

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: 06/29/2004 Issued By: Commonwealth of PA L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 105 Waking Staff: 79

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Monitoring Exit Conference Date: 12/14/2022

Inspection Dates and Department Representative

12/14/2022 - On-Site: [REDACTED]
12/16/2022 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 154 Residents Served: 88

Secured Dementia Care Unit

In Home: Yes Area: Park View Capacity: 22 Residents Served: 17

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 88
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 17 Have Physical Disability: 0

Inspections / Reviews

12/14/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/01/2023

01/06/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/30/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 01/13/2023

04/10/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/13/2023

Reviewer: [REDACTED]

Follow-Up Type: Enforcement

101j7 - Lighting/Operable Lamp

1. 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 #1 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction**Accept** [REDACTED] **- 01/06/2023)**

Resident #1 informed inspector [REDACTED] did not need a lighting source by [REDACTED] bed. Stated "I have plenty of light". Light source was provided at bedside for Resident #1 on 12/15/2023

Audit conducted of all occupied rooms on 12-28-22 to ensure compliance of bedside light with all being present by Social Worker.

Audit will be conducted weekly of 10 random rooms to ensure ongoing compliance starting week of 1-2-23. Audit will continue weekly for 3 months. Audit will be completed by Social Worker.

Audit findings will be presented to QAPI x's 3 months or until compliance achieved. Audit results will be presented at February, March, and April 2023 QAPI meetings by PCHA or designee.

Licensee's Proposed Overall Completion Date: 04/30/2023

141a 1-10 Medical Evaluation Information

2. 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 #2's medical evaluation did not include special health or dietary needs of the resident.

Plan of Correction**Accept** [REDACTED] **- 01/06/2023)**

Resident #2 had DME corrected on 12-19-2022 by CRNP.

Audit of newly completed DME's will be conducted for 3 months beginning on 01/01/2023. Audit will be completed by PCHA/Designee.

All current resident DME's will be audited for compliance with completion date of 01-20-2023. Audit will be completed by PCHA.

Audit results will be presented to QAPI x's 3 months or until compliance achieved. Audit results will be presented at February, March and April 2023 QAPI meetings.

Licensee's Proposed Overall Completion Date: 04/30/2023

187b - Date/Time of Medication Admin.

3. Requirements

2600.

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

Description of Violation

On 12/14/22, at 3:14 PM, resident #3 was administered Lorazepam Tab 1/2 of a 50 mg tablet (25 mg). Staff person A did not record the date and time of administration in the narcotic log book until 3:48 on 12/14/22 when discovered during licensing narcotic audit.

Plan of Correction

Accept [redacted] - 01/06/2023)

Immediate recording of administration was completed during the inspection with inspector present.

On 12-15-22, staff person A was provided education on proper protocol and sequence related to documentation of narcotics by PCHA.

Impromptu medication administration observations of 5 Med Tech/Nurses will occur to determine proper documentation into the narcotic log at the time of medication administration. Observations will occur by 01/31/2023 by Care Coordinator/Designee.

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

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

224a - Preadmission Screen Form

4. 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] however, the date on the resident's preadmission screening form is blank and date of completion cannot be determined.

Repeat Violation: 05/19/22

Plan of Correction

Accept [redacted] - 01/06/2023)

Care Coordinator verified completion date of Pre-Admission Screening form was 11-14-22. Pre-admission screening corrected to reflect completion date.

All screening documents (pre-screen) to be audited by 1-20-23 for compliance by PCHA.

Audit of newly completed Pre-Screen forms for compliance to occur beginning 01/01/2023 through 03/31/2023 by PCHA or designee.

Report audit results to QAPI x's 3 months or until compliance achieved. Audit results will be presented at February, March, and April 2023 QAPI meetings.

Licensee's Proposed Overall Completion Date: 04/30/2023

Implemented [redacted] 01/17/2023)