

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

January 9, 2026

[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 10/23/2025 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: 06/20/2026
 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

Staffing Hours

Resident Support Staff: Total Daily Staff: 116 Waking Staff: 87

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 10/23/2025

Inspection Dates and Department Representative

10/23/2025 - 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: Serenata Capacity: 27 Residents Served: 21
 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: 21 Have Physical Disability: 0

Inspections / Reviews

10/23/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/27/2025

12/02/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 12/15/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/07/2025

Inspections / Reviews *(continued)*

12/08/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/15/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/16/2025

01/09/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/15/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

65f - Training Topics

2. Requirements

2600.

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

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.
3. Care for residents with dementia and cognitive impairments.
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.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person A did not receive training in medication self-administration during training year September 2024 to August 2025.

Plan of Correction

Accept [REDACTED] - 12/08/2025)

- All direct care staff were assigned the Relias training module titled "Assisting with Self-Administration of Medications: The Basics" with a due date of November 30, 2025. PCHA will monitor compliance weekly starting November 24, 2025. Team members who are not compliant will be subject to disciplinary action up to and including being removed from the schedule until the training is completed.

-PCHA to monitor assigned training compliance monthly starting November 2025 until compliance achieved. This will be done with the information given on an autogenerated Relias Learning report, listing employees with upcoming or overdue training. This report is emailed to PCHA weekly.

-PCHA to review annual training plan for direct care staff persons with Human Resources Director of Talent and Culture prior to next training plan year to ensure all required training is assigned. Meeting scheduled with HR Director of Talent and Culture, PCHA and Care Coordinator on 4/30/2026 to discuss the next training year plan (which will begin 9/1/2026). This meeting is set to recur annually to ensure continued compliance.

Licensee's Proposed Overall Completion Date: 12/05/2025

Implemented [REDACTED] - 01/09/2026)

131f - Fire Extinguisher Inspection

3. Requirements

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The fire extinguisher in the home's Secured Dementia Care Unit has not been inspected by a fire safety expert since August 2024.

Plan of Correction

Accept [REDACTED] 12/08/2025)

-The fire extinguishers in the Serenata Memory Care Unit were all inspected on 10/23/25 by Fire Protection Services. The date of that inspection was added to the tag on the fire extinguishers.

-On 11/24/25, the Director of Plant Operations entered a recurring work order to the facility's WorxHub system to

131f - Fire Extinguisher Inspection (continued)

ensure all fire extinguishers are inspected at the required annual time.

-The work order states "Contact fire extinguisher service contactor by October 15th to schedule inspection of all PC fire extinguishers. Inspections are due by November 30th. Contactor- Fire Protection Services 215-234-8830".

-The recurring work order will automatically populate within the system every year. The work order is visible to all WorxHub users and follow-up will be assigned by the Maintenance Director or Environmental Services Coordinator. This will ensure fire extinguisher inspection tasks are identified and completed prior to the yearly due dates.

Licensee's Proposed Overall Completion Date: 12/05/2025

Implemented [redacted] - 01/09/2026)

227g -Support Plan Signatures

4. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident [redacted] participated in the development of [redacted] support plan on [redacted]. However, the resident did not sign the support plan.

Resident [redacted] participated in the development of [redacted] support plan on [redacted]. However, the resident did not sign the support plan.

Plan of Correction

Accept [redacted] - 12/08/2025)

-On 10/23/2025 PCHA educated Care Coordinator on regulation 227g and the requirements for participant's signatures.

-PCHA and Care Coordinator will audit all RASP's for resident signatures by 12/15/25.

-Starting 11/15/2025, PCHA will audit all RASP's post-completion to ensure signatures were obtained for three months or until compliance achieved.

-Starting December 2025, PCHA will share results of RASP audit at monthly QAPI meetings for three months or until compliance achieved. The December QAPI meeting is scheduled for December 16, 2025.

Licensee's Proposed Overall Completion Date: 12/15/2025

Implemented [redacted] 01/09/2026)