

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

September 29, 2025

[REDACTED] CHIEF OPERATING OFFICER  
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 08/19/2025 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: *CHAMBERS POINTE PERSONAL CARE CENTER* License #: *32769* License Expiration: *03/14/2026*  
 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: *12/05/2012* Issued By: *Borough of Chambersburg*  
 Type: *I-1* Date: *02/09/2010* Issued By: *Borough of Chambersburg*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *62* Waking Staff: *47*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *08/19/2025*

**Inspection Dates and Department Representative**

08/19/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *133* Residents Served: *62*

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: *62*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

08/19/2025 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/12/2025*

09/11/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *09/19/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/18/2025*

Inspections / Reviews *(continued)*

09/15/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/19/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/22/2025

09/29/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/19/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

85a - Sanitary Conditions

1. Requirements

2600.  
85.a. Sanitary conditions shall be maintained.

Description of Violation

Blood sugar readings stored in resident glucometers were checked against those recorded on resident medication administration records (MARs). An extra reading was stored on resident 4's glucometer for 8/18 at 4:12 PM but was not recorded on [REDACTED] MAR. This reading, 204, however, was recorded on resident 5's MAR for the same date and time, however, was not stored in [REDACTED] meter.

Plan of Correction

Accept ([REDACTED] - 09/11/2025)

Education is scheduled for 9/15/25 for all staff to be conducted by the PCHA to re-educate staff on the policy and the importance of using assigned glucometers. Agenda is attached. Minutes can be sent after the meeting if requested.

Licensee's Proposed Overall Completion Date: 09/15/2025

Implemented ([REDACTED] - 09/29/2025)

89b - Hot Water Temperature

2. Requirements

2600.  
89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 8/19/24 at approximately 11:00 AM, the hot water temperature at the sink in the women's bathroom on the ground floor measured 123.9 degrees Fahrenheit.

Plan of Correction

Accept ([REDACTED] - 09/11/2025)

The maintenance team member immediately adjusted the temp for the ground floor bathrooms. A weekly work order was placed for temps to be taken by the maintenance team. The temps will be logged on the work order and the PCHA will have access to the work orders to review monthly.

Licensee's Proposed Overall Completion Date: 09/08/2025

Implemented ([REDACTED] - 09/29/2025)

100a - Exterior - Free of Hazards

3. Requirements

2600.  
100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

On 8/19/24 at 10:39 AM, a pile of leaves and debris was observed at the bottom of the stairs of the exit from the ground floor activity room which posed a tripping or fall hazard in an emergency.

Plan of Correction

Accept ([REDACTED] - 09/11/2025)

The leaves were removed the day of the inspection by the grounds team. An on-going weekly work order was placed by the Mtn Supervisor for grounds to keep all leaves and debris away from the doors to prevent tripping hazards.

Licensee's Proposed Overall Completion Date: 09/08/2025

Implemented ([REDACTED] - 09/29/2025)

103f - Refrigerator/Freezer Temps

4. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 8/19/24 at 10:21 AM, the temperature in the Avantco refrigerator in the kitchen was 48.6 degrees Fahrenheit and at 4:00 PM the temperature was 46 degrees Fahrenheit.

Plan of Correction

Accept ( [redacted] ) - 09/11/2025)

The sensor in the above noted frig read 37.67 at 10:21 AM. See temp log. The inspector questioned the temp reading on the outside of the frig which read 48.6. The Director of Food Service immediately removed the food in the frig and took temp of each item to ensure food safety. The items were placed in the walk-in frig. A service call was placed at 10:45AM and a sign was placed on the frig not to use due to temp discrepancy. The service call was conducted by noon and the decision was made to replace the unit instead of repairing the unit.

Licensee's Proposed Overall Completion Date: 09/08/2025

Implemented ( [redacted] ) - 09/29/2025)

121a - Unobstructed Egress

5. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 8/19/25 at 10:52 AM, a chair blocked egress from the William Penn Room to the exterior of the home.

Plan of Correction

Accept ( [redacted] ) - 09/11/2025)

The chair was moved from the door by the Adm Asst the day of the inspection. The noted room is primarily used by Independent Living residents at Chambers Pointe. The Wellness Director does conduct programming for IL residents as well. PCHA has educated the Wellness Director on the importance of keeping the doors to the exterior of the home unobstructed. The Independent Living residents will be reminded at their next resident council meeting held on Oct 7, 2025.

Licensee's Proposed Overall Completion Date: 10/07/2025

Implemented ( [redacted] ) - 09/29/2025)

125b - Combustible Restrictions

6. Requirements

2600.

