



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

**MAILING DATE: MAR 15 2016**

Ms. Kimberly Fischer, Director of Personal Care  
Souderton Mennonite Homes  
207 West Summit Street  
Souderton, Pennsylvania 18964

RE: Souderton Mennonite Homes  
License #: 127760

Dear Ms. Fischer:

As a result of the Department of Human Services' licensing inspection on November 12, 2015 and November 17, 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.

Sincerely,



Patricia Adams  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary



Violation Report: 12776 - 11/12/2015 - McIlvain, Shawn  
 PCH Name: Souderton Mennonite Home

**1. REGULATION 56 Pa.Code §2800**

2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:

- (1) Identify the correct resident.
- (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
- (3) Remove the medication from the original container.
- (4) Crush or split the medication as ordered by the prescriber.
- (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
- (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
- (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

**2a. DESCRIPTION OF VIOLATION**

On 11/10/1510, Staff member A did not identify the correct resident before administering the medication or place the medication in the resident's hand, mouth or other route after placing it in a medication cup or other appropriate container. Staff member A pre poured resident medication into labeled medication cups before administering.

**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.

Director of Personal Care had a verbal conversation with Staff Member A regarding being careful, following the rights of medication administration, and slowing down when giving medications. On January 21, 2016 a nurses meeting was held to cover several topics including medication errors. By March 31, 2016, a medication pass audit will be completed on Staff Member A. For the months of April, May, and June, two nurses will be randomly selected to be observed for a medication pass audit to ensure the nurses are following the rights of medication administration.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Kim Fischer, Director of Personal Care*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

Kim Fischer

Date 3/4/16

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

The above plan of correction is approved as of

3/4/16  
 (Date)

Plan of correction implementation status as of

3/4/16  
 (Date)

The above plan of correction was approved by

*AA*  
 (Initials)

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

Violation Report: 12776 - 11/12/2015 - McIlvain, Shawn  
 PCH Name: Souderton Mennonite Home

1. REGULATION 65 Pa.Code §2600  
 2600.186(b) - Prescription medications shall be used only by the resident for whom the prescription was prescribed.

2a. DESCRIPTION OF VIOLATION

On 11/10/15, resident #1 was administered Acetaminophen ES 500 mg, Amlodipine 2.5 mg, Carvedilol 12.5 mg and Vitamin B-12 500 OMCg prescribed for and belonging to resident #2.

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.

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|----------------------|-----------------------------------|--|--|
| Repeat Violation: No | Date(s) of Previous Violation(s): |  |  |
|----------------------|-----------------------------------|--|--|

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Kim Fischer, Director of Personal Care*

|  |                |
|--|----------------|
| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page)<br>Kim Fischer | Date<br>3/4/16 |
|--|----------------|

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|   |   |
|---|---|
| The above plan of correction is approved as of <u>3/9/16</u><br>(Date)        | Plan of correction implementation status as of <u>3/9/16</u><br>(Date)  |
| The above plan of correction was approved by <i>[Signature]</i><br>(Initials) | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

Violation Report: 12776 - 11/12/2015 - Mollvain, Shawn  
 PCH Name: Souderton Mennonite Home

1. REGULATION 65 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 November medication administration record for resident #1 does not include the strength or form for Levsin. The medication is available as an elixir, drops or in tablet form.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
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Resident #1 no longer resides in Personal Care so Director of Personal Care was unable to make sure current MAR was updated. Nurses will be educated on the parts of a complete physician order and what is to be transcribed on the MAR by March 31, 2016. Five charts will be randomly selected to be audited for the months of March, April, and May to ensure that complete orders are being carried over to the MAR's.

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| Signature of Legal Entity Representative<br>(Required on EVERY Page)              |                                   | <i>Kim Fischer, Director of Personal Care</i> |  |
| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) |                                   | Date 3/4/16                                   |  |
| Kim Fischer   |                                   |   |  |

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Violation Report: 12776 - 11/12/2015 - McIlvain, Shawn  
 PCH Name: Souderton Mennonite Home

1. REGULATION 55 Pa.Code §2600  
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Aspirin 81 mg, Calcium 600 mg + D3 200 IU, Furosemide 20 mg, Zoloff 50 mg, Levain, Hydrocodone 5/325, Oxazepam 10 mg and Ropinrole .25 mg. On 11/10/15, resident # 1 was administered resident #2's medications by staff person A.

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

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Signature of Legal Entity Representative (Required on EVERY Page) *Kim Fischer, Director of Personal Care*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kim Fischer* Date *3/4/16*

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