

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

December 22, 2023

[REDACTED], EXECUTIVE DIRECTOR
Mercy House of Chambersburg
[REDACTED]

RE: MERCY HOUSE OF CHAMBERSBURG
730 NORLAND AVE
CHAMBERSBURG, PA, 17201
LICENSE/COC#: 33930

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/05/2023 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: *MERCY HOUSE OF CHAMBERSBURG* License #: *33930* License Expiration:

Address: *730 NORLAND AVE, CHAMBERSBURG, PA 17201*

County: *FRANKLIN* Region: *CENTRAL*

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: *Mercy House of Chambersburg*

Address: [Redacted]

Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Type: *R-4* Date: *06/26/2023* Issued By: *Chambersburg Borough, Franklin County*

Staffing Hours

Resident Support Staff: Total Daily Staff: *4* Waking Staff: *3*

Inspection Information

Type: *Partial* Notice: *Announced* BHA Docket #:

Reason: *New* Exit Conference Date: *12/05/2023*

Inspection Dates and Department Representative

12/05/2023 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: Residents Served: *2*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *1*

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

Have Mobility Need: *2* Have Physical Disability: *0*

Inspections / Reviews

12/05/2023 Partial

Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *12/16/2023*

12/20/2023 - POC Submission

Submitted By: [Redacted] Date Submitted: *12/22/2023*

Reviewer: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *12/28/2023*

Inspections / Reviews *(continued)*

12/21/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/22/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/29/2023

12/22/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/22/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

96a First Aid Kit

1. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit in the nurse's station does not include eye coverings.

Plan of Correction

Accepted [redacted] - 12/21/2023)

Eye coverings were immediately placed in the first aid kit (12/5/23 by the Clinical Care Director) located in the nurses' station. Clinical Care Director will audit first aid kit monthly, starting January 2024, for 6 months to ensure compliance. During the 6-month audit of the first aid kit, if the Clinical Care Director should notice any missing items, she will conduct a staff education/training on PA Regulation 96a to educate staff that they must inform the Clinical Care Director within 24 hours (either verbally or written) if any item in the first aid kit has been used, so that these items are then restocked to ensure compliance.

Licensee's Proposed Overall Completion Date: 06/30/2024

Implemented [redacted] - 12/22/2023)

130b Smoke Detectors Hallways

2. Requirements

2600.

130.b. The smoke detectors specified in subsection (a) shall be located in hallways.

Description of Violation

There is no smoke detector located in the hallway outside of the resident rooms 1-4 on the 1st floor.

There is no smoke detector located in the hallway outside of the resident rooms 5-8 on the 2nd floor.

Plan of Correction

Accepted [redacted] - 12/21/2023)

Smoke detectors installed outside rooms 1-4 (2) & 5-8 (2). Additionally, smoke detectors were installed outside rooms 9-11 (2), in order to comply with regulation 2600.130(b). All smoke detector installation was initiated 12/13/23 and completed 12/14/23 by REMCO, Inc. Post installation, smoke detector testing was completed 12/15/23 to ensure proper operation.

Licensee's Proposed Overall Completion Date: 12/21/2023

Implemented [redacted] - 12/22/2023)

131f Fire Extinguisher Inspection

3. Requirements

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The fire extinguisher in the room with the hot water heater had no documentation of being inspected by a fire safety expert, had a tag labeled 2020-2021 and also indicated on its gauge that it needed to be recharged.

131f Fire Extinguisher Inspection (continued)**Plan of Correction****Accept** [REDACTED] - 12/21/2023)

Fire extinguisher found out of compliance within the noted space was removed by the Clinical Care Director immediately, 12/5/23, from the building. The extinguisher was leftover from construction and is not required per regulation, hence Fire Safety expert did not know of its location and had not inspected it during their visit. Administrator confirmed with Fire Safety expert on 12/5/23 all current fire extinguishers are listed and will continue to be inspected per regulation to ensure compliance.

Licensee's Proposed Overall Completion Date: 12/21/2023**Implemented** [REDACTED] - 12/22/2023)