



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: JUL 28 2017

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

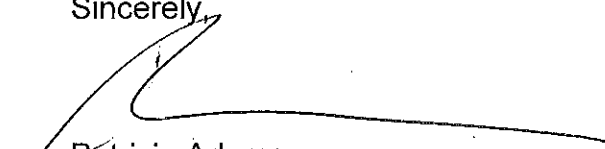
RE: Souderton Mennonite Homes
License #: 127760

Dear Mr. Shenk:

As a result of the Department of Human Services' licensing off-site inspection on March 10, 2017 and March 13, 2017 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 - 03/10/2017 - Braswell, Natasha
 PCH Name: SOUDERTON MENNONITE HOMES

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

2a. DESCRIPTION OF VIOLATION

Staff member A did not follow the prescriber's orders for Resident # 1. The prescriber's orders were for PRN Vicodin 5/325 every 8 hours. Resident #1 received the medication at 4:45pm and 8:45pm.

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.

Staff member A was spoken to regarding the medication error and remembering the five rights and to take her time and read the instructions carefully. The clinical educator met with staff member A on Tuesday, March 21, 2017 to review what she is doing when administering narcotics and offer education. Team meeting for all staff will take place on March 29 and 30, 2017. Team will be re-educated on reading orders carefully, slowing down, and remembering the five rights of medication administration.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Kimberly Fischer

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

Kimberly Fischer, Dr. of PC

Date 3/23/2017

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

The above plan of correction is approved as of 5/2/17
 (Date)

Plan of correction implementation status as of 5/2/17
 (Date)

The above plan of correction was approved by

[Signature]
 (Initials)

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