

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

April 18, 2025

[REDACTED]  
MENNO HAVEN INC  
[REDACTED]

RE: MENNO HAVEN MEMORY CARE - 1  
700 NORTH PENN HALL DRIVE  
CHAMBERSBURG, PA, 17201  
LICENSE/COC#: 33512

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/12/2025, 03/13/2025 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: *02/03/2026*  
 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]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *R-4* Date: *06/21/2019* Issued By: *Greene Township*

**Staffing Hours**

Resident Support Staff: Total Daily Staff: *26* Waking Staff: *20*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Incident* Exit Conference Date: *03/13/2025*

**Inspection Dates and Department Representative**

03/12/2025 - On-Site [REDACTED]  
 03/13/2025 - On-Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *15* Residents Served: *13*

**Secured Dementia Care Unit**  
 In Home: *Yes* Area: *Yeager* Capacity: *15* Residents Served: *13*

**Hospice**  
 Current Residents: *1*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *13*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *13* Have Physical Disability: *0*

**Inspections / Reviews**

03/12/2025 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/28/2025*

03/27/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *04/18/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/03/2025*

Inspections / Reviews *(continued)*

04/02/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/18/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/25/2025

04/18/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/18/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED], at approximately 9:00AM, Resident [REDACTED] wandered into Resident [REDACTED] room. Resident [REDACTED] who was in [REDACTED] room at the time of the incident, became agitated Resident [REDACTED] had wandered into [REDACTED] room. Resident [REDACTED] attempted to strike Resident [REDACTED] with [REDACTED] cane. Then Resident [REDACTED] took Resident [REDACTED] cane. Resident [REDACTED] then fell to the floor and Resident [REDACTED] proceeded to strike Resident [REDACTED] several times with the cane. As a result of the incident, Resident [REDACTED] sustained several skin tears on [REDACTED] knees and elbows as well as 3 skin tears ranging from 2-4 cm on Resident [REDACTED] right hand in the knuckle area.

Plan of Correction

Accept [REDACTED] - 04/02/2025)

An extra team member/team lead float has been added from 5pm to 9pm daily to float between Memory Home 1 and 2 with the plan to cover team member breaks as an added level of supervision. The team lead/float was put in place on 3/2/25 to monitor behaviors in each house and focus time in the areas needed by using their best judgement. On days that the team lead is not working a Household Team member will fill the float position.

An additional 1 hour and 45 min education on abuse has been added to Relias Learning to be completed by 4/1/25 for all team members.

A safety survey (see attached) will be completed of 2 residents per month in the home by the team lead assigned with Household Coordinator as a backup when they are off work to be started April 15, 2025 and ongoing.

Licensee's Proposed Overall Completion Date: 04/15/2025

Implemented [REDACTED] - 04/18/2025)