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

## Facility Information

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

**Addre :** *207 WEST SUMMIT STREET, SOUDERTON, PA 18964*

**County**: *MONTGOMERY* **Region**: *SOUTHEAST*

## Administrator

**Name**: **Phone**: **Email**:

## Legal Entity

**Name**: *SOUDERTON MENNONITE HOMES*
**Address:** *207 WEST SUMMIT STREET, SOUDERTON, PA, 18964*
**Phone**: **Email**:

## Certificate(s) of Occupancy

**Type**: *C-2 LP* **Date**: *06/29/2004* **Issued By**: *CWOPA L&I*

## Staffing Hours

**Resident Support Staff**: *0* **Total Daily Staff**: *86* **Waking Staff**: *65*

## Inspection Information

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

**Reason**: *Complaint, Incident* **Exit Conference Date**: *09/20/2022*

## Inspection Dates and Department Representative

*09/15/2022 - On-Site:*
*09/20/2022 - On-Site:*

## Resident Demographic Data as of Inspection Dates

### General Information

**License Capacity**: *154* **Residents Served**: *68*

### Secured Dementia Care Unit

**In Home**: *Yes* **Area**: *Parkview* **Capacity**: *22* **Residents Served**: *18*

### Hospice

**Current Residents**: *0*

### Number of Residents Who:

**Receive Supplemental Security Income**: *0* **Are 60 Years of Age or Older**: *68*
**Diagnosed with Mental Illness**: *0* **Diagnosed with Intellectual Disability**: *0*
**Have Mobility Need**: *18* **Have Physical Disability**: *0*

## Inspections / Reviews

### 09/15/2022 - Partial

**Lead Inspector**: **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/14/2022*

**11/10/2022 - POC Submission**

**Submitted By:** [redacted] **Date Submitted:** *10/27/2022*

**Reviewer:** [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *11/14/2022*

**01/18/2023 - Document Submission**

**Submitted By:** [redacted] **Date Submitted:** *11/11/2022*

**Reviewer:** [redacted] **Follow-Up Type:** *Enforcement*

## 15a - Resident Abuse Report

**1. Requirements**

2600.
15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

**Description of Violation**

*On 10/12/2021, resident 1 was injured by staff person A. This incident was observed by staff person B. The incident was reported to staff person C on 10/13/2021. However, the allegation of abuse was not reported to the local area agency on aging.*

*On 8/2/2022, resident 2 was injured by staff person A. This incident was observed by staff person D. The incident was reported to staff person C on 8/3/2022. However, the allegation of abuse was not reported to the local area agency on aging.*

**POC Submission** ***Accept [redacted] - 11/10/2022)***

*PREPARATION AND SUBMISSION OF THIS PLAN OF CORRECTION IS REQUIRED BY STATE LAW. THIS PLAN OF CORRECTION DOES NOT CONSTITUTE AN ADMISSION FOR ANY PURPOSES.*

*The Facility will ensure that all incidents of suspected resident abuse will be reported in accordance with OAPSA 35 P.S. §§ 10225.701-10225.707 and 6 Pa. Code §15.21-15.27. The Facility has had the following in service trainings in place for the year 2021-2022 and has the following training schedule in place for the year 2022-2023 (Attachment A). Please see attached the facility policies and procedures regarding resident care and reporting of resident abuse Attachment B). You will note that policies and procedures regarding resident abuse reporting obligations are ncluded in these in service trainings. The Facility has reviewed its policies and procedures to ensure compliance with reporting obligations relative to resident abuse. Finally, the Facility is in the process of developing additional staff trainings to ensure staff competency regarding reporting obligations. Training will be specific to, but not limited to, the required timeline of immediate reporting to Older Adult Protective Services Agency (OAPSA). Notification chain of persons within the community will be included in staff training; training will have a focus on identifying the different types of abuse so staff will have a more keen awareness of same. These additional trainings will be completed by November 14, 2022.*

