



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: DECEMBER 13, 2023

██████████
Executive Director
Souderton Mennonite Homes
207 West Summit Street
Souderton, Pennsylvania 18964

RE: Souderton Mennonite Homes
License No. 127762

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspection April 13, 2023, June 8, 2023, August 14, 2023, and October 2, 2023 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby issues you a SECOND PROVISIONAL license to operate the above facility. A SECOND PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2);(3); (4) ;(5) ; (6) (relating to conditions for denial, nonrenewal or revocation). Your SECOND PROVISIONAL license is enclosed and is valid from December 13, 2023 to June 13, 2024.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa. Code Chapter 2600 Section:	Class of Violation	Census at Inspection	Fine Per Resident X Per day	Calculated Fine = Per Day	Mandated Correction Date (to avoid Fine)
42b	2	92	\$5	\$460	5 calendar days from mailing date of this letter
183e	2	92	\$5	\$460	5 calendar days from mailing date of this letter
187b	2	92	\$5	\$460	5 calendar days from mailing date of this letter
187d	2	92	\$5	\$460	5 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a SECOND PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35.

[REDACTED]

If you decide to appeal your SECOND PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[REDACTED], Workload Manager
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: 717-265-8942

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc: [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

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 Pennsylvania

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 112 Waking Staff: 84

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Incident Exit Conference Date: 04/13/2023

Inspection Dates and Department Representative

04/13/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 154 Residents Served: 94

Secured Dementia Care Unit

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

Hospice

Current Residents: NM

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: 18 Have Physical Disability: 2

Inspections / Reviews

04/13/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/15/2023

06/22/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/24/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 06/27/2023

07/19/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/24/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 07/24/2023

08/11/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/24/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 08/15/2023

10/17/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/24/2023

Reviewer: [REDACTED]

Follow-Up Type: Enforcement

42b - Abuse

2. 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 3-7-23, at 2:30am, resident #1, attacked resident #2 while [REDACTED] was resting in [REDACTED] bed. Resident #1 displayed aggressive behaviors towards resident #2 as follows:

2-28-23 Paranoid behavior demonstrated towards resident #2, as documented in progress notes

3-3-23 Resident #1 was witnessed yelling at roommate verbalizing for resident # 2 to get the hell out of the room or [REDACTED] would call the cops.

3-4-23 negatively fixated on roommate as documented in nursing notes

3-6-23 turned on all the lights yelling, cursing and threatening roommate

3-7-23 At 2:30am resident #1 was involved in an altercation with resident #2 in the shared apartment. Resident #2 sustained scratches to the right arm of approximately 2 inches in length. Resident #2 was disturbed by the incident and made the following statement: " Oh my God, it hurts! I can't stand it anymore, I'm scared, [REDACTED] nuts!

Resident #1's assessment and support plan, dated [REDACTED]-23, indicates that the resident has a service need of aggression, as the resident verbally threatens at times when upset but is redirectable. The home's plan is to provide space, retreat and reapproach. However, Resident #1 and Resident #2 live in the same apartment. Resident #2 does not have the cognitive capacity to implement strategies to safely react to behaviors exhibited by Resident #1. A new assessment was not completed when resident #1's aggression began to include physical aggression.

Repeated Violation: 9/15/22 et. al.

Plan of Correction

Accept [REDACTED] - 08/11/2023)

- 1) Resident #2 had scratches healed and no noted negative outcome from incident
- 2) Resident #1 was transferred to a private room on 3/7/2023 at the direction of the PCHA
- 3) Attending Physician completed a medication review 3/7/2023 and ordered some additional medications for Resident #1 based on noted concerns
- 4) Psychiatry services introduced to Resident #1 on [REDACTED]/23 by [REDACTED] psychiatric CRNP and ongoing at this time.
- 5) Staff working on memory support unit will be educated by a Dementia Capable Care trainer by August 1, 2023 on signs of aggression and interventions to deescalate aggressive behaviors towards others.
- 6) Social Services or designated staff person will interview three residents each month starting July 2023 to ensure they verbalize feeling safe
- 7) Social Services or PCHA will do rounds on memory support unit twice weekly to observe resident to resident interactions to monitor for concerning patterns starting on July 31, 2023.
- 8) The 24 hour report will be monitored at least three times per week by PCHA or Care Coordinator for concerning patterns in resident to resident interactions starting on July 31, 2023.

