

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

June 10, 2026

[REDACTED], ED
SOUDERTON MENNONITE HOMES
207 WEST SUMMIT STREET
SOUDERTON, PA, 18964

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/20/2026, 04/21/2026 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: 207 WEST SUMMIT STREET, SOUDERTON, PA, 18964
 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: 118 Waking Staff: 89

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Incident Exit Conference Date: 04/21/2026

Inspection Dates and Department Representative

04/20/2026 - On-Site: [REDACTED]
 04/21/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 154 Residents Served: 93
 Secured Dementia Care Unit
 In Home: Yes Area: Serenata Capacity: 27 Residents Served: 25
 Hospice
 Current Residents: 1
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 93
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 25 Have Physical Disability: 0

Inspections / Reviews

04/20/2026 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/17/2026

Inspections / Reviews (*continued*)

05/20/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/10/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/10/2026

06/10/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/10/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

81b - Resident Personal Equipment

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident 1 had a bedside mobility device securely attached to their bed. The openings between the bars of the device and the mattress/bed measure 9in by 14in, posing an entrapment risk. The device was covered with a loose pillowcase with a large rubber band around it. A pillowcase is does not allow for the safe gripping and use of the device and further presents a risk to the resident.

Plan of Correction

Accept () - 05/20/2026

- 1. Bed enabler cover was purchased for Resident 1's device on 5/11/2026 with scheduled delivery on 5/18/26.
- 2. All bed enablers will be checked by PCHA or designee by 5/29/26 to ensure they have proper covers.
- 3. All bed enablers will be checked quarterly by an environmental services team member to ensure they have proper covers starting 6/17/26.

Licensee's Proposed Overall Completion Date: 05/29/2026

Implemented () - 06/10/2026

105g - Lint Removal and Duct Cleaning

2. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 4/20/2026, there was an approximate 1/4 inch accumulation of lint and debris in the lint trap of the Serenata laundry area dryer. The dryer was not in use at the time.

Plan of Correction

Accept () - 05/20/2026

- 1. Housekeeping staff cleaned the lint out of the dryer immediately on 4/20/2026.
- 2. PCHA posted a sign on the dryer stating "The lint trap must be cleaned after every use" as a reminder on 5/1/2026.
- 3. PCHA will conduct monthly audit of the dryer for lint starting May 2026 for three months or until compliance is achieved.
- 4. Starting 5/18/26, a resident assistant team member will conduct a daily check of the dryer for lint.

Licensee's Proposed Overall Completion Date: 05/29/2026

Implemented () - 06/10/2026

141a 1-10 Medical Evaluation Information

3. Requirements

2600.

141a 1 10 Medical Evaluation Information (continued)

- 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

The resident 2's medical evaluation dated [REDACTED] did not include the ability to self administer medications.

Plan of Correction

Accept [REDACTED] - 05/20/2026

1. Resident 2's DME was corrected by [REDACTED] CRNP on 5/14/26 to indicate that resident cannot self administer medications.
2. An audit on all residents' DME's will be completed by PCHA or designee by 5/29/26 to ensure all sections are filled out completely.
3. Starting 5/18/26, PCHA or designee will audit all new DME's for completion for three months, or until compliance achieved.

Licensee's Proposed Overall Completion Date: 05/29/2026

Implemented [REDACTED] - 06/10/2026

181d -Storing Medication

4. Requirements

2600.

181.d. If the resident does not need assistance with medication, medication may be stored in a resident’s room for self-administration. Medications stored in the resident’s room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

Description of Violation

Resident 3 self administers medications and stores medications in [REDACTED] room. On 4/20/2026 at 9:38 AM, there were several unlocked, unattended medications to include Protonix, Amlodipine, Aspirin, Metoprolol, Multivitamin, Atorvastatin, Nitrostat, Systane, Triamcinolone, Antacid, and Lidocaine patches in resident 3's bedroom.

Resident 4 self administers medications and stores medications in [REDACTED] room. On 4/20/2026 at 10:01 AM, there were several unlocked, unattended medications to include Triamcinolone cream, Tums, and additional unidentifiable medications in a pill box in resident 4's bathroom medicine cabinet.

Plan of Correction

Accept [REDACTED] - 05/20/2026

1. PCHA, Care Coordinator or designee will provide education on this regulation to residents who self administer medications by 6/12/26 .
2. Starting 6/1/26, Care Coordinator or designee will do five random room audits on residents who self administer medications for three months to ensure compliance.

181d - Storing Medication (continued)

3. Starting June 2026, PCHA will present monthly audit results in QAPI for three months.

Licensee's Proposed Overall Completion Date: 06/12/2026

Implemented (█) - 06/10/2026

181f - Record of Medication**5. Requirements**

2600.

181.f. The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering his medication.

Description of Violation

On 4/20/2026, resident 3's record did not include a current list of medications. The list in the resident's record did not contain Nitrostat sublingual 0.4mg, Systane eye drops, Triamcinolone cream, Antacid tablets, and Lidocaine patches. Additionally, resident's medication list included Acetaminophen which was not present in the home.

