



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **SOUDERTON MENNONITE HOMES**

LEGAL ENTITY

To operate **SOUDERTON MENNONITE HOMES**

NAME OF FACILITY OR AGENCY

Located at **207 WEST SUMMIT STREET, SOUDERTON, PA 18964**

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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To provide **Personal Care Homes**

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **154**
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 22**

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **June 20, 2024** until **June 20, 2025**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **127760**


ISSUING OFFICER


DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

HS 628 - 04/23



Emailing Date: June 20, 2024

[REDACTED]
[REDACTED]
Souderton Mennonite Homes
[REDACTED]
[REDACTED]

RE: Souderton Mennonite Homes
License No. 127760

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department), licensing inspections on April 22 and 23, 2024, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in dark ink that reads "Juliet Marsala". The signature is written in a cursive, flowing style.

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

June 3, 2024

[REDACTED]
SOUDERTON MENNONITE HOMES
[REDACTED]
[REDACTED]

RE: SOUDERTON MENNONITE HOMES
207 WEST SUMMIT STREET
SOUDERTON, PA, 18964
LICENSE/COC#: 12776

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/22/2024, 04/22/2024 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]

[REDACTED] Bureau of Human Service Licensing

Facility Information

Name: SOUDERTON MENNONITE HOMES License #: 12776 License Expiration: 06/13/2024
Address: 207 WEST SUMMIT STREET, SOUDERTON, PA 18964
County: MONTGOMERY Region: SOUTHEAST

Administrator

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

Legal Entity

Name: SOUDERTON MENNONITE HOMES
Address: 207 WEST SUMMIT STREET, SOUDERTON, PA, 18964
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 06/29/2004 Issued By: Commonwealth of PA

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 121 Waking Staff: 91

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal, Provisional Exit Conference Date: 04/23/2024

Inspection Dates and Department

04/22/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 154 Residents Served: 98

Secured Dementia Care Unit

In Home: Yes Area: Parkview Capacity: 22 Residents Served: 19

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 98
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 23 Have Physical Disability: 0

Inspections / Reviews

04/22/2024 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/13/2024

05/14/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 05/31/2024
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 06/03/2024

Inspections / Reviews *(continued)*

06/03/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/31/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

65f - Training Topics

1. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person A did not receive training in instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, personal care service needs of the resident, safe management techniques during training year Sept. 1, 2022 to Aug. 31, 2023.

Plan of Correction

Accept [REDACTED] - 05/14/2024)

1. Staff person A to complete training on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, personal care service needs of the resident and safe management techniques by 5/13/2024.
2. Human Resources staff to run a report to identify staff who did not meet the required annual training during the 9/1/2022 – 8/31/2023 training year. Staff members who did not meet these requirements will be assigned the required online courses to be completed by 5/31/2024.
3. PCHA or designee to educate direct care staff on required annual training by 5/31/2024.
4. PCHA to monitor monthly assigned training compliance starting May 2024 until compliance achieved.

Licensee's Proposed Overall Completion Date: 05/31/2024

Evidence of Completion

Implemented [REDACTED] - 06/03/2024)

See attached.

82c - Locking Poisonous Materials

2. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

A tube of SparkleFresh toothpaste, with a manufacture's label indicating "If you accidentally swallow more than used for brushing, seek medical help or contact a Poison Control Center immediately," was unlocked, unattended, and accessible to Resident 1's bathroom cabinet. Not all the residents of the home, including Resident 1, have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept [REDACTED] - 05/14/2024)

1. Audit of all SDCU rooms completed to ensure all poisonous materials are locked and inaccessible to residents completed on 5/10/2024 by Social Worker.
2. Starting 5/13/2024 audit of all SDCU rooms to be completed each shift daily by SDCU staff to ensure all

82c - Locking Poisonous Materials (continued)

poisonous materials are locked and inaccessible to residents for three months or until compliance achieved.

3. SDCU staff to be trained on regulation 2600.82c by PCHA or designee by 5/31/2024.

4. PCHA or designee to monitor audit sheets weekly to ensure compliance.

Licensee's Proposed Overall Completion Date: 05/31/2024

Evidence of Completion

See attached.