Licensee's Proposed Overall Completion Date: 08/01/2023

Not Implemented [REDACTED] - 10/17/2023)

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

Facility Information

Name: *SOUDERTON MENNONITE HOMES* License #: *12776* License Expiration: *10/18/2023*
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

Staffing Hours

Resident Support Staff: Total Daily Staff: *110* Waking Staff: *83*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Monitoring* Exit Conference Date: *06/08/2023*

Inspection Dates and Department Representative

06/08/2023 - On-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: *Parkview* Capacity: *22* Residents Served: *17*

Hospice

Current Residents: *x*

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: *22* Have Physical Disability: *0*

Inspections / Reviews

06/08/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/01/2023*

Inspections / Reviews *(continued)*

07/26/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/02/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 07/28/2023

08/11/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/02/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/01/2023

11/02/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/02/2023

Reviewer: [REDACTED]

Follow-Up Type: Enforcement

183e - Storing Medications

1. 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 06/08/2023, an opened bottle of Latanoprost 0.005% eye drop prescribed for resident #1 was in the medication cart of the memory care unit without an open/discard after date. According to the manufacturer's instructions, the eye drop should be discarded within 6 weeks after opening. Two more eye drops (Refresh 0.5% and Artificial Tears) were found in another medication cart without an open/discard after date. These eye drops are recommended to be discarded 30 days after opening. Repeated Violation: 10/12/22 et. al.

Plan of Correction

Accept ([redacted] - 08/11/2023)

- 1) Med cart audits completed by Med Tech 06/19/2023 to ensure all medications were labeled with open/discard dates.
- 2) Education on proper labeling of medications with open/discard dates will be provided to nurses and Med Techs at nurse staff meeting on 7/19/23 by PCHA. Nurses and Med Techs who were unable to attend 7/19/23 meeting will be educated individually by PCHA or Care Coordinator by 8/18/23.
- 3) Med cart audits will be conducted monthly starting in July 2023 by Med Tech or nurse for three months or until compliance achieved, with results to be shared by PCHA at QAPI meetings.

Licensee's Proposed Overall Completion Date: 09/30/2023

Not Implemented ([redacted] - 10/17/2023)

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

Facility Information

Name: *SOUDERTON MENNONITE HOMES* License #: 12776 License Expiration: 10/18/2023
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: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 109 Waking Staff: 82

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal, Provisional Exit Conference Date: 08/14/2023

Inspection Dates and Department Representative

08/14/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 154 Residents Served: 92

Secured Dementia Care Unit

In Home: Yes Area: Parkview 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: 92
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 17 Have Physical Disability: 0

Inspections / Reviews

08/14/2023 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/01/2023

Inspections / Reviews (*continued*)

09/06/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/29/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/02/2023

11/01/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/29/2023

Reviewer: [REDACTED]

Follow-Up Type: Enforcement

65f - Training Topics

1. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

Description of Violation

Direct care staff person A did not receive training in following topics during training year September 2021~August 2022.

- 1. Medication self-administration training.
- 2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- 5. Personal care service needs of the resident.

Direct care staff person B did not receive training in following topics during training year September 2021~August 2022.

- 2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- 4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- 5. Personal care service needs of the resident.

Plan of Correction

Accept [redacted] - 09/06/2023)

- 1. Staff person A completed training on medication self-administration on 8/29/23; meeting the needs of the residents as described in the preadmission screening form, assessment tool, medication evaluation and support plan on 8/24/23; and personal care service needs of the resident on 8/24/23.
- 2. Staff person B completed training on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medication evaluation and support plan on 8/2/23; infection control and prevention on 11/17/22; and personal care service needs of the resident on 8/2/23.
- 3. PCHA and/or Care Coordinator to educate direct care staff on required annual training by 9/30/23.
- 4. PCHA to monitor monthly assigned training compliance starting September 2023 until compliance is achieved.

