

Department of Human Services
Bureau of Human Service Licensing

January 6, 2021

MONIQUE COLE, VICE PRESIDENT OF OPERATIONS
SOUDERTON MENNONITE HOMES
207 WEST SUMMIT STREET
SOUDERTON, PA 18964

RE: SOUDERTON MENNONITE HOMES
207 WEST SUMMIT STREET
SOUDERTON, PA, 18964
LICENSE/COC#: 12776

Dear Ms. Cole,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/10/2020, 09/11/2020, 09/14/2020, 09/15/2020, 09/16/2020, 09/17/2020, 09/18/2020, 09/21/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Mia Johnson

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC**

Facility Information

Name: *SOUDERTON MENNONITE HOMES* License #: *12776* License Expiration Date: *05/18/2021*
 Address: *207 WEST SUMMIT STREET, SOUDERTON, PA 18964*
 County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

Name: *Ruthella Stubblebine* Phone: *2157239881* Email:
Ruthella.Stubblebine@livingbranches.org,

Legal Entity

Name: *SOUDERTON MENNONITE HOMES*
 Address: *207 WEST SUMMIT STREET, SOUDERTON, PA, 18964*
 Phone: *2157239881* Email: *MONIQUE.COLE@LIVINGBRANCHES.ORG*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *06/29/2004* Issued By: *Commenwealth od PA, L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *117* Waking Staff: *88*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *09/21/2020*

Inspection Dates and Department Representative

09/10/2020 - Off-Site: Dean Gray
09/11/2020 - Off-Site: Dean Gray
09/14/2020 - Off-Site: Dean Gray
09/15/2020 - Off-Site: Dean Gray
09/16/2020 - Off-Site: Dean Gray
09/17/2020 - Off-Site: Dean Gray
09/18/2020 - Off-Site: Dean Gray
09/21/2020 - Off-Site: Dean Gray

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *154* Residents Served: *95*

Secured Dementia Care Unit

In Home: *Yes* Area: *Parkview* Capacity: *22* Residents Served: *22*

Resident Demographic Data as of Inspection Dates (*continued*)**Hospice**

Current Residents: 0 / 2

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 94

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 22

Have Physical Disability: 0

Inspections / Reviews**09/10/2020 - Partial**Lead Inspector: *Dean Gray*Follow-Up Type: *POC Submission*Follow-Up Date: *10/02/2020***9/30/2020 - POC Submission**Lead Reviewer: *Mia Johnson*Follow-Up Type: *Document Submission*Follow-Up Date: *10/03/2020***1/6/2021 - Document Submission**Lead Reviewer: *Mia Johnson*Follow-Up Type: *Not Required*

15b - Supervisor Plan

1. Requirements

2600.

- 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.

Description of Violation

On 09/06/2020 at 08:15 am, staff person A was overheard yelling at resident #1 to get out the dinning room. Resident #1 was crying and upset. The home did not develop and implement a plan of supervision or suspend staff person A until 10:30 am of the same date.

Plan of Correction

Accept

1. Staff member A was removed from direct resident areas to ensure no contact with residents was permitted.
2. Staff member was suspended same day of event
3. Staff to be re-educated relating to the need for "immediate" suspension with any inappropriate speech/action involving any resident.
4. PCHA will monitor to ensure re-education

Completion Date: 10/31/2020

Document Submission

Implemented

Staff were educated as to the need for the immediate removal of any staff member who may be engaging in "suspected abuse of any kind". (submitted to DHS in October 2020)

42c - Treatment of Residents

1. Requirements

2600.

- 42.c. A resident shall be treated with dignity and respect.

Description of Violation

On 09/06/20, at 08:15 am, staff person A was witnessed yelling at resident #1 to leave the dining area.

Plan of Correction

Accept

1. Staff will be re-educated related to Resident Rights with an emphasis on Resident Rights related to dignity and respect.
2. PCHA will ensure staff have on going training related to Resident Rights via electronic and impromptu training

Completion Date: 10/31/2020

Document Submission

Implemented

Staff were re-educated of Resident Rights (previously submitted to DHS in October 2020)

225c - Additional Assessment

1. Requirements

2600.

- 225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

225c - Additional Assessment (*continued*)**Description of Violation**

The mobility assessment on resident #1's RASP, dated 08/09/20, indicates resident is independent. Resident's medical evaluation (DME) dated 06/03/20 lists resident mobility as minimal.

The Summary and Determination (Part IV) on resident #1's assessment, dated 08/09/20, has not been updated from the previous year's comment stating resident "is adjusting..."

Plan of Correction**Accept**

1. Confirmation of resident mobility with CRNP indicates resident is independent
2. DME of 6-3-2020 was adjusted to reflect resident is independent
3. Staff will be educated on the need to ensure all DME's and RASP's are reflective of same information where applicable
4. Care Coordinator and/or designee/s will review 7 current RASP's and DME's weekly over a period of 3 months or until compliance achieved
5. PCHA will present audit findings at monthly QAPI meeting
6. Summary and Determination: Follow up with staff reveals resident is "continually adjusting" on a daily basis. It is the position of the community the Summary and Determination portion of the RASP pertaining to resident #1 is current and accurate, therefore no violation should be noted.

Completion Date: 12/31/2020

Document Submission**Implemented**

See above

227g -Support Plan Signatures

1. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #1's support plan, dated 08/09/20, is not signed by the staff person who prepared the support plan.

Resident #2's support plan, dated 01/21/20, is not signed by the staff person who prepared the support plan.

Plan of Correction**Accept**

1. Resident #1 and #2 RASP's signed and updated by staff persons on 9-28-2020, who completed same
2. Care Coordinator and/or designee/s will review 7 current RASP's weekly over a period of 3 months or until compliance is achieved
3. Re-education of staff as it relates to the need for signatures
4. PCHA will present findings at monthly QAPI meeting

Completion Date: 12/31/2020

Document Submission**Implemented**

Complete audit of all resident files to ensure signature as required.