



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail:

Mailing Date: April 17, 2018

Ms. Monique Cole  
Executive Director  
Souderton Mennonite Homes  
207 West Summit Street  
Souderton, Pennsylvania, 18964

RE: Souderton Mennonite Home  
207 West Summit Street  
Souderton, Pennsylvania, 18964  
License Number # 127760

Dear Ms. Cole:

As a result of the Department of Human Services' licensing inspection on September 18, 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 that reads "Kenneth Wilson ISP".

Kenneth L. Wilson  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

PCH Name: SOUDERTON MENNONITE HOMES		License Number: 127760
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, L&I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 122	Waking Staff: 92
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 09/18/2017: Gray, Dean		
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 Served: 103 Secured Dementia Care Unit in Home: Yes Area: Parkview Secured Dementia Unit Capacity, If Applicable: 22 Number of Residents Served in Secured Dementia Care Unit, if applicable: 19 Number of Current Hospice Residents: 2 Number of Hospice Residents in past year: 6	Number of Residents who: Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 103 Have Mental Illness: 3 Have an Intellectual Disability: 0 Have a Mobility Need: 19 Have a Physical Disability: 0	

K.W. 9/18/18

**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, L&I		
Staffing Hours Resident Support: 0                      Total Daily Staff: 122                      Working Staff: 92		
Type of Inspection: Partial                      BHA Docket Number:                      Notice: Unannounced		
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 09/18/2017: Gray, Dean		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers:                      Random Indicators:		
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 154 Number of Residents Served: 103 Secured Dementia Care Unit In Home: Yes Area: Parkview Secured Dementia Unit Capacity, if Applicable: 22 Number of Residents Served In Secured Dementia Care Unit, if applicable: 19 Number of Current Hospice Residents: 2 Number of Hospice Residents in past year: 6		Number of Residents who: Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 103 Have Mental Illness: 3 Have an Intellectual Disability: 0 Have a Mobility Need: 19 Have a Physical Disability: 0

*K.W. 9/19/18*

Violation Report: 12776 - 09/18/2017 - Gray, Dean  
 PCH Name: SOUDERTON MENNONITE HOMES

**1. REGULATION 55 Pa.Code §2800**  
 2800.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

**2a. DESCRIPTION OF VIOLATION**

On 08/07/17, an allegation of abuse was made against staff person A regarding resident #1. Staff person A was suspended on 08/09/17 and allowed to return to work on 08/11/17 without a plan of supervision approved by the Bureau of Human Services Licensing.

**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 person A was terminated on 09/21/2017 due to substandard work performance. In the event a staff person is suspended for suspected abuse, the Director of Personal Care or Designee will ensure a plan is in place for supervision to be provided until the Department of Human Services has been out to the facility to investigate and the facility renders a decision based on the DHS results and the investigation completed by the facility.

*The plan of supervision will be provided immediately upon the staff person's return to work. K.W. 4/9/18*

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

Signature of Legal Entity Representative *Kim Fischer*  
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kim Fischer, Director of PC</i>	Date <i>4/6/2018</i>
--	----------------------

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

The above plan of correction is approved as of 4/9/18  
 (Date)

The above plan of correction was approved by K.W.  
 (Initials)

Plan of correction implementation status as of 4/6/18  
 (Date)

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

Violation Report: 12776 - 09/18/2017 - Gray, Dean  
 PCH Name: SOUDERTON MENNONITE HOMES

1. REGULATION 56 Pa.Code §2600  
 2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

On 08/07/17 at approximately 4:30pm Staff person A yelled at resident #1 telling the resident to "take your pills". On 08/07/17 at approximately 9:00pm Staff person A called resident #2 a liar. Both are examples of treatment that lack dignity and respect.

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 person A was provided with Action Steps and information to be successful with handling difficult situations and stressful situations. An education was provided for staff to attend reviewing abuse and reporting of abuse. Annual education is provided to staff regarding abuse and will continue on an annual or as needed basis monitored by the Director of Designee.

Repeat Violation: No	Date(s) of Previous Violation(s):	03/16/2017		
----------------------	-----------------------------------	------------	--	--

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Kim Fisher*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Kim Fisher, Director of PC* Date *4/6/2018*

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

The above plan of correction is approved as of 4/9/18  
 (Date)

The above plan of correction was approved by K.W.  
 (Initials)

Plan of correction implementation status as of 4/6/18  
 (Date)

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

Violation Report: 12776 - 09/18/2017 - Gray, Dean  
 PCH Name: SOUDERTON MENNONITE HOMES

1. REGULATION 55 Pa.Code §2600  
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #2's most recent medical evaluation was completed on 06/12/17. Their previous medical evaluation was completed on 05/02/16.

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 spreadsheet has been developed to monitor resident's medical evaluations. This will be the responsibility of the Unit Clerk to schedule the appointments and ensure that a DME is completed timely. The Director of Personal Care or Designee will check on the DME's for compliance monthly for three months and then quarterly for the next three quarters.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Kim Fischer*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kim Fischer, Director of PC</i>	Date <i>4/6/2018</i>
--	----------------------

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

The above plan of correction is approved as of 4/9/18  
 (Date)

The above plan of correction was approved by K.W.  
 (Initials)

Plan of correction implementation status as of 4/6/18  
 (Date)

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