

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

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 _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

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
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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

This certificate is granted in accordance with the Public Welfare 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 April 30, 2010 until April 30, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 127760

Robert E. Robinson

ISSUING OFFICER

Kevin T. Casey

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.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

APR 30 2010

PHONE: (717) 783-3670
FAX: (717) 783-5662

Mr. Edward Brubaker, President/CEO
Souderton Mennonite Homes
207 West Summit Street
Souderton, Pennsylvania 18964

Dear Ms. Brubaker:

As a result of the Department of Public Welfare's licensing inspection on January 4, 2010 and January 5, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Souderton Mennonite Homes 207 West Summit Street, Souderton, PA 18964		CURRENT LICENSE NUMBER 127760	
INSPECTION DATE(S) (Include all dates of the inspection) January 4, 2010 and January 5, 2010		REGIONAL REPRESENTATIVE Chevon Mitchell, Kimberli Foulkes and Patricia Adams	
SIGNATURE OF LEGAL ENTITY <i>Monica Steinfeld</i>	DATE 1-29-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jan Harvey</i>	DATE 4-26-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
16c The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow 15 (relating to abuse reporting covered by law).	Resident #1 did not receive the 8:00am medication Detrol LA from 1/2/10 through 1/5/10 due to the home not having the medication available. These medication errors were not reported to the Department. REPEAT VIOLATION- 11-5-08, et. al	1-7-2010	The medication error on resident #1 was reported to the DPW. Nursing staff and Certified Med Technicians will be responsible to report medication errors to the DPW and PC Manager. The PC Administrator will follow up that the proper procedure was completed. The staff received a memo reminding them of this regulation. This issue has also been placed on the agenda for discussion at our team meeting 2/3/2010. DPW forms are made accessible to staff in the file cabinet and will be maintained by the PC secretary.	Steps have been taken to correct violation; full compliance is not verifiable 4-26-10 <i>JK</i> Date Initials (DPW)

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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INSPECTION DATE(S) (Include all dates of the inspection) January 4, 2010 and January 5, 2010		REGIONAL REPRESENTATIVE Chevon Mitchell, Kimberli Foulkes and Patricia Adams	
SIGNATURE OF LEGAL ENTITY <i>Monica Starford</i>	DATE 1-29-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jan Harvey</i>	DATE 4-26-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
51, 52 51 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults). 52 Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101—10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults) and other applicable regulations.	The home utilizes the services of Community Home Services, Nursing Care Services, Grandview Hospice and Caring Hospice. The criminal background checks for staff of these agencies were not available in the home.	1-4-2010	All background checks on outside agency staff utilized by the Home were faxed over to the Home. PC coordinator, PC social worker who set up agency care will be responsible to obtain background checks from the agency used. The PC Administrator is responsible for maintaining files for each company used. A letter was sent out to all outside services notifying them of the required BGC of their employees prior to direct care at Souderton Mennonite Homes. BGC on all employees are compared with schedule given weekly by the Agencies.	4-26-10 <i>GH</i>

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SIGNATURE OF LEGAL ENTITY <i>Monica Stafford</i>	DATE 1-29-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Hawley</i>	DATE 4-26-10

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54a Direct care staff persons shall have the following qualifications: (2) Have a high school diploma, GED diploma or active registry status on the Pennsylvania nurse aide registry.	Direct care staff person A does not have the appropriate qualifications for the position. REPEAT VIOLATION- 11/5/08, et. al	1-14-2010	Direct care staff person A did not perform any direct care without supervision while waiting for response of the DPW waiver that was requested on 1-4-2010. On 1-14-2010, the waiver for employment of Direct care staff person A was received. Human Resource staff are responsible for compliance of regulation 54a. A waiver will be requested if the criteria cannot be met prior to direct care or the employee will not be hired	4-26-10 <i>JH</i>

by SMH to perform direct care.

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SIGNATURE OF LEGAL ENTITY <i>Monica Starford</i>	DATE 1-29-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>John Harvey</i>	DATE 4-26-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
133a1 If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.	In the home's secured dementia unit there are a set of white glass doors that lead to a sunroom that has doors equipped with a magnetic keypad locking mechanism. These doors lead to a courtyard that can be used as an exit. Neither set of doors is labeled as an exit.	3-12-10	The doors that lead to the solarium and the doors that lead to the courtyard are not utilized as emergency exits. They are utilized as an entrance to our courtyard. The doors and solarium are glass and from its original construction, were not meant as exits and not labeled for that reason. Life Safety also is a regulatory body for that part of the facility. The project Manager for SMH will contact our local authority	Steps have been taken to correct violation; full compliance is not verifiable 4-26-10 <i>AH</i> Date Initials (DPW)

to address this door in question and submission of its finding will be faxed ASAP. Appropriate signage will be posted per outcome of regulatory approval. The Home will paint a mural on both doors and attach a sign "THIS IS NOT AN EXIT" TO THE DOORS LEADING OUT TO THE SOLARIUM. AN ESTIMATE WAS SENT IN, 4-26-10

