

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

March 6, 2025

[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 01/22/2025, 01/23/2025 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: *TRILLIUM PLACE* License #: *32178* License Expiration: *02/08/2025*
 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>I-2</i> | Date: <i>04/03/2012</i> | Issued By: <i>Labor & industry</i> |
| Type: <i>I-2</i> | Date: <i>12/02/2021</i> | Issued By: <i>Manheim Township</i> |
| Type: <i>I-2</i> | Date: <i>03/22/2022</i> | Issued By: <i>Manheim Township</i> |

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *86* Waking Staff: *65*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #: *0*
 Reason: *Renewal* Exit Conference Date: *01/23/2025*

Inspection Dates and Department Representative

01/22/2025 - On-Site: [REDACTED]
 01/23/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *85* Residents Served: *65*

Secured Dementia Care Unit

In Home: *Yes* Area: *Anderson Run* Capacity: *21* Residents Served: *14*

Hospice

Current Residents: *1*

Number of Residents Who:

| | |
|--|--|
| Receive Supplemental Security Income: <i>0</i> | Are 60 Years of Age or Older: <i>65</i> |
| Diagnosed with Mental Illness: <i>1</i> | Diagnosed with Intellectual Disability: <i>0</i> |
| Have Mobility Need: <i>21</i> | Have Physical Disability: <i>0</i> |

Inspections / Reviews

01/22/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/13/2025*

Inspections / Reviews (*continued*)

02/10/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/04/2025

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 02/17/2025

02/11/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/04/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 03/05/2025

03/06/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/04/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

28a - Refunds

1. Requirements

2600.

28.a. If, after the home gives notice of discharge or transfer in accordance with § 2600.228(b) (relating to notification of termination), and the resident moves out of the home before the 30 days are over, the home shall give the resident a refund equal to the previously paid charges for rent and personal care services for the remainder of the 30-day time period. The refund shall be issued within 30-days of discharge or transfer. The resident's personal needs allowance shall be refunded within 2 business days of discharge or transfer.

Description of Violation

On [REDACTED], Resident 1 moved out of the home, removing all personal belongings. The resident was due a refund of \$2605.21. The home processed the refund on [REDACTED]

Plan of Correction

Accept ([REDACTED] - 02/10/2025)

On 2/6/2025 PCHA met with Billing Dept to provide education of regulation 2600.28A. and complete initial audit to ensure there are no outstanding refunds. PCHA created a tracking tool that billing will update with all discharges. Starting 2/11/25 PCHA will meet with billing twice a month for 3 months and then monthly starting 5/2025 to review and audit the tracking tool to ensure refunds are being issued within the 30 days. PCHA will report on monthly at QAPI for compliance starting in March 2025. Attached you will find the tracking tool and the education provided.

Proposed Overall Completion Date: 02/14/2025

Licensee's Proposed Overall Completion Date: 02/14/2025

Implemented ([REDACTED] - 03/06/2025)

86b - Bathroom

2. Requirements

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

On 1/22/25, at 10:10 AM, the ventilation fans in the Boyer Run communal bathrooms were inoperable, and there are no windows in either bathroom.

Plan of Correction

Accept ([REDACTED] - 02/11/2025)

Facilities determined that the motor on the ventilation fans was not working. A new motor was ordered and installed on 2/4/2025 by facilities. A tissue test was performed by facilities on 2/4/2025 after the motor was replaced to provide proof the ventilation is working (please see attached photo). Assistant Director of Facilities will educate Facilities team on Regulation 2600.86b with a competition date of 2/19/2025. Facilities will perform monthly PMs starting 3/2025 by going on the roof to ensure the ventilation motor is working. Director of Facilities will report the findings monthly at QAPI for compliance starting March 2025.

Proposed Overall Completion Date: 03/03/2025

Licensee's Proposed Overall Completion Date: 03/03/2025

Implemented ([REDACTED] - 03/06/2025)

103f - Refrigerator/Freezer Temps

3. 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 1/22/25, at 10:45 AM, the temperature in the refrigerator used for veggie preparation was 50 degrees Fahrenheit, and on 1/23/25, at 10:24 AM, it was 50 degrees Fahrenheit.

On 1/22/25, at 10:20 AM, the temperature in the refrigerator in Coppers Run was 41 degrees Fahrenheit, and on 1/23/25, at 10:10 AM, it was 50 degrees Fahrenheit.

Repeated Violation - 3/19/24

Plan of Correction

Accept (█) - 02/11/2025

Refrigerators were inspected by facilities and repairs were completed at the time facilities completed the inspection. Director of Dining will educate dining staff on regulation 2600.103F by 2/28/2025. Starting 2/4/2025 Dining team will report any temp outside of the regulation to the dining supervisor at the time of their temp recording/audit. The recordings are to be completed twice daily on the audit sheet attached. Attached you will find the education the Director of Dining will present to dining staff.

Director of Dining will report on monthly at QAPI for compliance starting in March 2025

Licensee's Proposed Overall Completion Date: 02/28/2025

Implemented (█) - 03/06/2025

181c - Self-administration Assessment

4. Requirements

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

On 1/23/25, a Zinc oxide external powder prescribed for Resident 2 was observed in Resident 2's bedroom; however, Resident 2 has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications.

On 1/23/25, a tube of Calazime paste prescribed for Resident 3 was observed Resident 3's bedroom; however, Resident 3 has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications.

Plan of Correction

Accept (█) - 02/10/2025

On 1/23/2025 direct care staff did an initial check of all non-self-administer resident's rooms to ensure there were not any prescriber ordered items. On 2/4/2025 education provided to direct care staff by PCHA on regulation 2600.181c. Staff Development will complete weekly room checks to ensure no prescriber ordered items are being

181c - Self-administration Assessment (continued)

left in resident rooms x 1 month starting 2/10/2025 and then monthly starting 4/2025.

Attached you will find the education sheet.

PCHA will report on monthly at QAPI for compliance starting in March 2025

Licensee's Proposed Overall Completion Date: 02/10/2025

Implemented (█) - 03/06/2025)

187d - Follow Prescriber's Orders**5. Requirements**

2600.

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

Description of Violation

Resident 4's prescribed dosage for Carvedilol was changed from 12.5mg to 6.25mg on 12/20/24. However, Resident 4 was administered 12.5mg on 12/22/24 at 8:00 AM.

Resident 5 is prescribed Donepezil 5mg daily. However, the medication was not administered to Resident 5 on 1/6/25 at 8:00 AM.

Resident 6 is prescribed Lexapro 10mg, Tylenol 325mg, and Buspar 10mg daily. However, these medications were not administered to Resident 6 on 1/8/25 at 8:00 AM.

Plan of Correction

Directed (█) - 02/11/2025)

PCHA provided education to Med Techs and LPNs regarding regulation 2600.187D on 2/4/2025. Starting 2/6/2025 on the weekly cycle day fills, 24hrs of pillow packs will be audited by the Med Tech or LPN placing the new weeks cycle in the cassette. This audit with the start date of 2/6/2025, will occur weekly for each resident that has medications administered by Med Tech/LPN. Starting 2/4/2025 at the time of an order change the Med Tech or LPN will place a note on the outside of the cassette indicting the order change.

Attached you will find the education sheet.

PCHA will report on monthly at QAPI for compliance starting in March 2025

Proposed Overall Completion Date: 02/10/2025

Directed Completion Date: 02/10/2025

Implemented (█) - 03/06/2025)