



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

**MAILING DATE: AUG 09 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 April 10, 2017 and April 11, 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,

A handwritten signature in black ink, appearing to read 'Patricia Adams', written over a horizontal line.

Patricia Adams  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

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

PCH Name: SOUDERTON MENNONITE HOMES		License Number: 12776
Address: 207 W. SUMMIT STREET, SOUDERTON, PA 18964		County: Montgomery
Administrator: KIMBERLY FISCHER		Region: SOUTHEAST
Legal Entity Name: SOUDERTON MENNONITE HOMES		
Legal Entity Address: 207 W. SUMMIT STREET, SOUDERTON, PA 18964		
Certificate(s) of Occupancy C-2 LP 06/29/2004 KIMBERLY FISCHER		
Staffing Hours		
Resident Support:	Total Daily Staff: 73	Waking Staff: 55
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 04/10/2017: Braswell, Natasha		
Off-Site Inspection Dates and Inspectors, If Applicable 04/11/2017: Braswell, Natasha		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 154 Number of Residents Served: 73 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: 19 Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 7		Number of Residents who: Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 92 Have Mental Illness: 0 Have an Intellectual Disability: 3 Have a Mobility Need: 0 Have a Physical Disability: 0

Violation Report: 12776 - 04/10/2017 - Braswell, Natasha  
 PCH Name: SOUDERTON MENNONITE HOMES

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

On 3/27/17, staff member A reported to staff member B that Resident #1 had a painful sore on the lower right leg, the size of a pin head. Staff member A was rotated off the floor and no longer provided service to Resident #1. On 4/4/17 staff member C reported to staff member D a wound on the lower right leg, with bluish gray bruising; measuring 10cm long x 4cm wide. There was a scab in the middle of the wound and the area was slightly swollen and sensitive to the touch. The resident's physician was contacted and treatment orders were prescribed. Staff member B failed to assess Resident #1's leg and address needed care.

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 B was terminated. Direct Care staff were education on April 12<sup>th</sup> and 13, 2017 on reporting, communication, follow-up, and skin care. A binder was put in place (sample sheet attached) for Resident Assistants to write their communication to the nurse supervisor on duty.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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, Director of PC* Date *06/23/2017*

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

The above plan of correction is approved as of *6/24/17*  
 (Date)

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

Plan of correction implementation status as of *6/24/17*  
 (Date)

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