



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JUN 24 2015

Mr. David M. Zwald, Interim Executive Director  
Souderton Mennonite Homes  
207 West Summit Street  
Souderton, Pennsylvania 18964

RE: Souderton Mennonite Homes  
License #: 127760

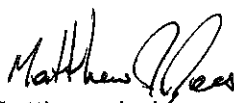
Dear Mr. Zwald:

As a result of the Department of Human Services' licensing inspection on March 30, 2015 and March 31, 2015 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 must be maintained.

Your regular license for the period May 18, 2015 to May 18, 2016 was issued on January 30, 2015. Your regular license remains in good standing.

Sincerely,

  
Matthew J. Jones  
Director  
*/s/*

Enclosure  
License Inspection Summary



Violation Report: 12776 - 03/30/2015 - Kazimer, Lauren  
 PCH Name: Souderton Mennonite Homes

**1. REGULATION 55 Pa.Code §2600**

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

**2a. DESCRIPTION OF VIOLATION**

- The contract for resident #1 was not signed by the resident.
- The contract for resident #2 was not signed by the resident.

**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.*

Both residents were part of our memory support unit. All residents in our memory support unit will be explained the resident rights, complaint procedures, and that they are in a secured memory support unit and will be documented in a nurses note. All new admission contracts to the memory support unit will be reviewed by the administrator within one day of the contract signing to verify signature. *POC 4/28/15*

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Kim Fischer*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Kim Fischer, Dir. of Personal Care* Date *5/4/15*

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

The above plan of correction is approved as of *5/5/15*  
 (Date)

Plan of correction implementation status as of *5/5/15*  
 (Date)

The above plan of correction was approved by *[Signature]*  
 (Initials)

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


Violation Report: 12776 - 03/30/2015 - Kazimer, Lauren  
 PCH Name: Souderton Mennonite Homes

1. REGULATION 55 Pa.Code §2600  
 2600.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION  
 - Resident #1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.  
 - Resident #2's record did not contain a statement signed by the resident acknowledging a receipt of a copy of the resident rights and complaint procedures.

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.

All in our memory support unit will be explained the resident rights; complaint procedures and that they are in a secured memory support unit and will be documented in a nurses note. The administrator will review the contract of new resident moving in to the memory support unit within one day of admission to verify signature.

*Resident 1+2 received a signed copy of the residents rights on 4/30/15*  


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Printed Name and Title of Legal Entity Representative *Kim Fischer, Dir. of Personal Care*      Date *5/4/15*  
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Violation Report: 12776 - 03/30/2015 - Kazimer, Lauren  
 PCH Name: Souderton Mennonite Homes

1. REGULATION 55 Pa.Code §2600  
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

- Resident #3 has an order for glucose checks once daily alternating before breakfast and two hours after lunch. The glucometer labeled with resident #3's name had blood sugar levels that did not match the levels recorded on the medication administration record from 3/14/2015 to 3/26/2015.

- Resident #4 has an order for glucose checks once daily, effective 3/18/2015. The home presented an unlabeled glucometer for resident #4 that contained blood sugar levels recorded from 3/10/2015 to 3/17/2015.

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.

Resident #3 and 4 have their own labeled glucometers for just their individual use. Facility has obtained two new glucometers to utilize for residents that are in need of a glucometer. Upon use of one of the new glucometers, it will be labeled for only that resident to use and another glucometer will be ordered to keep two on hand at all times.

*STAFF will receive training on the importance of not sharing glucometers and the proper use of the glucometers within 15 days of receipt of this plan of correction.*

*The Administrator or designee will conduct periodic checks of all glucometers to ensure that the glucometers are being used properly and only for the resident for which the glucometer is labeled, starting within 15 days of receipt of this plan of correction.*

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Violation Report: 12776 - 03/30/2016 - Kazimer, Lauren  
 PCH Name: Souderton Mennonite Homes

**1. REGULATION 55 Pa.Code §2600**

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

**2a. DESCRIPTION OF VIOLATION**

- The telephone in room #3419 did not have emergency service numbers posted nearby.
- The telephone in Parkview's back lounge area did not emergency service numbers posted nearby.

**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.*

An initial audit for emergency phone numbers has been completed on all residents and personal care phones. Any phone that did not have the phone numbers with it have been corrected. Going forward an audit will be done quarterly times three (July 2015, October 2015, January 2016) and random checks after that.

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Violation Report: 12776 - 03/30/2015 - Kazimer, Lauren  
 PCH Name: Souderton Mennonite Homes

1. REGULATION 55 Pa.Code §2600  
 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION  
 The bed in room #5018 does not have a source of light that can be turned on/off from bedside.

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.

An initial audit was completed on all personal care resident rooms to ensure there was a light source operable and at beside for each resident. Any room that did not have an operable light from the bedside had a work order placed for maintenance to fix. All rooms currently have an operable light source at bedside. An audit will be completed quarterly times three (July 2015, October 2015, January 2016) and random there after.