Licensee's Proposed Overall Completion Date: 09/30/2023

Implemented [redacted] - 10/17/2023)

65g - Annual Training Content

2. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

Description of Violation

Staff person A and B did not receive training in following topics during training year September 2021~August 2022.

- 1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
- 5. Falls and accident prevention.

65g - Annual Training Content (continued)

Plan of Correction

Accept ([redacted] - 09/06/2023)

1. Staff person A completed fire safety training with a fire safety expert on 8/31/23; and on falls and accident prevention on 8/30/23.
2. Staff person B completed fire safety training with a fire safety expert on 4/6/23 and falls and accident prevention on 8/30/23.
3. PCHA and/or Care Coordinator to educate direct care staff on required annual training by 9/30/23.
4. PCHA to monitor monthly assigned training compliance starting September 2023 until compliance achieved.

Licensee's Proposed Overall Completion Date: 09/30/2023

Implemented [redacted] - 10/17/2023)

132h - Designated Meeting Place

3. Requirements

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

During the monthly fire drills since October 2022, not all the residents present at the time of the drill evacuated to a designated meeting place away from the building or within the fire-safe area. Only the residents who were directly affected by the fire evacuated and the rest of the residents remained where they were.

Plan of Correction

Accept [redacted] - 09/06/2023)

1. Residents and staff to be educated on the community fire emergency plan policy by PCHA or designated staff by 9/30/2023. This policy states that all persons in the color code building of the detected emergency must be directed to the nearest fire safe exit.
2. Annual fire safety training by fire safety expert to include training on our community fire emergency plan policy.
3. PCHA to monitor monthly fire drills for compliance until compliance is achieved.

Licensee's Proposed Overall Completion Date: 09/30/2023

Not Implemented [redacted] - 10/17/2023)

187b - Date/Time of Medication Admin.

4. 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

Resident #1 is prescribed Lorazepam 0.5 mg 3 times a day at 07:30 AM, 02:00 PM, and 08:00 PM. The resident was not administered this medication on 08/03/2023 at 08:00 PM. However, there were staff initials present on the resident's medication administration record (MAR). Repeated Violation: 12/14/22 et. al.

Plan of Correction

Accept [redacted] - 09/06/2023)

1. On 08/28/2023 staff person who initialed the MAR was provided education on proper documentation on the narcotic log by PCHA.

187b - Date/Time of Medication Admin. (continued)

2. Care Coordinator will conduct medication administration observations of 5 med techs or nurses to monitor for proper documentation on the narcotic log. Any concerns identified will be addressed immediately by PCHA or Care Coordinator. Observations to be completed by 9/30/2023.

Licensee's Proposed Overall Completion Date: 09/30/2023

Not Implemented (████) - 11/01/2023)

187d - Follow Prescriber's Orders

5. Requirements

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

Description of Violation

Resident #1 is prescribed Lorazepam 0.5 mg 3 times a day at 07:30 AM, 02:00 PM, and 08:00 PM. The resident was not administered this medication on 08/03/2023 at 08:00 PM. Repeated Violation: 5/19/22 et. al.

