



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: August 29, 2013

Ms. Kimberly Fischer, RN, MSN
Souderton Mennonite Homes
207 West Summit Street
Souderton, Pennsylvania 18964

Dear Ms. Fischer:

As a result of the Department of Public Welfare's (Personal Care Home) licensing inspection on June 25, 2013 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Human Services Licensing so that compliance can be verified.

Sincerely,

A handwritten signature in black ink that reads "Roslyn Brewer DR". The signature is fluid and cursive.

Roslyn Brewer
Regional Licensing Administrator

Enclosure(s)
Licensing Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: SOUDERTON MENNONITE HOMES		License Number: 12776
Address: 207 WEST SUMMIT STREET, SOUDERTON, PA 18964		County: Montgomery
Administrator: Kimberly Fischer, RN, MSN		Region: SOUTHEAST
Legal Entity Name: SOUDERTON MENNONITE HOMES		
Legal Entity Address: 207 WEST SUMMIT STREET, SOUDERTON, PA 18964		
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support:	Total Daily Staff: 128	Waking Staff: 96
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 06/25/2013: Adams, Patricia		
Off-Site Inspection Dates and Inspectors, if Applicable 07/08/2013: Adams, Patricia		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 154 Number of Residents Served: 107 Secured Dementia Care Unit In Home: Yes Area: Secured Dementia Unit Capacity, if Applicable: 22 Number of Residents Served in Secured Dementia Care Unit, if applicable: 21 Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 5		Number of Residents who: Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 107 Have Mental Illness: 4 Have an Intellectual Disability: 0 Have a Mobility Need: 21 Have a Physical Disability: 1

Violation Report: 12776 - 06/25/2013 - Adams, Patricia
 PCH Name: SOUDERTON MENNONITE HOMES

1. REGULATION 55 Pa.Code §2600

2600.16(c) - 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 the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 4/1/13, the home received a report of \$180.00 missing and the resident's orange electric razor being replaced with another razor. The money and the missing razor were left in the resident #1's locked room on 3/31/13. The home did not submit an incident report to the Department and nor was the incident reported by telephone.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

This particular incident was not reported due to the residents passing prior to items missing. All thefts within the Personal Care Unit will be reported to DPW regardless of whether family or resident reports theft. The staff had a July staff meeting on July 9th and 11th, 2013 and were informed of the theft and that any thefts need to be reported.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Kimberly Fischer, RN, MSN

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Kimberly Fischer, RN, MSN

Date July 25, 2013

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

7/26/13
 (Date)

Plan of correction implementation status as of

7/26/13
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

K.F.
 (Initials)