STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395634	A. Building B. Wing	04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Souderton Mennonite Homes	207 West Summit Avenue Souderton, PA 18964

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on clinical record review, facility policy review and staff interview, it was determined that the facility failed to maintain clinical records that were complete for three of six sampled residents. (Resident 4, 5, 43)Findings include:Review of the facility policy entitled, Pressure Ulcer Prevention Program, last reviewed January 2, 2026, revealed that a Skin Analysis Evaluation or Pressure Ulcer Potential Assessment would be completed weekly using the Point of Care Skin Evaluation task. Once weekly nursing staff were to complete a visual inspection of the resident's body and document the findings on the medical record.Clinical record review revealed that Resident 4 had diagnoses that included diabetes with foot ulcer and pressure induced deep tissue damage. On March 13, 2026, the physician ordered for staff to complete a weekly skin evaluation and to document a new evaluation in the evaluations tab weekly. Review of the clinical record revealed no completed weekly skin evaluations since March 14, 2026. Clinical record review revealed that Resident 5 had diagnoses that included hemiplegia (profound weakness or paralysis on one side of the body), squamous cell carcinoma of skin (skin cancer), and disorder of trigeminal nerve (a painful disorder of a nerve in the face). Review of the care plan revealed that the resident was at risk for skin breakdown with an intervention to monitor irritation and/or breakdown. Review of Resident 5's Weekly Skin Evaluation Task revealed a lack of documentation to support that the evaluation was completed on January 14, 2026, February 25, 2026, and March 11, 2026. Clinical record review revealed that Resident 43 had diagnoses that included thalassemia (an inherited blood disorder where the body doesn't produce enough hemoglobin leading to anemia), anxiety, and hypertension. Review of the care plan revealed that the resident was at risk for skin breakdown with an intervention to monitor for irritation and/or breakdown. Review of Resident 43's Weekly Skin Evaluation Task revealed a lack of documentation to support that the evaluation was completed on March 12 and 19, 2026. A nurse's note on March 23, 2026, revealed the resident had a deep tissue injury (soft tissue damage from pressure and/or shear) on the left heel. Review of the Resident's Weekly Skin Evaluation/Skin Problem Task revealed a lack of documentation to support that the evaluation was completed after March 23, 2026, when the deep tissue injury was first identified. In an interview on April 1, 2026, at 10:43 a.m., the Director of Nursing confirmed that there was no documented evidence that the residents' weekly skin evaluations were completed per facility policy. 28 Pa. Code 211.5(f) Medical records. 28 Pa Code 211.12 (d)(1)(5) Nursing services.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE