

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

August 23, 2024

[REDACTED], ADMIN  
MENNO-HAVEN INC  
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/05/2024 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: *CHAMBERS POINTE PERSONAL CARE CENTER* License #: *32769* License Expiration: *03/14/2025*  
 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]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-1* Date: *02/09/2010* Issued By: *Labor and Industry*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *51* Waking Staff: *38*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *08/05/2024*

**Inspection Dates and Department Representative**

*08/05/2024 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *133* Residents Served: *51*

**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: *51*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**08/05/2024 - Full**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/22/2024*

**08/14/2024 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *08/23/2024*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/21/2024*

Inspections / Reviews *(continued)*

08/22/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/23/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 08/30/2024

08/23/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/23/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

106 - Swimming Areas

1. Requirements

2600.

106. Swimming Areas - If a home operates a swimming area, the following requirements apply:

- 2. Written policy and procedures to protect the health, safety and well-being of the residents shall be developed and implemented.

Description of Violation

The home operates a swimming area. However, the home has not developed or implemented written policy and procedures to protect the health, safety and well-being of the residents.

Plan of Correction

Accept ( [redacted] ) - 08/22/2024)

A new policy for the swimming pool has been written, approved, and signed by [redacted], COO. effective 8/12/24. See attached. I have also enclosed the current policy for Medical considerations for the pool, the participant agreement, the medical clearance, and the wellness orientation packet the participant receives upon requesting the use of the pool. The Administrator will meet with wellness staff and ensure they understand the new policy on 8/22/24. An internal audit will be completed on 8/22/24 by the Wellness Director of current personal care residents who currently use the swimming pool to ensure those residents have paperwork in place. The Wellness Director will conduct monthly audits beginning 8/22/24 to ensure paperwork is completed and available upon request

Licensee's Proposed Overall Completion Date: 08/22/2024

Implemented ( [redacted] ) - 08/23/2024)

184a - Resident's Meds Labeled

2. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 4. The prescribed dosage and instructions for administration.

Description of Violation

Resident 1's medication administration record (MAR) includes Nystatin External Powder 100,000 UNIT with orders to apply to affected areas topically every 12 hours as needed for rash. However, the medication's pharmacy label doesn't include "apply topically every 12 hours as needed".

Plan of Correction

Accept ( [redacted] ) - 08/22/2024)

The original order was reviewed and a bottle of Nystatin Powder was located in the cart with the correct labeling during the inspection. The label that was incorrect was corrected to reflect the correct order. Education was provided by the Administrator to LPN's and med tech's on 8/9/24 regarding proper labeling of medicated creams and ointments. See attached attendance sheet, minutes from meeting, and policies given as hand outs. The 10-6 Charge LPN will audit the treatment cart nightly beginning 8/9/24 to ensure creams and ointments are correctly labeled.

Licensee's Proposed Overall Completion Date: 08/21/2024

Implemented ( [redacted] ) - 08/23/2024)

187a - Medication Record

3. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

6. Dose.

14. Name and initials of the staff person administering the medication.

Description of Violation

Resident 2 is prescribed HumaLog injection solution 100 UNIT/ML with the following sliding scale:

151-200=4 units;

201-250=6 units;

251-300=8 units;

301-350=10 units;

351-400=12 units;

401+=14 units

On 08/03/2024, at 4:00PM, the resident had a blood sugar reading of 218, requiring 6 units of HumaLOG. However, the resident's medication administration record (MAR) did not include the amount of insulin administered.

On 07/30/2024, at 8:00PM, the resident's MAR did not include a blood sugar reading, the amount of insulin administered or the initials of the staff person administering the medication

On 07/02/2024, at 8:00PM, the resident's MAR did not include a blood sugar reading, the amount of insulin administered or the initials of the staff person administering the medication

Plan of Correction

Accept ( [redacted] ) - 08/22/2024)

Education was provided by the Administrator to LPN's and med tech's on 8/9/24 regarding medical records. See attached attendance sheet, minutes from meeting, and policies given as hand-outs. The Administrator set up Point Click Care Dashboard effective 8/9/24 to show medications and treatments not given for the shift. Beginning 8/9/24 at the end of every shift the Charge LPN will check the dashboard to ensure all documentation is complete for their shift. The 10-6 Charge LPN will audit MARS nightly X 30 days beginning 8/9/24, weekly beginning 9/2/24 X 30 days, and then monthly beginning 10/2/24 to ensure documentation is completed and correct.

Licensee's Proposed Overall Completion Date: 08/21/2024

Implemented ( [redacted] ) - 08/23/2024)

191 - Resident Right to Refuse

4. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Residents 1, 2, 3, 4 and 5 have not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

191 - Resident Right to Refuse (*continued*)**Plan of Correction****Accept ( [REDACTED] - 08/22/2024)**

*The resident education related to Regulation 191 was added by Executive Assistant to the CEO who updates the handbooks when needed on 8/6/24. See attachment. The Administrator reviewed the regulation with current residents in the facility and they have all signed a form educating them on the regulation and those forms have been added to the charts. This was completed on 8/8/24. See attachment. The Administrator will do a quarterly random sample of residents to ensure the handbook acknowledgement paper has been signed beginning 9/2/24.*

**Licensee's Proposed Overall Completion Date: 08/21/2024****Implemented ( [REDACTED] - 08/23/2024)**