

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

June 14, 2024

[REDACTED], ADMINISTRATOR
WEAVERLAND MENNONITE HOMES
316 NORTH FIFTH STREET
DENVER, PA, 17517

RE: COCALICO CHRISTIAN HOME
316 NORTH FIFTH STREET
DENVER, PA, 17517
LICENSE/COC#: 32206

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/22/2024 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: COCALICO CHRISTIAN HOME License #: 32206 License Expiration: 09/10/2024
 Address: 316 NORTH FIFTH STREET, DENVER, PA 17517
 County: LANCASTER Region: CENTRAL

Administrator

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

Legal Entity

Name: WEAVERLAND MENNONITE HOMES
 Address: 316 NORTH FIFTH STREET, DENVER, PA, 17517
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: Other Date: 08/03/2006 Issued By: Borough of Denver

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 12 Waking Staff: 9

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 05/22/2024

Inspection Dates and Department Representative

05/22/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 15 Residents Served: 12

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 1

Number of Residents Who:

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

Inspections / Reviews

05/22/2024 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/08/2024

06/07/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 06/14/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/21/2024

Inspections / Reviews *(continued)*

06/12/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/14/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 06/19/2024

06/14/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/14/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

183b - Meds and Syringes Locked

1. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 5/22/23 at 11:30 am, a tube of Ammonium Lactate 12% solution was kept unlocked in Resident 1's nightstand. Resident 1 is not assessed to self-administer medication.

Plan of Correction

Accept [redacted] - 06/12/2024)

plan of correction -

- 1. - The treatment of Ammonium Lactate 12% cream was put immediately into the locked treatment cart by caregiver/med tech 5/22/2024.
- 2.- In order to ensure all medications and treatments be locked- each caregiver/med tech will at the end of [redacted] shift, check the ordered treatments to see that the treatment is in a locked container.
- 3.- currently put in place and ongoing, each treatment and or medication that was done or administrated by caregiver/med tech will be signed/initialed by caregiver/med tech.
- 4.- The nurse/Resident Care Manager and the administrator are taking responsibility daily and ongoing to see that the caregivers/med techs are placing all treatments and or medications in the locked treatment/medication cart on each shift.
- 5. Staff/Med Techs were given this training on 6/11/2024 by [redacted] PCHA. See enclosed Med Tech training sheet.

Licensee's Proposed Overall Completion Date: 06/11/2024

Implemented [redacted] - 06/14/2024)

185b - Medication Procedures

2. Requirements

2600.

185.b. At a minimum, the procedures must include:

- 2. A process to investigate and account for missing medications and medication errors.

Description of Violation

The home has a system to investigate and account for missing Schedule 2 controlled substances, however, does not use the same procedures for Schedule 4 substances. Residents 2 and 3 are prescribed Lorazepam and Ativan tablets (Schedule 4 substances) which the home does not count at shift changes.

Plan of Correction

Accept [redacted] - 06/07/2024)

plan of correction -

- 1.- All controlled substances such as PRN Lorazepam and Ativan medications were put immediately into the double locked box on 5/22/2024.
- 2.- The pharmacy was called and report given about DHS requirement to place all ativan and lorazepam and schedule 2,3,4 medications in a double locked box.
- 3.-Each controlled substance has an accountability sheet for each shift to count and document at beginning and end of shift. This sheet requires both shifts med-techs to sign/initial for accountability. This was put into effect following inspection done on 5/22/2024 and ongoing.
- 4- The nurse and administrator are taking responsibility daily as of 5/22/2024 and ongoing to ensure all controlled substances are double locked at all times.

185b - Medication Procedures (continued)

5- All med-techs have been made aware of this new and improved system as of 5/22/2024.

Licensee's Proposed Overall Completion Date: 06/07/2024

Implemented () - 06/14/2024)

227d - Support Plan Medical/Dental

3. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident 4 uses a bedside mobility device. The resident's Resident Assessment Support Plan dated 10/20/23 does not reflect the specific need for the device, the intended use, any risks associated with the device, the resident's ability to use the device safely for the intended purpose, identification of the specific device to be used and if a cover is required to meet FDA guidelines.

Plan of Correction

Accept () 06/07/2024)

plan of correction-

- 1.-Resident 4 () has mobility concerns. () is unsteady on () feet and uses a walker. Resident requests the use of the bed cane so () can move, turn and position and use it as an assistive device in getting up out of bed.
 - 2.-Documentation clarified on the support plan on 6/5/24 that resident has been assessed by nurse/Resident Care Manager and administrator for () need of the bed cane and can safely use it for mobility purposes.
 - 3.-Resident aware of safety precautions, that in using a bed cane device, there is a risk of strangulation, suffocation and entrapment.
 - 4.- Bed cane device opening meets the FDA guidelines of opening less than 4 3/4 inches.
 - 5.- Bed cane device must and does have a cover on.
- *see enclosed RASP addendum for resident ()

Proposed Overall Completion Date: 06/07/2024

Licensee's Proposed Overall Completion Date: 06/07/2024

Implemented () - 06/14/2024)