

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

January 29, 2024

[REDACTED], ADMINISTRATOR
MENNO HAVEN INC
[REDACTED]

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 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 - 2* License #: *33513* License Expiration: *01/21/2024*
 Address: *702 NORTH PENN HALL DRIVE, CHAMBERSBURG, PA 17201*
 County: *FRANKLIN* Region: *CENTRAL*

Administrator

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: *22* Waking Staff: *17*

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: *11*

Secured Dementia Care Unit
 In Home: *Yes* Area: *All* 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: *0*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *11* 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

187d - Follow Prescriber's Orders

2. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed [redacted] by mouth twice a day. However, on [redacted] the MAR for resident #1 recorded administration of one dose at [redacted]

On 8/8/23 resident #1 received an order for a decreased morning dose of [redacted] and maintain [redacted] dose in the evening. The MAR records only [redacted] doses continued to be administered twice a day from [redacted]

Plan of Correction

Accept [redacted] - 12/14/2023)

Confusion resulted from PCP giving verbal order to change AM dosage, but order not electronically placed with pharmacy by provider due to being a controlled drug, thus proper dosage was not on hand and order not filled by pharmacy. Order was clarified with Nurse Practitioner on 8/8/23 at 2:40 pm and order given for dosage to remain 0.5mg twice a day. Going forward, orders will not be entered into EHR until supply is on hand and physical order verified along with family approval per usual. Audit for missed medications at a minimum of weekly. Audits will begin by 10/31/23 and completed by Memory Care Clinical Supervisor. Education for all LPN's will be completed by PCHA who is an LPN at Memory Care Competency Fair on 10/27/23. Med techs do not transcribe orders in Memory Care, so they will not be included. Plan was made with Clinical Supervisor on 9/5/23. Clinical Supervisor is responsible for med order changes and understands the importance of clarifying orders and having them properly documented and supported with entry in EHR only after med is delivered from the pharmacy. Statement of decision was written

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

Implemented [redacted] - 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.

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

Accept [redacted] - 01/29/2024)

Per [redacted]: 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

233c Key Locking Devices (continued)

- 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 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: 02/02/2024

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

Implemented ([REDACTED] - 01/29/2024)