**Licensee's Proposed Overall Completion Date:** *11/14/2022*

***Implemented [redacted] - 01/18/2023)***

## 16c - Written Incident Report

**2. Requirements**

2600.
16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

## 16c - Written Incident Report *(continued)*

**Description of Violation**

*On 10/12/2021, staff person A seriously injured resident 1 by forcefully pushing open the bedroom door, using her body weight and shoulder to enter. The home failed to include all details of the incident on the Incident Reporting Form submitted to the Department.*

**POC Submission** ***Accept (MJ - 11/10/2022)***

*PREPARATION AND SUBMISSION OF THIS PLAN OF CORRECTION IS REQUIRED BY STATE LAW. THIS PLAN OF CORRECTION DOES NOT CONSTITUTE AN ADMISSION FOR ANY PURPOSES.*

*1 The Facility will ensure that all reportable incidents and incidents of suspected resident abuse will be reported in accordance with the requirements of state regulations, OAPSA 35 P.S. §§ 10225.701-10225.707 and 6 Pa. Code §15.21-15.27. The Facility will ensure that all reportable incidents are reported to the Personal Care Home Regional office within 24 hours of the incident. The Facility has had the following in service trainings in place for the year 2021-2022 and has the following training schedule in place for the year 2022-2023 (Attachment A). You will note that policies and procedures regarding resident abuse reporting obligations and reportable incidents and conditions are included in these in these in service trainings. The Facility will review its policies procedures and training program to ensure that staff have an understanding of what reportable incidents and conditions are, and what incidents constitute resident abuse. The Facility has reviewed its policies and procedures to ensure compliance with reporting obligations relative to reportable incident and conditions and resident abuse. Finally, the Facility is in the process of developing additional staff trainings to ensure staff competency regarding reporting obligations. These additional trainings will be completed by November 14, 2022.*

**Licensee's Proposed Overall Completion Date:** *11/14/2022*

***Implemented ██ - 01/18/2023)***

## 42b - Abuse

**3. Requirements**

2600.
42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

**Description of Violation**

*On 10/12/2022, staff person A was arguing back and forth with resident 1 at their bedroom door while resident 1 was refusing staff person A entry into the room. Staff person A pushed on door and when that did not work. Staff person A, then used their shoulder and body weight to push open the door and forcibly enter the room. Resident 1, who was standing behind the door, was knocked to the floor. The force from the push on the door, by Staff person A, caused the resident to be pushed out of their shoes and landing on the floor in the center of the room. Resident 1 sustained a fractured hip, shoulder and elbow as a result of the fall. The incident was witnessed by staff person B.*

*On 8/2/2022, staff person D was attempting to ask resident 2 to get ready for bed and to have their brief changed due to being wet. Resident 2 refused and did not want to leave the living room where they were watching the baseball game. Staff person A went over to assist and began to force the resident up from the chair. Staff person A and staff person D began to move the chair closer to their room so that they would get up but the resident was still refusing.*

## 42b - Abuse (continued)

*Staff person A and staff person D began to force resident 2 down the hallway to their room. Upon entering the residents room, resident 2 was forced to the bathroom to be changed into a dry brief and their night clothes. During this time staff person A restrained resident 1 by holding [redacted] arms down at [redacted] sides and not allowing him to swing [redacted] arms freely. Staff person A forced resident 2 into bed. Resident 2 sustained 4 skin tears and bruising around the residents wrist, arms and hands. Staff person A stated to staff person D to "leave [redacted] there and let day shift take care of [redacted] The residents injuries were not assessed until the next morning.*

**Licensee's Proposed Overall Completion Date:** *11/14/2022*

**POC Submission** ***Directed ([redacted] - 11/10/2022)***

*PREPARATION AND SUBMISSION OF THIS PLAN OF CORRECTION IS REQUIRED BY STATE LAW. THIS PLAN OF CORRECTION DOES NOT CONSTITUTE AN ADMISSION FOR ANY PURPOSES.*