125.b. Combustible materials shall be inaccessible to residents.

Description of Violation

On 8/19/25 at 10:43 AM, 2 cans of Rust-Oleum Universal Advanced Paint and Primer in One and 1 can of Rust-Oleum American Accents Primer were unlocked, unattended, and accessible to residents in the storage closet in the ground floor activity room. The cans read, "extremely flammable liquid."

Plan of Correction

Accept ( [redacted] ) - 09/11/2025)

The combustible materials found in the activity room cupboard were removed and discarded properly the day of

125b - Combustible Restrictions (continued)

the inspection by maintenance. PCHA has re-educated the PEP team on the above regulation and the importance of safety for the residents. The storage cabinets in that activity room have had locks placed and keys have been given to the PEP team.

Licensee's Proposed Overall Completion Date: 09/08/2025

Implemented ( ) - 09/29/2025)

181d - Storing Medication

7. Requirements

2600.

181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

Description of Violation

Resident 1 self-administers medications and stores medications in room. On 8/19/25 at 11:52 AM, there were several unlocked, unattended medications to include Gabapentin 100mg, Preservision Areds2, Bayer aspirin, Nystop powder, and Flonase spray in the resident's unlocked bedroom.

Plan of Correction

Accept ( ) - 09/11/2025)

The resident was talked to about the importance of keeping medications locked in kitchen cabinet on the day of the inspection. PCHA will review the self administration agreement with all residents who are currently self administering to re-educate them on the importance of locking medications. Education is scheduled for all staff on 9/15/25 by the PCHA to re-educate on the self-administration agreement and policy. Agenda is attached. Minutes can be sent if requested.

Licensee's Proposed Overall Completion Date: 09/15/2025

Implemented ( ) - 09/29/2025)

183d - Prescription Current

8. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident 2 is prescribed a Fluticasone Propionate and Salmeterol Inhaler that has instructions to discard 1 month after opening, however, there is no date listed and there are 19 units remaining.

Resident 3 is prescribed a Fluticasone Propionate and Salmeterol Inhaler that has instructions to discard 1 month after opening, however, the date on the box is 6/26/25.

Plan of Correction

Accept ( ) - 09/11/2025)

The Inhalers were discarded and re-ordered from pharmacy on the day of the inspection by the charge nurse. Education is scheduled for 9/15/25 by the PCHA to review expiration dates and the policy about storage of medications. Agenda attached. Minutes can be sent upon request.

Licensee's Proposed Overall Completion Date: 09/15/2025

Implemented ( ) - 09/29/2025)

183d - Prescription Current (continued)

187d - Follow Prescriber's Orders

9. Requirements

2600.  
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident 4 has orders to have vital signs checked monthly on the 15th. Vital signs, including weight, blood pressure, temperature, pulse, respirations, O2 Sats, were not taken on 8/15

Plan of Correction

Accept ( ) - 09/11/2025)

Education is scheduled for 9/15/25 by the PCHA to review the importance of following physician orders. See attached agenda. Minutes can be sent upon request. All licensed staff will be educated on clearing the PCC dashboard prior to the end of the shift. 10p-6a charge nurse will begin reviewing the dashboard for all shifts as part of overnight checks to ensure all orders have been completed and documented. PCHA will review the PCC dashboard weekly.

Licensee's Proposed Overall Completion Date: 09/15/2025

Implemented ( ) - 09/29/2025)

227d - Support Plan Medical/Dental

10. 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 has a bedside mobility device. The resident's current assessment and support plan (RASP), dated mentions a bedside enabler, however does not include the specific need for the device, intended use and risks, the resident's ability to use the device safely, identification of the specific device to be used and whether a cover is necessary to meet FDA guidelines.

Resident 5 has a bedside mobility device. The resident's current RASP, dated and updated, states that "grab bar (enabler) placed for ind with bed mobility" however does not include the specific need for the device, intended use and risks, the resident's ability to use the device safely, identification of the specific device to be used and whether a cover is necessary to meet FDA guidelines.

Plan of Correction

Accept ( ) - 09/15/2025)

The PCHA will update all RASP's to reflect the above noted information. See attached for resident # 5. 9/12/25 See attachment for resident # 4 All other residents with bed enablers have been updated. A quarterly audit will be conducted by the PCHA to ensure care plans are accurate and up to date.

Licensee's Proposed Overall Completion Date: 09/13/2025

Implemented ( ) - 09/29/2025)