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SIGNATURE OF LEGAL ENTITY <i>Monica Stayford</i>	DATE 1-29-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Harvey</i>	DATE 4-26-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
141a A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.	-Resident #1's medical evaluation dated 7/16/09 was not fully completed by an appropriate professional, but instead by staff at the home. The "Yes" box in section 14 for "Are Immunizations up to date" is marked with an "X" and "unknown" is written in next the date of Tetanus/Diphtheria Acolfular Portussis. The "None" box was marked with an "X" in section 15. In the Emergency evacuation section 16 the doctor marked "Independently mobile with ambulation device- Specify device used: Wheeled walker. The home marked the box for "walks without assistance". In section 19 the	1-22-2010	Medical evaluations for residents #1 and #2 were completed in their entirety by an appropriate professional. The PC coordinator, PC secretary and PC Administrator will be responsible to ensure all medical evaluations are completed in their entirety by the appropriate professional. A letter was sent out to all physicians utilized by residents at Souderton Mennonite Homes notifying them of their responsibility in our regulatory compliance.	4-26-10 J.A.

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SIGNATURE OF LEGAL ENTITY <i>Monica Salford</i>	DATE 1-29-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Hawley</i>	DATE 4-26-10

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141a – continued	<p>"None" and "N/A" boxes for Treatment/Therapies and body positioning were marked by the home.</p> <p>-Resident #2's medical evaluation dated 9/18/09 was not fully completed by an appropriate professional, but instead by staff at the home. "Unknown" was written in after the first Date: in section 14. Section 13 contained "See attached" written by the doctor. There was no attachment and all of the resident's medications were handwritten in. In section 17 an "X" was made in the "Can self administer medications with no assistance from others" box</p>			4-26-10 <i>DH</i>

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SIGNATURE OF LEGAL ENTITY <i>Monica Stalder</i>	DATE 1-29-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Hawley</i>	DATE 4-26-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
141a – continued	then this was discontinued and the "Can self administer medications with assistance to store medications in a secure place" box was marked with an "X". In section 19 the "none" box was marked for treatment/therapies, "in house" was written in after Activities/Social Services and the "N/A" box was marked for Body positioning.			4-26-10 <i>JK</i>

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141b1 A resident shall have a medical evaluation at least annually.	The previous medical evaluation for resident #2 was completed on 7/14/08. The resident's annual medical evaluation was not completed until 7/31/09. REPEAT VIOLATION- 11/5/08 et. al	1-22-10	A new medical evaluation was completed on resident #2. The PC Coordinator and PC Secretary are responsible to coordinate physician and resident appointments to maintain compliance with the 15 day window for completion of the medical evaluation. A binder will be kept with all dates of Medical Evaluations and will be reviewed at the beginning of every month to maintain compliance. If the physician does not visit the home, the home will assist the resident in making an appointment within the appropriate time frame for the annual evaluation.	<i>4-26-10</i>

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183b Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	Resident #4 cannot self administer medications. A bottle of Vitamin E-400 with Selenium and a bottle of Enzyme complex Chewable were on the table in the resident's room.	1-5-2010 1-7-2010	Vitamins were removed from the residents room. An order was obtained by the physician to self-administer vitamins. Daughter and resident were both made aware. It is the responsibility of the licensed and certified staff to remove medications from a resident who is unable to self administer and obtain an order. A memo was sent out to all staff reminding them of this regulation. It is explained at time of Admission + resident council to the resident and family.	4-26-10 <i>QU</i>

This will be discussed at the PC team meeting 2-3-10.

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186c Changes in a medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.	<p>-Resident #3's record contains telephone orders taken by the home on 10/15/09 that state "Cont with same Coumadin 5mg PO daily Dx Afib recheck INR in 4 weeks." There were no written doctor's orders to support this order.</p> <p>-Resident #3's record contains telephone orders taken by the home on 11/12/09 that state "Continue with same Coumadin 5mg daily ReV INR 4 weeks. There were no written doctor's orders to support this order.</p> <p>-Resident #3's record contains telephone orders taken by the home on 12/10/09 that state</p>	1-12-2010	<p>Physician orders on resident #3 were all signed by the physician.</p> <p>The licensed nursing staff are responsible to ensure that all physician orders are signed.</p> <p>A letter was sent out to all providing physicians notifying them that all orders must be signed. Copies of orders will be faxed to the physician to request a signature.</p> <p>The unit secretary/ILPN will perform chart audits, photocopy and send out all orders that require signatures.</p>	4-26-10 J.H.

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186c – continued	"Cont with same Coumadin 5mg daily Re√ INR 4 weeks. There were no written doctor's orders to support this order.			4-26-10 <i>JH</i>

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188b A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.	Resident #1 did not receive 8:00am medication Detrol LA from 1/2/10 through 1/5/10 due to the home not having the medication available. These medication errors were not reported to the resident's doctor or designated person.	1-6-2010	The physician and designated person for resident #1 was notified of the missing Detrol doses. The PC nurse and Certified Medication Technician is responsible to report all missing medication doses. They are responsible to notify the PC Administrator when all medication errors occur, as well as the family and physician. A memo went out to all staff reminding them of this regulation. This will also be discussed at the PC Team meeting on 2-3-2010.	4-26-10 <i>JH</i>