Plan of Correction

Accept (█) - 05/20/2026

1. Care Coordinator or designee will audit all rooms of residents who self-administer medications to ensure meds in room match orders by 6/12/26
2. PCHA will send letter by 5/29/26 to all residents and their emergency contacts to explain regulation 181f to provide education on this regulation.
3. Starting 6/15/26, Care Coordinator or designee will do five random rooms audits on residents who self-administer medications at least three each week for three months to ensure compliance.
4. Starting June 2026, PCHA will present monthly audit results in QAPI for three months.

Licensee's Proposed Overall Completion Date: 06/12/2026

Implemented (█) - 06/10/2026

182b - Prescription Medication**6. Requirements**

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

1. A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
2. A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
3. A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

On 4/20/2025 at 7:00 AM staff person A administered medications to residents to include the following; Nystop powder to resident 5. On 4/21/2025 at 7:00 AM staff person A administered medications to residents to include the following; Eucerin orig lot healing cream to resident 6. Staff person A is not a staff person who has completed the

182b - Prescription Medication (continued)

medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Plan of Correction

Accept () - 05/20/2026

1. Training on regulation 182b to be provided to all PC nursing staff. This will be assigned in Relias with a due date of 6/30/26.
2. Starting 6/1/26, PCHA or Care Coordinator will conduct two staff interviews weekly for three months to ensure either med techs or nurses are administering prescription treatments.
3. Starting June 2026, PCHA will present results of the staff interviews in QAPI for three months.

Licensee's Proposed Overall Completion Date: 05/29/2026

Implemented () - 06/10/2026

183d - Prescription Current

7. Requirements

2600.
183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 4/21/2026 the following medications were observed in the home:

Nystop powder prescribed for resident 2, was in the home's medication cart; however, the medication was discontinued on 4/17/2026.

Triamcinolone cream prescribed for resident 7 was in the home's medication cart; however, the medication was discontinued on 1/13/2026.

Preservision Areds2, and Systane eyedrops prescribed for resident 8 was in the home's medication room; however, the resident was discharged on 4/7/2026.

Plan of Correction

Accept () - 05/20/2026

1. On 4/21/26, discontinued medications were removed from cart by Care Coordinator.
2. On 4/21/26, medications in return bin were properly discarded by Care Coordinator.
3. Med cart audits will be completed by nurses to ensure there are no discontinued medications in cart by 5/29/26.
4. Starting June 2026, Care Coordinator or designee will complete med cart audits monthly for three months to ensure no discontinued medications are in med cart.

Licensee's Proposed Overall Completion Date: 05/29/2026

Implemented () - 06/10/2026

183e - Storing Medications

8. Requirements

183e - Storing Medications (continued)

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 4/21/2026 Puritans pride C-1000 mg with rose hips , was in the medication room. According to the manufacturer's printed label this medication expired 10/2024.

On 4/21/2026 Puritans pride ultra woman's 50 plus, was in the medication room. According to the manufacturer's printed label this medication expired 3/2026.

Plan of Correction

Accept ([redacted]) - 05/20/2026)

1. On 4/21/26, expired medications in bin in med room were properly discarded by Care Coordinator
2. Training on regulation 183e to be provided to all PC nursing staff. This will be assigned in Relias with a due date of 6/30/26.
3. Starting June 2026, Care Coordinator or designee will complete med room audit monthly for three months to ensure no discontinued medications are in med room.

Licensee's Proposed Overall Completion Date: 05/29/2026

Implemented ([redacted]) - 06/10/2026)

184c - Sample Prescription Meds.

9. Requirements

2600.

184.c. Sample prescription medications shall have written instructions from the prescriber that include the components specified in subsection (a).

Description of Violation

Sample medication Rinvoq 15mg belonging to resident 9 was in the home's medication cart. The labels for these samples did not include

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Plan of Correction

Accept ([redacted]) - 05/20/2026)

1. On 4/30/26, Care Coordinator labeled Resident #9's medication samples.
2. A med cart audit will be completed by nursing staff to ensure all sample medications are properly labeled by 5/29/26
3. Starting June 2026, Care Coordinator or designee will complete med cart audit monthly for three months to ensure all sample medications are properly labeled.

Licensee's Proposed Overall Completion Date: 05/29/2026

Implemented ([redacted]) - 06/10/2026)

187b - Date/Time of Medication Admin.

10. 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 5 is prescribed Nystop powder apply two times daily three times a week. Resident 5's 4/2026 medication administration record (MAR) does not include the initials of the staff person who administered this medication on 4/20/2026 at 7 AM. The medication was administered by staff person A, who is not a staff person certified in medication administration. The MAR was initialed by staff person B.

Resident 6 is prescribed Eucerin orig lot healing cream topically to dry areas of feet, heels, ankles and legs two times a day . Resident 6's 4/2026 medication administration record (MAR) does not include the initials of the staff person who administered this medication on 4/20/2026 at 7 AM. The medication was administered by staff person A, who is not a staff person certified in medication administration. The MAR was initialed by staff person B.

Plan of Correction

Accept ([redacted]) - 05/20/2026

1. Training on regulation 187b to be provided to all PC nursing staff. This will be assigned in Relias with a due date of 6/30/26.
2. Starting 6/1/26, PCHA or Care Coordinator will conduct two staff interviews weekly for three months to ensure either med techs or nurses are administering and documenting prescription treatments.
3. Starting June 2026, PCHA will present results of the staff interviews in QAPI for three months.

Licensee's Proposed Overall Completion Date: 05/29/2026

Implemented ([redacted]) - 06/10/2026