Plan of Correction

Accept (████) - 09/06/2023)

1. There were no adverse effects noted to resident #1 as a result of not receiving the prescribed medication. PCP and POA notified by Care Coordinator.
2. On 08/28/2023 staff person who initialed the MAR was provided education by PCHA on proper protocol for medication administration.
3. Medication administration observations of 5 med techs or nurses to monitor for following prescriber's orders. Any concerns identified will be addressed immediately by PCHA or Care Coordinator. Observations to be completed by 9/30/2023

Licensee's Proposed Overall Completion Date: 09/30/2023

Not Implemented (████) - 11/01/2023)

Facility Information

Name: SOUDERTON MENNONITE HOMES License #: 12776 License Expiration: 10/18/2023
 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

Staffing Hours

Resident Support Staff: Total Daily Staff: 109 Waking Staff: 82

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Monitoring Exit Conference Date: 10/02/2023

Inspection Dates and Department Representative

10/02/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 154 Residents Served: 92
 Secured Dementia Care Unit
 In Home: Yes Area: Parkview Capacity: 22 Residents Served: 17
 Hospice
 Current Residents: x
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 92
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 17 Have Physical Disability: 0

Inspections / Reviews

10/02/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/20/2023

11/01/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 11/03/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/06/2023

Inspections / Reviews (*continued*)

11/06/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/03/2023

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 11/17/2023

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

Facility Information

Name: *SOUDERTON MENNONITE HOMES* License #: *12776* License Expiration: *10/18/2023*
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

Staffing Hours

Resident Support Staff: Total Daily Staff: *109* Waking Staff: *82*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Monitoring* Exit Conference Date: *10/02/2023*

Inspection Dates and Department Representative

10/02/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *154* Residents Served: *92*

Secured Dementia Care Unit

In Home: *Yes* Area: *Parkview* Capacity: *22* Residents Served: *17*

Hospice

Current Residents: *x*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *92*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *17* Have Physical Disability: *0*

Inspections / Reviews

10/02/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/20/2023*

Inspections / Reviews (*continued*)

11/01/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/16/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 11/06/2023

11/06/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/16/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 11/17/2023

12/06/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/16/2023

Reviewer: [REDACTED]

Follow-Up Type: Enforcement

132h - Designated Meeting Place

1. Requirements

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

During the fire drill held on 08/30/2023 at 03:53 PM, only 17 residents out of the 91 residents present at the time of the drill evacuated and during the fire drill held on 09/28/2023 at 02:28 PM, only 48 residents evacuated. On both occasions, only the residents who were directly affected by the emergency evacuated and the rest of the residents remained where they were instead of gathering at a designated meeting area (common space) within the fire safe area.

Plan of Correction

Directed [REDACTED] - 11/06/2023)

- 1. Fire emergency plan policy and procedure revised to reflect that all residents will evacuate to a fire-safe area during each fire drill.*
- 2. Residents and staff to be educated on the revised fire emergency plan policy by PCHA or designated staff by 11/17/2023.*
- 3. PCHA to monitor monthly fire drills for compliance until compliance is achieved.*

Directed Plan of Correction 11/6/23 [REDACTED]

Beginning 11/6/23, the administrator/designee will conduct fire drills to evacuate all residents to a public thoroughfare or a designated fire-safe area within the time specified in writing by the fire safety expert within the past year.

The administrator/designee will complete the following steps to reduce the safe evacuation to a time less than 2 minutes and 30 seconds, if the home is unable to obtain a safe evacuation time specified in writing by a fire safety expert within the past year:

Provide resident and staff education on evacuation policies and procedures. Documentation will be kept.

Conduct additional fire drills.

Relocate residents who require special assistance with evacuation closer to exits or fire-safe areas.

Add additional staff to meet the 2 minute and 30 second evacuation time or the safe evacuation time specified by the fire safety expert within the past year.

The administrator/designee will obtain a designated safe evacuation time specified in writing by a fire safety expert at least annually.

Within 10 days of the receipt of the acceptable plan of correction, the administrator/designee will review and update the home's fire drill and evacuation procedures to include all residents will be evacuated to a to a public thoroughfare or a fire-safe area designated in writing within the past year by a fire safety expert.

Within 10 days of the receipt of the acceptable plan of correction, all staff and residents will be educated on the home's fire drill and evacuation procedures. Documentation of education will be kept.

132h - Designated Meeting Place (continued)

Directed Completion Date: 11/16/2023

Not Implemented [REDACTED] - 12/06/2023)