



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 22 2019

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

RE: Souderton Mennonite Homes
License #: 127760

Dear Ms. Cole:

As a result of the Department's Bureau of Human Services Licensing annual inspection on October 24, 2018 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) must be maintained.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report: 12776 - 10/24/2018 - Braswell, Natasha
 PCH Name: SOUDERTON MENNONITE HOMES

1. REGULATION 55 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 medication administration record for resident #2 does not include staff initials indicating that her BREO ELLIPTA INHALER was administered on October 13, 14 and 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.

PCHA and/or PC Care Coordinator to educate PC Nurses and PC Med Techs on DHS regulation 2600.187(a) and importance of staff initials during medication administration by April 10, 2019.

MAR documentation to be audited daily by PC Nurse and/or PC Med Tech to ensure that MAR does not reflect missing staff initials starting April 11, 2019 for a minimum of 4 weeks.

PC Care Coordinator and/or designee will provide an additional MAR review monthly in April, May, June and July 2019 or until compliance is achieved to ensure that the monthly medication administration record was initialed appropriately. Audit results to be brought to QAPI.

Provide documentation upon completion. Maintain audits for Department review for a period of three years 4/4/19 *MLJ*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nancy Iatarola, PCHA Director of Personal Care* Date *3.27.19*

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

<p>The above plan of correction is approved as of <u>4/4/19</u> (Date)</p> <p>The above plan of correction was approved by <u><i>MLJ</i></u> (Initials)</p>	<p>Plan of correction implementation status as of <u>4/4/19</u> (Date)</p> <p><input type="checkbox"/> Fully Implemented</p> <p><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress</p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
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Violation Report: 12776 - 10/24/2018 - 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

Resident #3 was administered Pred Forte 1% eye drops in her right eye on 1/13/18. The original order prescribed was to start on 1/16/18 after cataract surgery for glaucoma.

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.

PCHA and/or PC Care Coordinator to educate PC Nurses and PC Med Techs on DHS regulation 2600.187(d) and the need for home to follow the directions of the prescriber by April 10, 2019.

PCHA and/or PC Care Coordinator to implement a process to include a dual nurse review on transcription of provider directions by April 11, 2019.

PC Care Coordinator or designee will audit 2 random orders weekly to ensure appropriate transcription and dual sign of beginning the week of April 15, 2019 for a minimum of 8 weeks or until compliance is achieved. Audit results will be brought to QAPI.

Provide documentation upon completion. Maintain audits for Department review for a period of three years 4/4/19 *MLJ*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nancy Iatarola, PCHA Director of Personal Care* Date *3-27-19*

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The above plan of correction is approved as of 4/4/19 (Date)

Plan of correction implementation status as of 4/4/19 (Date)

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

The above plan of correction was approved by *MLJ* (Initials)