



February 24, 2020

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 September 24 and 25, 2019 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 "Kevin Hancock", written over a white background.

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: SOUDERTON MENNONITE HOMES

License Number: 12776

Address: 207 WEST SUMMIT STREET,, SOUDERTON, PA 18964

County: MONTGOMERY

Region: SOUTHEAST

Administrator

Name: Nancy Iatarola

Phone: 2157239881

Email: nancy.iatarola@LIVINGBRANCHES.ORG

Legal Entity

Name: SOUDERTON MENNONITE HOMES

Address: 207 WEST SUMMIT STREET, SOUDERTON, PA, 18964

Certificate(s) of Occupancy

Type: C-2 LP

Date: 06/29/2004

Issued By: Commonwealth of PA L&I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 114

Waking Staff: 86

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

09/24/2019 - On-Site: Mia Johnson, Michele Swisher, Patricia Adams

09/25/2019 - On-Site: Mia Johnson, Michele Swisher

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 154

Residents Served: 96

Secured Dementia Care Unit

In Home: Yes

Area: Parkview

Capacity: 22

Residents Served: 18

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 96

Diagnosed with Mental Illness: 5

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 18

Have Physical Disability: 0

28e - Death of a Resident

Regulations

2600.

28.e. In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § 10226.101—10226.107). The home shall keep documentation of the refund in the resident's record.

Description of Violation

Resident #1 passed away on [redacted]/2019. Resident #1's personal belongings were removed on from his/her room on 7/26/2019; however, a refund was not issued until 9/24/2019.

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.)

Accounting staff education relative to the cited violation completed by Controller or assigned designee by 12.27.19

Implementation of refund tracking and monitoring by Controller or assigned designee to ensure that personal care refund is paid within 30 days of move out by 12.23.19

Monthly QAPI reporting will be made by PCHA or assigned designee for compliance with resident refunds in January, 2020 and February, 2020 or until compliance is achieved

Legal Entity Representative

Nancy Iatarola
Signature

Nancy Iatarola ^{PCHA} 12/20/19
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 2/11/20
(Date)

Plan of correction implementation status as of 2/11/20
(Date)

The above plan of correction was approved by MI
(Initials)

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

65g - Annual Training Content

Regulations

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. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite 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.

Description of Violation

Staff persons A and B did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert during training year 2018.

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 or designee will ensure that Fire Safety Expert Training is completed by staff person A by 01.10.19. Staff person B is no longer actively employed at community

Audit of Fire Safety Expert Training for Personal Care Staff will be completed and training will be provided in this regard by 01.15.19

Legal Entity Representative

Nancy Iatavola
Signature

Nancy Iatavola ^{PCHA}
Printed Name and Title

12/20/19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 2/11/20
(Date)

Plan of correction implementation status as of 2/11/20
(Date)

The above plan of correction was approved by MIJ
(Initials)

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

132h - Designated Meeting Place

Regulations

2600.
132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

During the fire drills conducted on 6/28/19, 7/29/19 and 8/19/19, residents that were not in the simulated fire zone did not evacuate to a designated meeting place away from the building or within the fire-safe area.

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 education relative to the cited violation, plan of correction and required evacuation plan will be completed by PCHA, Care Coordinator or assigned designee by 01.10.19

Resident education will be completed to advise of evacuation plan by PCHA, Care Coordinator or assigned designee by 01.10.19

Monthly QAPI reporting will be made by PCHA or assigned designee for compliance with training and monthly fire drill documentation in January, 2020 and February, 2020 or until compliance is achieved.

Legal Entity Representative

Nancy Iatawola
Signature

Nancy Iatawola PCHA
Printed Name and Title
12/20/19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 2/11/20
(Date)

Plan of correction implementation status as of 2/11/20
(Date)

The above plan of correction was approved by MI
(Initials)

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

181d -Storing Medication

Regulations

2600.

181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

Description of Violation

Resident #2 self-administers medications and stores her medications in her room. On 9/25/19, there were several medications on the desk by the window in resident #2's bedroom. Resident #3 self-administers medications and stores his medications in his room. On 9/25/19, there were several medications in an unlocked cabinet above the sink in resident #3's room. Residents #2 and #3 admit they do not lock their apartment doors when they leave.

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.)

