

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

February 12, 2024

[REDACTED]
SOUDERTON MENNONITE HOMES
[REDACTED]

RE: SOUDERTON MENNONITE HOMES
207 WEST SUMMIT STREET
SOUDERTON, PA, 18964
LICENSE/COC#: 12776

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/03/2024 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: *06/13/2024*
 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: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *06/29/2004* Issued By: *Commonwealth of PA*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *111* Waking Staff: *83*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Fine* Exit Conference Date: *01/03/2024*

Inspection Dates and Department Representative

01/03/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *154* Residents Served: *95*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Parkview* Capacity: *22* Residents Served: *16*

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *95*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *16* Have Physical Disability: *0*

Inspections / Reviews

01/03/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/23/2024*

01/25/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *02/09/2024*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *02/16/2024*

Inspections / Reviews *(continued)*

02/12/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/09/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

187b - Date/Time of Medication Admin.

1. 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 [redacted] is prescribed [redacted], take [redacted] by mouth daily. Resident [redacted] November 2023 medication administration record does not include the initials of the staff person who administered [redacted] on [redacted] at [redacted].

Plan of Correction

Accept [redacted] - 01/25/2024)

- 1. Medication pass observations will be completed on all nurses and med techs by clinical educator, care coordinator or pharmacy nurse consultant by 2/9/24 with feedback and training provided to the med techs and nurses on the importance of initialing the electronic medical record.
- 2. Five random medication pass observations to be completed monthly by clinical educator, care coordinator or pharmacy nurse consultant until compliance achieved.
- 3. Training provided by clinical educator on 1/22/24 to nurses and med techs on safe and effective medication administration including the five rights and four checks of medication administration to avoid any omissions.
- 4. Starting on 1/12/24 accountability log to be signed by nurse or med tech at the end of each shift indicating that the electronic medical record dashboard was checked to verify that all medications were documented during that shift until compliance achieved. This log will be audited for completion weekly by care coordinator or designee.
- 5. Care coordinator or designee will audit medication administration records for completion three times weekly until compliance achieved.
- 6. Medication administration focused review performed by our compliance program on 1/8/2024 and 1/9/2024.

Licensee's Proposed Overall Completion Date: 02/09/2024

Implemented [redacted] - 02/12/2024)

187d - Follow Prescriber's Orders

2. Requirements

2600.

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

Description of Violation

Resident [redacted] is prescribed [redacted], [redacted] twice a day scheduled for [redacted] and [redacted]. However, resident [redacted] was not administered [redacted] on [redacted] at [redacted].

Resident [redacted] is prescribed [redacted], give [redacted] by mouth every 12 hours. However, resident [redacted] was not administered [redacted] on [redacted] at [redacted] and on [redacted] at [redacted].

Resident [redacted] is prescribed [redacted]. However, resident [redacted] was not administered [redacted] on [redacted] at [redacted] because the medication was not available in the home.

Plan of Correction

Accept [redacted] - 01/25/2024)

- 1. Medication pass observations will be completed on all nurses and med techs by clinical educator, care coordinator or pharmacy nurse consultant by 2/9/24 with feedback provided on the importance of double checking [redacted] to

187d - Follow Prescriber's Orders (continued)

ensure they are given and signed, documentation in a timely manner when a resident is on leave of absence and the importance of following-up with the pharmacy in a timely manner to ensure that all narcotics are in the medication cart.

2. Five random medication pass audits to be completed monthly by clinical educator, care coordinator or pharmacy nurse consultant until compliance achieved.

3. Training provided by clinical educator on 1/22/24 to nurses and med techs on insulin administration, reordering, following the doctor's orders and reporting any abnormalities to the provider in a timely manner.

4. Mini cart audits conducted at least twice weekly by staff nurse to ensure all medication are reordered in a timely manner until compliance achieved.

5. Starting on 1/12/24 accountability log to be signed by nurse or med tech at the end of each shift indicating that the electronic medical record dashboard was checked to verify that all medications were documented during that shift until compliance achieved. This log will be audited by care coordinator or designee weekly for completion.

6. Care coordinator or designee will audit medication administration records for completion three times weekly until compliance achieved.

7. Medication administration focused review performed by compliance program on 1/8/2024 and 1/9/2024.

8. Meeting held with pharmacy representatives, PCHA, care coordinator on 1/15/24 and 1/22/24 to discuss pharmacy services and to ensure that medications are delivered timely. This team will meet weekly for three months with a performance improvement plan developed if issues are identified. Findings and plan will be reported at QAPI meeting.

9. Meeting on 1/17/24 with PCHA, care coordinator and another PCHA from our organization to review medication administration processes with guidance given on cart audits and medication administration accountability logs.

Licensee's Proposed Overall Completion Date: 02/09/2024

Implemented [REDACTED] - 02/12/2024)