed. Addendum added to Pre-Admit on 8/29/23 stating documenting re-assessment by PCHA was completed on date of admission 8/25/23. Admission checklist was implemented on 9-5-23 which highlights the time-sensitive nature of the pre-admit item requirements.

Licensee's Proposed Overall Completion Date: 10/04/2023

Bypass Document Submission

Implemented (█ - 01/29/2024)

233c - Key-Locking Devices

3. Requirements

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.

233c - Key-Locking Devices (continued)

**Description of Violation**

The directions for operating the home's door locking mechanism are not conspicuously posted near or at any doors that exit the Secure Dementia Care Unit (SDCU).

**Plan of Correction**

**Do Not Accept** (████ - 10/04/2023)

Awaiting approval for a waiver for locking system. Decal sign posted on door at exit (see attached)

Licensee's Proposed Overall Completion Date: 09/15/2023

**Plan of Correction**

**Do Not Accept** (████ - 01/18/2024)

Awaiting approval for a waiver for locking system. Decal sign posted on door at exit (see attached)

11-13-23 - See attached ballpark estimate. We are currently between vendors and a new vendor has not been chosen at this point. Plan would be to have locks changed by 6/30/23 if an agreement cannot be met on a waiver due to the statement below.

Rob Kauffman, State Representative, visited for a tour of the Memory Homes on 11/9/23 who will be reaching out to headquarters on our behalf.

Proposed Overall Completion Date: 11/13/2023

(Directed)

-In addition to key pads being installed on all exit doors by 6/30/23, the code that will be used to disengage the locking mechanism will be posted conspicuously in close proximity to each door. The Administrator will be responsible for ensuring the codes are posted and disguised in a manner in which residents of the home will not be able to easily decipher them.

-At minimum, or when deemed necessary by the Administrator, the codes will be changed monthly to deter residents from learning the codes.

-By 6/30/23, all staff will be educated on the requirement for the codes to be posted by all exit doors and instructed to notify the Administrator if they are not present or do not disengage the locking devices on the doors.

Licensee's Proposed Overall Completion Date: 11/13/2023

**Plan of Correction**

**Accept** (████ - 01/29/2024)

Per ██████████: As we discussed yesterday, we are removing the violation for 123(a) from both of your licenses. The citation for 233(c) will remain. We would like to see the following elements incorporated into your plan of correction for 233(c) in order for it to be acceptable:

- The plan should address a new policy regarding visitors entering the building who do not already possess a key fob that operates egress doors. This policy should address staff meeting with all visitors upon entry to the building and explaining how the doors work as well issuing them with a guest key fob.
- All staff should be trained in this new process/policy
- Additional signage should be posted on all doors that exit the building explaining the instructions for use of the locking device.

Per the above statement, a new Policy and Procedure has been developed and will be effective starting 2/1/24 (see attached P&P and pictures). Beginning 2/1/24 all visitors will be given a key fob attached to a noticeable wooden heart. There has been three fobs placed in home in secured coat closet inside front door. Team members will

**233c Key Locking Devices (continued)**

*explain its use and where to drop it on leaving per policy (see picture of secured box placed in foyer). Signage has been placed at each exit (5 total) on the electronic access pad (See picture).*

*Training is planned for all team members at February 1 and 2's team meeting. Any team members that do not attend will receive this instruction by leadership. All new team members will be trained on this process as well on hire.*

*Proposed Overall Completion Date: 02/02/24*

**Licensee's Proposed Overall Completion Date: 02/02/2024**

**Bypass Document Submission**

**Implemented (█ - 01/29/2024)**