

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

February 24, 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 12/04/2025 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

Type: C-2 LP Date: 06/29/2024 Issued By: COPA
 Type: I-1 Date: 11/25/2024 Issued By: COPA

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 117 Waking Staff: 88

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 12/04/2025

Inspection Dates and Department Representative

12/04/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 154 Residents Served: 96

Secured Dementia Care Unit
 In Home: Yes Area: Serenata Capacity: 27 Residents Served: 21

Hospice
 Current Residents: 1

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 96
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 21 Have Physical Disability: 0

Inspections / Reviews

12/04/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/22/2026

02/05/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 02/19/2026
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/09/2026

Inspections / Reviews *(continued)*

02/10/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/19/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/20/2026

02/24/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/19/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

Resident [redacted] was found unresponsive and pronounced [redacted] on [redacted] at 6:45 am. The home did not report this unexpected death to the department until [redacted] at 10:00 am.

On [redacted] resident [redacted] was sent to the emergency room due to a change in condition. The home did not report this incident until the resident [redacted] on [redacted]

Plan of Correction

Accept ([redacted] - 02/10/2026)

-All nurses were assigned a Relias training module on DHS regulation 16c for reportable incidents and need to report within 24 hours with a due date of February 27, 2026.

-A list of reportable incidents was added to the bulletin board in the care bases by PCHA on January 21, 2026.

-Starting 1/1/2026 PCHA or Care Coordinator will review the 24 hour report in Point Click Care at least three times per week for three months to monitor for events that warrant a DHS report. The results of this audit will be reviewed by PCHA at monthly QAPI meetings for three months, starting with the 2/17/2026 meeting.

Licensee's Proposed Overall Completion Date: 02/09/2026

Implemented ([redacted] 02/24/2026)

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

Resident [redacted] lives in the home's secure dementia care unit. Resident [redacted] medical evaluation, dated [redacted] indicates that the resident has poor cognitive functioning. Resident [redacted] assessment and support plan, dated [redacted] indicates the resident has a minimal problem with orientation, judgment, and short-term memory, is able to ambulate independently, and indicates that, due to the resident's cognition, the resident requires supervision within the home and needs attendance or escort outside of the home via the resident's family or staff members. On [redacted], the resident, and several other residents who resided in the SDCU, were escorted by staff to an event outside of the home's secure dementia care unit, in an auditorium in the home's unsecured area. At the end of the event, at approximately 2:45 pm, staff were beginning to escort residents back to the secure unit, when resident [redacted] was noticed to be missing from the group. Resident was then able to leave the home unseen by any other staff person at the time. At approximately 3:06pm resident [redacted] was located approximately 1 mile away from the home. The resident was located resting on a brick or stone wall in a neighborhood or street that the resident previously lived on. The resident would have had to cross several streets and train tracks in the area to arrive at the location where they were found. The resident was returned safely to the secured unit once located however, the home has not completed an updated assessment of the residents needs related to wandering or supervision since the incident.

42b - Abuse (continued)

Plan of Correction

Accept [redacted] - 02/10/2026)

- PCHA or Care Coordinator will audit the RASPs for all residents in the SDCU by February 16, 2026 to ensure they include wandering or exit-seeking behaviors and update as appropriate.
- The process for SDCU residents to be taken off the memory care unit to attend activities and events was reviewed and revised by PCHA and Director of Resident Engagement on December 8, 2025. These changes will be reviewed with Life Enrichment team members by the Director of Resident Engagement by February 6, 2026.
- Souderton Mennonite Homes campus leadership team and designees registered for the HAPevolve LTC Rise Emergency Tabletop training "Resident Elopement" to be held on April 21, 2026.
- Starting January 1, 2026, PCHA will audit all SDCU RASP's post-completion to ensure wandering or exit-seeking behaviors are appropriately noted for three months or until compliance is achieved.
- All personal care team members will be assigned a Relias training module on Souderton Mennonite Homes' Missing Resident Policy with a due date of March 30, 2026.

Licensee's Proposed Overall Completion Date: 02/16/2026

Implemented [redacted] - 02/24/2026)

65f - Training Topics

3. 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.

Previous violation: [redacted]

Plan of Correction

Accept [redacted] - 02/05/2026)

- 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 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.

65f - Training Topics (continued)

Licensee's Proposed Overall Completion Date: 01/30/2026

Implemented (████) - 02/24/2026)

225c - Additional Assessment

4. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident █████ lives in Serenata, the home's secure dementia care unit. Resident █████'s most recent assessment, completed on █████, indicated the resident had a minimal problem with orientation, judgment, and short-term memory. While the assessment stated that resident █████ wears a wander guard device, the device only sounds if the resident leaves the secure unit unsupervised. On █████ at 2:45 pm, resident █████ from the home unseen through the front entrance after attending an event in the auditorium, outside Serenata. On █████ the home had not completed an updated assessment to prevent future elopements.

Plan of Correction

Accept (████) - 02/10/2026)

- RASP addendum completed by PCHA on 12/5/2025 to reflect need for a 1:1 to be assigned to resident when █████ attends activities off the SDCU.
- All nurses were assigned a Relias training module on DHS regulation 225c for additional assessments with a due date of February 27, 2026.
- Starting 1/1/2026 PCHA or Care Coordinator will review 24 hour report weekly for three months or until compliance achieved to monitor for events that warrant an additional assessment. The results of this audit will be reviewed by PCHA at monthly QAPI meetings for three months, starting with the 2/17/2026 meeting.

Licensee's Proposed Overall Completion Date: 02/09/2026

Implemented (████) - 02/24/2026)