*The Facility will ensure that all staff are trained in quality resident care. The Facility takes the following steps in the hiring process to ensure that it has hired competent and qualified staff to care for its residents; conducting an interview by the PCHA and the Care Coordinator ; conducting a criminal background check on all applicants with an FBI background check on any candidate who has not resided in Pennsylvania with in the past two (2)years; these checks will continue to be conducted; All certified nursing assistants will be audited, through the Pennsylvania State Nurse Registry, of their certification remaining active, and a minimum of two (2) reference checks are conducted on every applicant. In addition, all non-certified direct care staff persons will successfully complete the direct care competency course offered on the DHS website. The Facility will continue to take these steps in the future.*
*The Facility has had the following in service trainings in place for the year 2021-2022 and has the following training schedule in place for the year 2022-2023 (Attachment A). You will note that policies and procedures regarding resident care and the prevention of resident abuse are included in these in these in service trainings. The Facility has reviewed its policies and procedures to ensure compliance with the prevention of resident abuse. Finally, the Facility is in the process of developing additional staff trainings to ensure staff competency regarding resident care and the prevention of resident abuse. It should be further noted that as of August 17, 2022, Staff Member A, who was involved with both the October 13, 2021, and the August 2, 2022 incidents, no longer provided resident care at the facility. Staff Member A will not be providing resident care at the facility in the future. These additional trainings will be completed by November 14, 2022.*

*In addition to the above plan of correction: The administrator or designated staff person will interview three residents a week for 3 months and three residents monthly thereafter. Interviews will be maintained for Department review [redacted]*

**Directed Completion Date:** *11/14/2022*

***Not Implemented [redacted] 12/22/2022)***

## 65a - FS Orientation 1st Day

**4. 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.

## 65a - FS Orientation 1st Day *(continued)*

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 e tinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

**Description of Violation**

*Staff person E, whose first day of work was 10/20/2020, 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, telephone use and notification of emergency services, smoke detectors and fire alarms, the location and use of fire extinguishers, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.* *Repeat violation: 5/19/22*

**POC Submission** ***Accept - 11/10/2022)***

*PREPARATION AND SUBMISSION OF THIS PLAN OF CORRECTION IS REQUIRED BY STATE LAW. THIS PLAN OF CORRECTION DOES NOT CONSTITUTE AN ADMISSION FOR ANY PURPOSES.*

*The Facility will ensure direct care staff are properly trained and provided orientation in fire safety and emergency preparation. The Facility has an orientation curriculum for new direct care staff. The Facility has reviewed it orientation curriculum to ensure that it appropriately covers fire safety and emergency preparedness. Attached is a copy of the orientation program that direct care staff will complete prior to beginning work (Attachment C).*
*Additionally, it should be noted that with respect to Staff Member E, the Facility has completed the following steps to ensure that there are no gaps in knowledge of fire safety and emergency preparedness. Training provided to Staff member E by PCHA related to fire safety and emergency preparedness in all aspects of said emergency to give full awareness of same. This training will be completed by October 27, 2022.*
*The Facility continues to take the following steps to ensure that the orientation is provided to all individuals; Human Resources alerts Care Coordinator, Scheduler, and PCHA as to new hire candidates with name and position to will allow for better assurance of completion of first day hire required orientation topics. This practice is in place and will continue.*
*All individuals hired will have General Fire Safety and Emergency Preparedness orientation on first day of hire; check list with signature of trainer and newly hired staff member will be completed and submitted to personnel file. An audit will be completed on all newly hired staff persons and completed with a focus on the required training that is due to be completed on the first day of hire; results of audit will be reported to QAPI x's 3 months or until compliance is achieved. Audit to begin November 1 and continue through January 31 and/or until compliance is achieved.*

**Licensee's Proposed Overall Completion Date:** *01/31/2023*

***Implemented - 12/22/2022)***

## 65b - Rights/Abuse 40 Hours

**5. Requirements**

2600.

## 65b - Rights/Abuse 40 Hours *(continued)*

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101 10225.5102).
4. Reporting of reportable incidents and conditions.