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Violation Report: 12776 - 03/30/2015 - Kazimer, Lauren  
 PCH Name: Souderton Mennonite Homes

1. REGULATION 55 Pa.Code §2600  
 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.

2a. DESCRIPTION OF VIOLATION  
 Resident #5's PRN Milk of Magnesia was not available in the home on 3/30/2015.

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.

Resident #5's Milk of Magnesia was obtained from our pharmacy. All prn medications are checked on a monthly basis for expiration dates and that they are present in the medication cart. Going forward, monthly checks will continue, the nurse will initial a spreadsheet for each medication cart upon completion of the check and any prn medication missing or expired will be ordered from pharmacy immediately.

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 (Initials)

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 (Date)

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Violation Report: 12776 - 03/30/2015 - Kazimer, Lauren  
 PCH Name: Souderton Mennonite Homes

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The medication administration record for resident #6 does not include the diagnosis/purpose, or route of administration for Hormel 6oz. three times a day.

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.*

Resident #6 MAR was corrected to reflect a diagnosis and route for the Hormel. At the end of each month, the MAR's will be reviewed, during turnover, to see what information from the requirements is missing and will be corrected with pharmacy. During the May 2015 team meeting, a review will be done with the staff to re-educate them on making sure the order is complete on the MAR.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
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*Kim Fisher*

Printed Name and Title of Legal Entity Representative  
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*Kim Fisher, Dir. of Personal Care*

Date *5/4/15*

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*KB*  
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Violation Report: 12776 - 03/30/2015 - Kazimer, Lauren  
 PCH Name: Souderton Mennonite Homes

1. REGULATION 55 Pa.Code §2600

2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION

Resident #1 and resident #2 have not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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.*

Resident #1 and 2 reside in the memory support unit. All residents have been informed of their resident rights and has been documented in a nursing note. Going forward, all residents are informed of their rights during contract signing. The administrator will verify resident signature on the contract within one day of the contract signing. If the resident did not sign the contract, the resident will have their rights explained and it will be documented in a nursing note.

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Violation Report: 12776 - 03/30/2015 - Kazimer, Lauren  
 PCH Name: Souderton Mennonite Homes

1. REGULATION 55 Pa.Code §2600  
 2600.224(c) - The preadmission screening shall be completed by the administrator or designee.

2a. DESCRIPTION OF VIOLATION  
 The preadmission screening dated 1/13/2015, for resident #7 did not include a printed name or signature of the assessor.

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.

The preadmission screening for resident #7 has been signed by the care coordinator who completed the screening. The care coordinator will audit all new admissions preadmission screening on a monthly basis times three months and then quarterly for three months.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kim Fischer, Dir. of Personal Care* Date *5/4/15*

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Violation Report: 12776 - 03/30/2015 - Kazimer, Lauren  
 PCH Name: Souderton Mennonite Homes

**1. REGULATION 65 Pa.Code §2600**

2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

**2a. DESCRIPTION OF VIOLATION**

- Resident #1 was admitted to the SDCU on 1/21/2016. The resident's cognitive screening was completed on 1/8/2015.
- Resident #8 was admitted to the SDCU on 7/25/2014. The resident's cognitive screening was completed on 7/17/2014.

**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.*

Current cognitive screenings for resident #1 and 8 can not be changed. Care coordinator has audited current charts in the memory support unit for current dates of cognitive screen. All new admissions to the memory support unit will be audited monthly for the cognitive screenings for three months and then quarterly for three quarters.

*The administrator or designee will check all new admissions to the SDCU to ensure that the cognitive screening was completed within 72 hours prior to admission to the SDCU, starting within 15 days of receipt of this plan of correction.*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Violation Report: 12776 - 03/30/2015 - Kazimer, Lauren  
 PCH Name: Souderton Mennonite Homes

1. REGULATION 55 Pa.Code §2600  
 2600.231(e) - Each resident record shall have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

2a. DESCRIPTION OF VIOLATION  
 The home has no documentation that resident #1 and resident #2 have not objected to their admission to the secured dementia care unit.

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.

All current residents in the memory support unit and been asked if they object to residing in a secured memory support unit and it has been documented in a nursing note. The administrator or designee will audit new admissions within 24 hours to ensure contract and not objecting to the placement in a memory support unit has been signed by the resident. If the resident has not signed the contract, a nursing note will be documented to show a verbal discussion regarding their agreement to reside in the memory support unit. *The documentation can be recorded on the RASP.*

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Violation Report: 12776 - 03/30/2015 - Kazimer, Lauren  
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1. REGULATION 55 Pa.Code §2600  
 2600.234(a) - Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

2a. DESCRIPTION OF VIOLATION  
 Resident #2 was admitted to the SDCU on 3/6/2015, and the initial support plan was developed on 3/10/2015.

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.

An audit of current residents who reside in the memory support unit has been completed. The care coordinator will review all new memory support admissions monthly for three months and then quarterly for three quarters to ensure the initial support plan is completed within 72 hours.

The Care Coordinator will check all new admissions to the SDCU's Support Plan to ensure that it is completed within 72 hours of admission or within 72 hours prior to admission, before new residents are admitted to the SDCU, starting within 15 days of receipt of this plan of correction.

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