Implemented [REDACTED] 06/03/2024)

95 - Furniture and Equipment**3. Requirements**

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 4/22/24, the bathroom sink in Resident 2's room was clogged and would not drain.

On 4/22/24, the metal hinge on the bathroom sink cabinet door was not screwed on properly and did not close in Resident 3's room.

Plan of Correction

Accept [REDACTED] - 05/14/2024)

1. The slow-moving drain was cleaned and the loose cabinet screw was tightened on 4/23/24 by Director of Environmental Services.

2. An audit to be performed by the Environmental Services Supervisor or designee to ensure that all resident sinks drain properly and that cabinet hinges are secure by 05/17/2024.

3. The Environmental Services Supervisor or designee will perform monthly audits of 10 rooms for 3 months or until compliance is achieved followed by quarterly audits of all resident rooms. A work order will be submitted to the WorksHub facility maintenance system to ensure any identified repairs or adjustments are completed with adverse audit findings to be reported in monthly QAPI meetings.

4. PCHA to provide education to residents on notification to team members when something in their room is broken or clogged by 5/31/2024.

Licensee's Proposed Overall Completion Date: 05/31/2024

Evidence of Completion

See attached.

Implemented [REDACTED] - 06/03/2024)

141b1 - Annual Medical Evaluation**4. Requirements**

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident 4's most recent medical evaluation was completed on [REDACTED]/24. The resident's previous medical evaluation was completed on 12/12/22.

141b1 - Annual Medical Evaluation (continued)

Plan of Correction

Accept [REDACTED] - 05/14/2024)

1. Care Coordinator created an Excel spreadsheet with due dates of all resident annual medical evaluations on 4/24/2024.
2. Starting on 4/29/2024 Care Coordinator or designee to monitor spreadsheet weekly and as needed to ensure medical evaluations are completed at least annually.
3. Care Coordinator will review medical evaluations completed monthly with PCHA to ensure they are completed at least annually.

Licensee's Proposed Overall Completion Date: 05/31/2024

Evidence of Completion

Implemented [REDACTED] - 06/03/2024)

See attached.

185a - Implement Storage Procedures

5. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident 1 is prescribed Guaifenesin syrup 100mg/5ml, give 5ml by mouth every 4 hours as needed for cough. On 4/23/24, the medication was not available in the memory care medication cart.

Plan of Correction

Accept [REDACTED] - 05/14/2024)

1. Medication cart audits to be completed by med techs or nurses weekly starting 5/6/2024.
2. Care Coordinator or designee will check cart audit log weekly for completion starting 5/6/2024.
3. Medication cart audit findings to be reviewed in monthly QAPI meetings starting June 2024 for three months or until compliance achieved.
4. Medication cart audits to be completed by pharmacy consultant by 5/31/2024.

Licensee's Proposed Overall Completion Date: 05/31/2024

Evidence of Completion

Implemented [REDACTED] - 06/03/2024)

See attached.

187a - Medication Record

6. Requirements

2600.

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

Description of Violation

On 4/24/24 a bottle of Fluticasone Propionate Nasal Spray 50mcg, belonging to resident 1 is present on the medication cart. However, Resident 1's medication administration record does not list this medication as a current prescription.

Plan of Correction

Accept [REDACTED] - 05/14/2024)

1. The Care Coordinator removed and destroyed discontinued nasal spray immediately on the day of the inspection.
2. Medication cart audit to be completed by med techs or nurses weekly starting 5/6/2024.

187a - Medication Record (continued)

3. Nurses and med techs we will re-educated on removing medications from the med cart when discontinued by Care Coordinator at staff meeting on 5/22/2024. Any staff unable to attend staff meeting will be receive re-education by Care Coordinator or designee by 5/31/2024.
4. Medication cart audits to be completed by pharmacy consultant by 5/31/2024.
5. Medication cart audit findings to be reviewed in monthly QAPI meetings starting June 2024 for three months or until compliance achieved.

Licensee's Proposed Overall Completion Date: 05/31/2024

Evidence of Completion

Implemented [REDACTED] - 06/03/2024)

See attached.