**Description of Violation**

*Staff person E completed 40th scheduled work hour on 10/28/2020. However, this staff person did not complete training in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), reporting of reportable incidents and conditions.*

**POC Submission** ***Accept 11/10/2022)***

*PREPARATION AND SUBMISSION OF THIS PLAN OF CORRECTION IS REQUIRED BY STATE LAW. THIS PLAN OF CORRECTION DOES NOT CONSTITUTE AN ADMISSION FOR ANY PURPOSES.*

*The Facility will ensure within 40 scheduled working hours direct care staff, ancillary staff persons, substitute personnel and volunteers are properly trained and provided orientation. Orientation will include: Resident rights; Emergency medical plan; mandatory reporting of abuse; and reporting of reportable incidents and conditions. The Facility has reviewed it orientation curriculum to ensure that appropriately covers the topics required by regulation Resident rights; Emergency medical plan; mandatory reporting of abuse; and reporting of reportable incidents and conditions). Attached is a copy of the orientation program that direct care staff will complete prior to beginning work Attachment C). With respect to Staff Member E, the Facility will take the following steps to ensure that she has received all appropriate orientation training. Training for staff member E will be completed with a focus on the topics of Resident Rights; Emergency Medical Plan, Mandatory reporting of abuse, and reporting of reportable incidents and conditions shall be conducted by the PCHA. This training will be completed by October 27, 2022.*
*The Facility will take the following steps to ensure that the orientation is provided to all individuals. Newly hired staff persons will have orientation to the required topics within the first 40 hours on the unit; Orientation documentation will be provided to the PCHA for audit and to ensure compliance; Audit will be maintained by the PCHA with reporting to QAPI x's 3 month or until compliance is achieved. Audit to begin November 1 and continue through January 31 and/or until compliance is achieved.*

**Licensee's Proposed Overall Completion Date:** *01/31/2023*

***Implemented - 01/18/2023)***

## 202 - Prohibitions

**6. Requirements**

2600.
202. The following procedures are prohibited:

1. Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited. This does not include the admission of a resident in a secured dementia care unit in accordance with § 2600.231 (relating to admission).
2. Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.

## 202 - Prohibitions *(continued)*

3. Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
4. A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. A chemical restraint does not include a drug ordered by a physician or dentist to treat the symptoms of a specific mental, emotional or behavioral condition, or as pretreatment prior to a medical or dental examination or treatment.
5. Mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited. Mechanical restraints include geriatric chairs, handcuffs, anklets, wristlets, camisoles, helmet with fasteners, muffs and mitts with fasteners, poseys, waist straps, head straps, papoose boards, restraining sheets, chest restraints and other types of locked restraints. A mechanical restraint does not include a device used to provide support for the achievement of functional body position or proper balance that has been prescribed by a medical professional as long as the resident can easily remove the device.
6. A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited. A manual restraint does not include prompting, escorting or guiding a resident to assist in the ADLs or IADLs.

**Description of Violation**

*On 8/2/2022, , Staff person A restrained resident 2 by holding ███ arms down while staff person D provided care.*

**POC Submission** ***Accept (███ 11/10/2022)***

*PREPARATION AND SUBMISSION OF THIS PLAN OF CORRECTION IS REQUIRED BY STATE LAW. THIS PLAN OF CORRECTION DOES NOT CONSTITUTE AN ADMISSION FOR ANY PURPOSES.*

*The Facility will ensure that staff are trained in what actions are prohibited with respect to resident restraints and/or attempts to control resident behavior. Attached is the in-service training provided by staff for the years 2021-2022 and the in service training for the years 2022-2023 (Attachment A) Additionally, staff will be provided additional training with respect to the regulatory requirements of 55 Pa. Code § 2600.202. The Facility will take the following steps to ensure that the staff are properly trained as it relates to the regulatory requirements of 55 Pa. Code § 2600.202. An in person training via Vital Solutions Psychology Services will be held to speak to and train staff caring for memory impaired residents, on the approach and care of residents who present with combative behaviors; Additional Relias training topics to be assigned to staff with a focus on residents with combative and aggressive behaviors; handouts will be provided to staff as reference points beyond live and digital training.*
*The facility will complete these additional trainings by November 14, 2022.*

**Licensee's Proposed Overall Completion Date:** *11/14/2022*

***Implemented (███ 01/18/2023)***