

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  
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: 10/23/2001 Issued By: Commonwealth of PA L&I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 106 Waking Staff: 80

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
Reason: Renewal Exit Conference Date: 10/13/2022

**Inspection Dates and Department Representative**

10/12/2022 - On-Site: [REDACTED]  
10/13/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 154 Residents Served: 89

**Secured Dementia Care Unit**

In Home: Yes Area: Memory Care Capacity: 22 Residents Served: 17

**Hospice**

Current Residents: 1

**Number of Residents Who:**

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 89  
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
Have Mobility Need: 17 Have Physical Disability: 0

**Inspections / Reviews**

**10/12/2022 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/03/2022

11/04/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/03/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 12/01/2022

04/10/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/01/2022

Reviewer: [REDACTED]

Follow-Up Type: Enforcement

41c - Rights Poster

1. Requirements

2600.

41.c. The Department's poster of the list of resident's rights shall be posted in a conspicuous and public place in the home.

Description of Violation

The Department's resident's rights poster is not posted in a conspicuous and public place in the home.

POC Submission

Accept (████) - 11/04/2022)

- Resident rights posters are currently displayed on all resident floors (3rd, 4th, 5th floor).
- An additional resident rights poster has been posted on 11/1/2022 at the main bulletin board across from the nurse's station which is in a conspicuous location

Licensee's Proposed Overall Completion Date: 11/03/2022

Implemented (████) - 12/06/2022)

95 - Furniture and Equipment

2. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

Resident 1's bathroom sink drain is clogged.

POC Submission

Accept (████) - 11/04/2022)

- Resident #1 bathroom sink drain was unclogged on 10/13/2022, the same day the clog was identified and during inspection.
- Environmental Services team will inspect each resident apartment to ensure equipment and furniture is in good repair. Audit to be completed within 90 days by 02/01/2023
- Audit results will be shared at monthly QAPI meeting.

Licensee's Proposed Overall Completion Date: 02/01/2023

Implemented (████) - 12/06/2022)

101j7 - Lighting/Operable Lamp

3. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident 2 does not have access to a source of light that can be turned on/off at bedside.

POC Submission

Accept (████) - 11/04/2022)

- LED switch light was placed on wall by bed to ensure resident #2 had a source of lighting to turn on at bedside.

101j7 - Lighting/Operable Lamp (continued)

- All bedrooms on the memory care unit were audited on 11/1/2022 to ensure residents on that unit had an identified source of light at their bedside.
- PCHA will verify upon move in that each resident will have a source of lighting at their bedside.
- PCHA will present results at monthly QAPI meeting for 3 months or until compliance is achieved.

Licensee's Proposed Overall Completion Date: 02/01/2023

Not Implemented [redacted] - 04/10/2023)

103i - Outdated Food

4. Requirements

2600.  
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

There was an unlabeled, undated bag of cookie dough, a bag of bread, and a bag of onion rings in the main kitchen freezer.

POC Submission

Accept [redacted] - 11/04/2022)

- In-servicing dining services staff on proper labeling, dating, storing food will take place on a team and one-to-one basis by the executive chef, assistant director of dining services and service manager the weeks of November 7, 2022 through November 18, 2022 and then incorporated in our routine in-services through the year.
- The task of ensuring that items are properly wrapped, sealed and dated will be added as well as updated to the opening and closing rounds for the dining service management team and team leaders starting November 7, 2022
- Audits to ensure compliance will be completed by the executive chef, assistant dining services director and service manager with results reported at monthly QAPI meeting December 2022 through March 2023 or until compliance is achieved.

Completion date: 4/1/2023

Licensee's Proposed Overall Completion Date: 04/01/2023

Implemented [redacted] 12/06/2022)

130h - Inoperable Smoke Detector

5. Requirements

2600.  
130.h. The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

Description of Violation

The home's emergency procedures do not indicate what procedures will be implemented when a smoke detector or fire alarm is inoperable.

POC Submission

Accept [redacted] 11/04/2022)

- Facility emergency procedures do indicate what procedures will be implemented when an alarm or smoke detector is inoperable. The policy/procedure is attached (Attachment A) and entitled Fire Watch. This procedure was not

130h - Inoperable Smoke Detector (continued)

requested by the inspector during the inspection process therefore it was not provided.

Licensee's Proposed Overall Completion Date: 11/03/2022

Implemented [redacted] - 12/06/2022)

141a 1 10 Medical Evaluation Information

6. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident 3's medical evaluation did not include special health or dietary needs of the resident.

POC Submission

Accept [redacted] 11/04/2022)

- Medical evaluation for Resident #3 will be presented to PCP for correction with "Special Health or Dietary needs" of resident addressed. Completion on 11/2/2022
- PCHA will audit newly completed DME's for proper completion x's 3 months or until compliance achieved
- Results of audit will be presented to QAPI x's months or until compliance achieved

Licensee's Proposed Overall Completion Date: 02/01/2023

Not Implemented [redacted] - 04/10/2023)

183e - Storing Medications

7. Requirements

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 10/13/22, Lorazepam Tab 0.5 mg belonging to resident 4, was in a blister card in the medication cart. The foil was ripped on one of pills in blister card and a piece of tape was place on the ripped foil.

POC Submission

Accept [redacted] 11/04/2022)

- Upon examination of foil on 10-14-22, foil did not present with any tearing of same. Additional support of firmer backing of blister card, was noted to be partially pulled away, exposing foil, thus tape was applied to secure narcotic n place and accidental tearing of foil on back of medication blister card

**183e - Storing Medications (continued)**

- Education of nurses and med techs will be completed to educate same in regards to the practice of applying tape to blister cards not being an acceptable action.
  - PCHA or designee will conduct audits of medication cards to be conducted on weekly basis to ensure no medication card is improperly secured with the use of tape
  - Audit will be reported to QAPI monthly meeting x's 3 months or until compliance achieved
- Completion date: 01/31/2023

Licensee's Proposed Overall Completion Date: 02/01/2023

Implemented [REDACTED] - 12/06/2022)

**185a - Implement Storage Procedures****8. 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 10/12/22, at 7:51 pm, an incorrect blood glucose level was recorded on resident 3's MAR (medication administration record). The glucometer registered 306 and the MAR logs was documented as 305.

**POC Submission**

Accept [REDACTED] - 11/04/2022)

- All persons trained in the use of glucometers as well as the documentation of blood sugar results, will have additional education verified by signature sheet, as to the need for accurate reporting
- Completion date: 11/30/2022

Licensee's Proposed Overall Completion Date: 11/30/2022

Implemented [REDACTED] - 12/22/2022)

**227d - Support Plan Medical/Dental****9. Requirements**

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

**Description of Violation**

The assessment for resident 5, dated 01/14/22, indicates the resident has a need for a special diet, no sodium added. The resident's support plan, dated 02/28/22 does not document how this need will be met.

**227d - Support Plan Medical/Dental (continued)****POC Submission****Accept [REDACTED] - 11/04/2022)**

- *Initial diet order as well as diet order change was presented to inspector at time of annual inspection to show compliance*
- *Initial DME completed prior to resident moving to community, was reviewed for initial diet order.*
- *After moving in to community, resident diet order was changed by PCP, prior to required support plan completion date*
- *Upon completion of support plan, diet order reflected the active order at that time*
- *New orders obtained will be reflected on the support plan where indicated*

**Licensee's Proposed Overall Completion Date: 11/03/2022****Implemented ( [REDACTED] - 12/06/2022)**