202 - Prohibitions**7. Requirements**

2600.

202. The following procedures are prohibited:

1. Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited. This does not include the admission of a resident in a secured dementia care unit in accordance with § 2600.231 (relating to admission).
2. Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
3. Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
4. A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. A chemical restraint does not include a drug ordered by a physician or dentist to treat the symptoms of a specific mental, emotional or behavioral condition, or as pretreatment prior to a medical or dental examination or treatment.
5. Mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited. Mechanical restraints include geriatric chairs, handcuffs, anklets, wristlets, camisoles, helmet with fasteners, muffs and mitts with fasteners, poseys, waist straps, head straps, papoose boards, restraining sheets, chest restraints and other types of locked restraints. A mechanical restraint does not include a device used to provide support for the achievement of functional body position or proper balance that has been prescribed by a medical professional as long as the resident can easily remove the device.
6. A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited. A manual restraint does not include prompting, escorting or guiding a resident to assist in the ADLs or IADLs.

Description of Violation

Resident 4 is prescribed Lorazepam 0.25mg/0.25ml gel, apply to wrists topically every 4 hours as needed for agitation. This medication is prescribed to control resident's behaviors and is considered as a chemical restraint.

Plan of Correction

Accept [REDACTED] - 05/14/2024)

1. Doctor's order updated to indicate that lorazepam gel to be applied as needed for anxiety on 4/24/2024.
2. Training on this regulation will be provided to nurses by Care Coordinator at staff meeting on 05/22/2024. Any staff unable to attend staff meeting will be receive re-education by Care Coordinator or designee by 5/31/2024.
3. A full audit of all narcotic orders to ensure orders are written in compliance with this regulation to be completed by Care Coordinator or designee by 5/17/2024
4. Narcotic orders to be audited monthly starting on 6/1/2024 by PCHA or Care Coordinator to ensure orders are written in compliance with this regulation for three months or until compliance achieved.

Licensee's Proposed Overall Completion Date: 05/31/2024

202 - Prohibitions (continued)

Evidence of Completion

See attached.

Implemented () - 06/03/2024)

227d - Support Plan Medical/Dental

8. 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 1's diet has been changed to pureed textures, as indicated by the medical evaluation completed on 3/18/24. However, the resident's assessment and support plan, dated 2/3/24, lack an additional addendum for the change to a pureed diet and fail to address how to meet this need.

On 4/22/24, a bedside mobility device was present on Resident 4's bed to assist with transferring in and out of bed. However, Resident 4's assessment and support plan addendum, dated 5/25/23, does not indicate the following:

- *Any risks associated with the device.*
- *The resident's ability to use the device safely for the purpose it was intended.*
- *Identification of the specific device to be used and whether a cover is required to meet FDA guidelines.*

On 4/22/24, a bedside mobility device was present on Resident 5's bed to assist with transferring in and out of bed. However, Resident 5's assessment and support plan, dated 3/25/24, does not indicate the following:

- *Any risks associated with the device.*
- *The resident's ability to use the device safely for the purpose it was intended.*
- *Identification of the specific device to be used and whether a cover is required to meet FDA guidelines.*

Plan of Correction**Accept** () - 05/14/2024)

1. *Care Coordinator completed a RASP addendum for resident 1 on 4/24/2024 to indicate pureed diet.*
2. *Care Coordinator completed RASP addendums for residents 4 and 5 on 4/23/2024 to include any risks associated with the device, the resident's ability to use the device safely for the purpose it was intended and that the device does have a cover.*
3. *Starting on 4/24/2024, Care Coordinator or designee will complete RASPs annually and as needed with a comparison to the most recent DME/doctor's orders. An addendum will be created as needed to reflect the change for diets, mobility and any other changes requested by the doctor.*
4. *Nurses will receive training on RASP addendums at staff meeting on 5/22/2024. Any staff unable to attend staff meeting will be receive re-education by Care Coordinator or designee by 5/31/2024.*

Licensee's Proposed Overall Completion Date: 05/31/2024**Evidence of Completion**

See attached.

Implemented () - 06/03/2024)