Care Coordinator or assigned designee will complete re-education for all residents who self-administer medications regarding requirement to secure medications by 12.31.19

Staff education relative to the cited violation, plan of correction and required monitoring for resident to store medications securely will be completed by PCHA, Care Coordinator or assigned designee by 12.31.19

Care Coordinator, Nurse Supervisor or assigned designee will complete 3 random room checks each week beginning 12.30.19 for 6 weeks to ensure that self-administering resident medications are maintained securely.

Monthly QAPI reporting will be made by PCHA or assigned designee for self-medication audit compliance in January 2020 and February, 2020 or until compliance is achieved.

Legal Entity Representative

Nancy Iatarda

Signature

Nancy Iatarda 12/20/19

Printed Name and Title

Date

PCHA

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 2/11/20
(Date)

Plan of correction implementation status as of 2/11/20
(Date)

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

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

183e - Storing Medications

Regulations

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 9/25/19, during the medication cart audit 1 loose white round tablet was observed in the bottom drawer of the Parkview cart; 1 loose white oval tablet and a white powdery substance was observed in the 3rd drawer of the Martindale cart.

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.)

Nurse and Med Tech education relative to the cited violation, plan of correction and required medication cart review will be completed by PCHA, Care Coordinator or assigned designee by 12.31.19

Care Coordinator, Nurse Supervisor or assigned designee will complete 1 random check for each medication cart weekly to ensure compliance with organization and sanitation.

Monthly QAPI reporting will be made by PCHA or assigned designee for medication cart review compliance in January, 2020 and February, 2020 or until compliance is achieved.

Legal Entity Representative

Nancy Icatarola
Signature

Nancy Icatarola ^{PCHA} 12/20/19
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 2/11/20
(Date)

Plan of correction implementation status as of 2/11/20
(Date)

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

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

185a - Implement Storage Procedures

Regulations

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #4's Glucometer is not calibrated to the correct time. Current time is 2:15 pm, glucometer time reads 1:15 pm.

On 9/25/19, at 6:00 am, resident #4's MAR has a recorded reading of 147; however the glucometer has a reading of 145.

On 9/15/19, at 11:30 am, resident #5's MAR has a recorded reading of 169; however the glucometer has a reading of 179

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.)

Glucometer calibrations completed and verified by Care Coordinator to reflect accurate time by 12.23.19

Nurse and Med Tech staff education relative to the cited violation, plan of correction and required monitoring for accuracy will be completed by the PCHA, Care Coordinator or assigned designee by 12.31.19

Care Coordinator and/or assigned designee will audit 3 random glucometer readings per active glucometer each week to ensure accuracy of date, time and recorded reading on MAR beginning the week of 12.22.19 and continuing for 6 weeks.

Monthly QAPI reporting will be made by PCHA or assigned designee for glucometer audit compliance in January, 2020 and February, 2020 or until compliance is achieved.

Legal Entity Representative

Nancy Iatarola
Signature

Nancy Iatarola PCHA
Printed Name and Title

12/20/19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 2/11/20
(Date)

Plan of correction implementation status as of 2/11/20
(Date)

The above plan of correction was approved by MI
(Initials)

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

187b - Date/Time of Medication Admin.

Regulations

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #5 is prescribed Amlodipine 5 mg, Benefiber 1 tablespoon, Carvedilol 12.5 mg and Vitamin B 12 1000 mg. Resident #5's September 2019 medication administration record does not include the initials of the staff person who administered Amlodipine, Benefiber and Carvedilol on 9/23/19 at 8:00 am; Vitamin B 12 on 9/22/19 at 8:00 am.

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.)

Nurse and Med Tech staff education relative to the cited violation, plan of correction and required monitoring will be completed by the PCHA, Care Coordinator or assigned designee by 12.31.19

Care Coordinator or assigned designee will review MAR's weekly beginning 12.22.19 for 6 weeks to ensure that medication administration is recorded properly on MAR

Monthly QAPI reporting will be made by PCHA or assigned designee for MAR documentaion audit compliance in January, 2020 and February, 2020 or until compliance is achieved

Legal Entity Representative

Nancy Iatawala
Signature

PCHA

Nancy Iatawala 12/20/19
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 2/11/20
(Date)

Plan of correction implementation status as of 2/11/20
(Date)

The above plan of correction was approved by MI
(Initials)

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