

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

December 12, 2022

[REDACTED]
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 [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/19/2022, 05/31/2022, 06/07/2022, 06/09/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: SOUDERTON MENNONITE HOMES **License #:** 12776 **License Expiration:** 05/18/2023

Address: 207 WEST SUMMIT STREET, SOUDERTON, PA 18964

County: MONTGOMERY **Region:** SOUTHEAST

Administrator

Name: [REDACTED] **Phone:** [REDACTED] **Email:** [REDACTED]

Legal Entity

Name: SOUDERTON MENNONITE HOMES

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

Phone: [REDACTED] **Email:** [REDACTED]

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:** 91 **Waking Staff:** 68

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**

Reason: Incident **Exit Conference Date:** 06/09/2022

Inspection Dates and Department Representative

05/19/2022 Off Site [REDACTED]

05/31/2022 Off Site [REDACTED]

06/07/2022 Off Site [REDACTED]

06/09/2022 Off Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 154 **Residents Served:** 71

Secured Dementia Care Unit

In Home: Yes **Area:** n/a **Capacity:** 22 **Residents Served:** 20

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 71

Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0

Have Mobility Need: 20 **Have Physical Disability:** 0

Inspections / Reviews

05/19/2022 - Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 07/02/2022

Inspections / Reviews (*continued*)

07/06/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 06/30/2022

Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 07/16/2022

12/12/2022 - Document Submission

Submitted By: [REDACTED] Date Submitted: 12/04/2022

Reviewer: [REDACTED] Follow-Up Type: Not Required

65a - FS Orientation 1st Day

1. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, whose first day of work was [REDACTED] 21, did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services until [REDACTED]/21.

POC Submission

Accept

1. Audit of first (1st) day training on all new hires x's 3 months or until compliance achieved
2. Audit results will be presented at monthly Quality Assurance meeting
3. New hire first day orientation process to be re-evaluated with changes made to process to aid in achieving compliance

Licensee's Proposed Overall Completion Date: 09/30/2022

Implemented [REDACTED] - 12/06/2022)

182c - Medication Administration

2. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

1. Identify the correct resident.
2. If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
3. Remove the medication from the original container.
4. Crush or split the medication as ordered by the prescriber.
5. Place the medication in a medication cup or other appropriate container, or in the resident's hand.
6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).
7. Complete documentation in accordance with § 2600.187 (relating to medication records).

Description of Violation

On [REDACTED]/22, at [REDACTED] AM, the home did not identify the correct resident when administering morning medications; resident #1 was administered resident #2's morning medications including [REDACTED] and [REDACTED]

182c - Medication Administration (continued)

POC Submission

Accept

1. Education provided to med tech involved at the time of the episode on properly identifying correct resident prior to medication administration.
2. Education will be provided to licensed nursing staff and med techs on the need to properly identify correct resident prior to medication administration.

Licensee's Proposed Overall Completion Date: 09/30/2022

Implemented [REDACTED] - 12/06/2022)

185a - Implement Storage Procedures

3. Requirements

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

On [REDACTED]/22, at [REDACTED] AM, the home failed in safe distribution of medications by administering resident #2's morning medications to resident #1 including [REDACTED] and [REDACTED].

POC Submission

Accept

1. Current policy and procedure reviewed and revised to encompass safe storage, access, security, distribution, and use of medications (See attached)
2. Education to be provided to med techs and licensed nursing staff on updated medication policy/procedure
3. Audit of compliance of updated medication policy/procedure x's 3 months or until compliance achieved.
4. Audit results will be presented at monthly Quality Assurance meeting x's 3 months or until compliance achieved

Licensee's Proposed Overall Completion Date: 09/30/2022

Implemented [REDACTED] 12/06/2022)

186b Medication Used by Resident

4. Requirements

2600.

186.b. Prescription medications shall be used only by the resident for whom the prescription was prescribed.

Description of Violation

On [REDACTED]/22 at [REDACTED] AM, resident #1 was administered [REDACTED] and [REDACTED] [REDACTED] prescribed for and belonging to resident #2.

POC Submission

Accept

1. Alert in electronic MAR to specifically identify residents with same or similar names
2. Education will be provided to med techs and licensed nursing staff on the need to properly identify correct resident prior to medication administration

186b - Medication Used by Resident (continued)

Licensee's Proposed Overall Completion Date: 09/30/2022

Implemented () - 12/06/2022)

187d Follow Prescriber's Orders

5. Requirements

2600. 187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 is prescribed [redacted] and [redacted]. However, resident #1 was administered these medications in error on [redacted]/22 at [redacted] AM.

Repeat Violation: 05/27/2021

POC Submission

Accept

- 1. Med techs/licensed nursing staff will be educated on the 5 "R's" of medication administration
- 2. Medication administration observations will be conducted by Medication Administration Train the Trainer at random by selecting 8 different persons assisting with medication administration to be completed at varied times
- 3. Results of observations will be reported during Quality Assurance meetings monthly for 3 months

Licensee's Proposed Overall Completion Date: 09/30/2022

Implemented () - 12/06/2022)

224a Preadmission Screen Form

6. Requirements

2600. 224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #2 was admitted to the home on [redacted]/22; however, the resident's preadmission screening form was completed on [redacted]/22.

POC Submission

Accept

- 1. Residents moving in to the community will have pre-screening form audited for compliance of completion date for 3 months or until compliance is achieved
- 2. Audit results will be shared and discussed at monthly Quality Assurance meeting for 3 months or until compliance achieved

Licensee's Proposed Overall Completion Date: 09/30/2022

Implemented () - 12/06/2022)