



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 23 2016

Mr. David Shenk, Executive Director
Souderton Mennonite Homes
207 West Summit Street
Souderton, Pennsylvania 18964

RE: Souderton Mennonite Homes
License #: 127760

Dear Mr. Shenk:

As a result of the Department of Human Services' annual licensing inspection on March 16, 2016 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,

A handwritten signature in black ink, appearing to read "Jay Bausch".

Jay Bausch
Deputy Secretary

Enclosure
License 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		Region: SOUTHEAST
Legal Entity Name: SOUDERTON MENNONITE HOMES		
Legal Entity Address: 207 WEST SUMMIT STREET, SOUDERTON, PA 18964		
Certificate(s) of Occupancy		
C-2 LP 06/29/2004 Commonwealth of PA	C-1 06/23/1995 Commonwealth of PA	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 124	Waking Staff: 93
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
03/16/2016: McI hale, Christine; Colon, Lisselle		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 154	Number of Residents who:	
Number of Residents Served: 104	Receive Supplemental Security Income: 4	
Secured Dementia Care Unit in Home: Yes	Are 60 Years of Age or Older: 99	
Area: Parkview	Have Mental Illness: 4	
Secured Dementia Unit Capacity, if Applicable: 22	Have an Intellectual Disability: 2	
Number of Residents Served in Secured Dementia Care Unit, if applicable: 20	Have a Mobility Need: 20	
Number of Current Hospice Residents: 3	Have a Physical Disability: 2	
Number of Hospice Residents in past year: 13		

Violation Report: 12778 - 03/16/2016 - McHale, Christine
 PCH Name: SOUDERTON MENNONITE HOMES

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

- Direct care staff member A, hired [redacted] 14, did not receive training on fire safety and emergency procedures specific to the facility and falls and accident prevention in training year 9/1/14 to 8/31/15.
- Ancillary staff member B, hired [redacted] 12, did not receive training on fire safety and emergency procedures specific to the facility and falls and accident prevention in training year 9/1/14 to 8/31/15.
- Direct care staff member C, hired [redacted] 94, did not receive training on fire safety and emergency procedures specific to the facility and falls and accident prevention in training year 9/1/14 to 8/31/15.

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.

A video is being prepared by a fire expert that is facility specific on fire safety. This video will be completed by April 30, 2016. The video will be given to the staff to watch during the month of May 2016. The fire safety education will continue to be facility specific each year.

A facility specific emergency preparedness in-service has been prepared and will be put on Relias for staff to complete during the month of May 2016. Education on facility specific emergency preparedness will be completed annually.

Fall and accident prevention was completed in September 2016 (the new education year). The Facility Educator will ensure that fall and accident prevention is part of the training calendar each year.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kimberly Fisher, Director of Personal Care* Date *4/12/2016*

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

The above plan of correction is approved as of *4/18/16*
 (Date)

Plan of correction implementation status as of *4/18/16*
 (Date)

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

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

Violation Report: 12776 - 03/16/2016 - McHale, Christine
 PCH Name: SOUDERTON MENNONITE HOMES

1. REGULATION 55 Pa.Code §2600
 2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION
 Resident #1 was admitted to the home on [redacted] 16. The initial assessment for the resident, dated 2/10/16, was incomplete. The home did not assess the resident's social and recreational needs including hobbies, interests, solitary activities, group activities, religious affiliation, and the reason why the resident does not participate in activities.

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 Life Enrichment Coordinator has completed the section of the RASP for Resident #1. The Director of Personal Care or Designee will check all new residents admission RASP's within the first 15 days, for completion, for the month of May, June and July 2016 and then randomly thereafter.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kimberly Fisher, Director of Personal Care* Date *4/12/16*

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

The above plan of correction is approved as of <u>4/18/16</u> (Date)	Plan of correction implementation status as of <u>4/18/16</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented