

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

June 8, 2026

[REDACTED], EXECUTIVE DIRECTOR
THE MENNONITE HOME
1520 HARRISBURG PIKE
LANCASTER, PA, 17601

RE: TRILLIUM PLACE
1520 HARRISBURG PIKE
SUSQ FL 1-3 & 5
LANCASTER, PA, 17601
LICENSE/COC#: 32178

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/21/2026, 04/22/2026 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: TRILLIUM PLACE **License #:** 32178 **License Expiration:** 02/08/2027
Address: 1520 HARRISBURG PIKE, SUSQ FL 1 3 & 5, LANCASTER, PA 17601
County: LANCASTER **Region:** CENTRAL

Administrator

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

Legal Entity

Name: THE MENNONITE HOME
Address: 1520 HARRISBURG PIKE, LANCASTER, PA, 17601
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: I-2	Date: 04/03/2012	Issued By: Department of Labor & Industry
Type: I-2	Date: 12/02/2021	Issued By: Manheim Township
Type: I-2	Date: 03/22/2022	Issued By: Manheim Township

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 89 **Waking Staff:** 67

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Incident **Exit Conference Date:** 04/22/2026

Inspection Dates and Department Representative

04/21/2026 - On-Site: [REDACTED]
04/22/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 85 **Residents Served:** 69

Secured Dementia Care Unit

In Home: Yes **Area:** Anderson Run **Capacity:** 21 **Residents Served:** 16

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 69
Diagnosed with Mental Illness: 2	Diagnosed with Intellectual Disability: 0
Have Mobility Need: 20	Have Physical Disability: 0

Inspections / Reviews

04/21/2026 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 05/10/2026

05/11/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/05/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/09/2026

06/08/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/05/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

171c - Home's Vehicle Documents

1. Requirements

2600.

171.c. The home shall maintain current copies of the following documentation for each of the home's vehicles used to transport residents:

4. Current inspection.

Description of Violation

On 4/21/26, the current inspection for the Ford 650 bus had an expiration date of 03/2026. This bus is used to transport residents.

Plan of Correction

Accept (█ - 05/11/2026)

Plan of Correction:

Regulation: 55 Pa. Code § 2600.171(c)

Citation:

The facility bus used to transport residents had an expired Pennsylvania inspection sticker, and documentation of a current inspection was not available at the time of review.

Immediate Corrective Action:

Bus was removed from service on 4/21/2026 by the Facilities Director; no residents were transported until compliant Vehicle was inspected on 4/23/2026, passed inspection, and a current sticker was affixed

Updated inspection documentation placed in the vehicle compliance file

All other resident transport vehicles audited for inspection, registration, and insurance and found to be compliant

Date of Correction: 4/23/2026

Systemic Changes to Prevent Recurrence:

Implementation of a Vehicle Compliance Tracking Log to monitor:

Inspection expiration dates

Registration expiration dates

Insurance renewal dates

Monthly review of the log by the Administrator or designee through the QAPI process to start on June 9th , 2026

Staff Training:

Administrator and Maintenance/Transportation staff re-educated on:

55 Pa. Code § 2600.171 transportation requirements

Prohibition against transporting residents without current inspection documentation

Transportation policy, including driver responsibility to verify compliance prior to use

Training to be completed by 5/26/2026 by Facilities Director and documented in personnel records

Ongoing Monitoring:

Quarterly audits of all vehicles conducted by the Administrator or designee to verify:

Current inspection

Current registration

Current insurance

Audit results will be:

Documented and maintained for licensure review by facilities

Reviewed by the Facilities Director (or designee) and Director of Personal Care monthly starting June 1, 2026 and reported at QAPI meeting 6/9/2026 by facilities.

Immediate corrective action taken if discrepancies are identified

Completion Date:

5/26/2026

171c Home's Vehicle Documents *(continued)*

Licensee's Proposed Overall Completion Date: 05/26/2026

Implemented () - 06/08/2026

187d - Follow Prescriber's Orders

3. Requirements

2600.

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

Description of Violation

Resident #2 is prescribed Lisinopril 30mg, Magnesium 500mg and Montelukast 10mg daily in the morning. On 2/8/26, these medications were not administered to the resident.

Resident #3 is prescribed Coumadin 2.5mg daily in the evening. On 2/13/26, 3/15/26 and 3/28/26, this medication was not administered to the resident.

Resident #4 was prescribed Hibiclens soap on the evening of 3/29/26 and the morning of 3/30/26 to prepare for surgery. However, the resident did not cleanse with this soap on 3/29/26.

Resident #5 is prescribed Levothyroxine 75mg daily in the evening. However, on 3/30/26, the resident was administered a dose of Levothyroxine 75mg in the morning and in the evening.

Repeated Violation 1/22/25, et al.

Plan of Correction

Accept () - 05/11/2026

Plan of Correction

Regulation: 2600.187(d) The home shall follow the directions of the prescriber

Citation: Failure to consistently follow prescriber orders for medication administration

1. Immediate Corrective Action

The Administrator or designee reviewed the prescriber orders for all affected resident(s). Medication administration was immediately brought into compliance with the most current prescriber directions at time of occurrence .

A root cause analysis was completed with the staff responsible for each error at the time the discrepancy was identified. Staff received individualized education on medication administration, including the Rights and Checks, by the Administrator or designee, and this education was documented in the employee's personnel file.

Any discrepancies were clarified with the prescriber, and updated orders were obtained as needed. Corrected documentation was placed in the resident's medication record at the time the error was identified, when applicable.

Date of Correction: Corrected upon discovery for each cited incident

2. Systemic Changes to Prevent Recurrence

The home has implemented a Prescriber Order Verification Process, which includes:

Review of all new, changed, or discontinued orders prior to medication administration

187d - Follow Prescriber's Orders (continued)

Use of change-of-order labeling on medication packaging and medication cassettes.

Nightly review and updating of medication changes by the Lead (LPN or Medication Technician), with documentation recorded in the resident chart

Implementation of a nightly report ran by Night shift Leads identifying all new orders, which is communicated to staff during shift handoff for the next day

Collaboration with prescribers to encourage alignment of medication changes with weekly cycle fill schedules when clinically appropriate, in order to reduce discrepancies and medication packaging inconsistencies presented by Administrator and documented .

3. Staff Training and Competency

All staff who administer medications will complete re-training and competency validation by Staff Development by 5/30/2026, with documentation maintained in staff training records.

Training will include:

Requirement to strictly follow prescriber directions

Prohibition against altering dose, route, time, or frequency without prescriber authorization

Medication administration Rights and Checks

Completion and use of Root Cause Analysis following medication errors

New process for communicating new orders initiated by night shift staff (new order report)

Use of identifiers for change of orders and new orders.

These topics will also be reinforced during:

New hire orientation

Medication Technician training and competency check-off

At the time of any identified medication error and on-going in weekly huddles .

4. Ongoing Monitoring

The Administrator or designee will implement the following monitoring processes:

Monthly audits of medication errors, including tracking and trending through the QAPI program by Administrator or designee .

Immediate corrective action and completion of root cause analysis for any identified discrepancies by Administrator or designee

Ongoing evaluation of trends to determine need for additional system or practice changes by QAPI team

Audit results will be documented monthly and retained for licensure review by Administrator or Designee

Findings will be reviewed at the monthly QAPI meeting, beginning 6/9/2026.

5. Completion Date

All corrective actions will be fully implemented by 5/30/2026

187d - Follow Prescriber's Orders (continued)

Licensee's Proposed Overall Completion Date: 06/09/2026

Implemented (█) - 06/08/2026