

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to MEADOWOOD CORPORATION

LEGAL ENTITY

To operate MEADOWOOD

NAME OF FACILITY OR AGENCY

Located at P.O. BOX 670, 3205 SKIPPACK PIKE WORCESTER, PA 19490

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 76
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa. Code §§ 2600.231-239 - Capacity 12

This certificate is granted in accordance with the Public Welfare Code of 1967, P. L. 31, as amended, and Regulations

55 Pa. Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from October 28, 2010 until October 28, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 127870

Robert E. Robinson

ISSUING OFFICER

Kevin T. Casey

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

NOV 09 2010

PHONE: (717) 783-3670
FAX: (717) 783-5662

Mr. Paul Nordeman, Executive Director
Meadowood Corporation
Meadowood
P.O. Box 670, 3205 Skippack Pike
Worcester Pennsylvania 19490

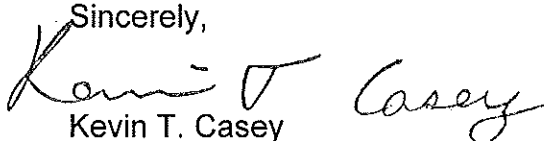
Dear Mr. Nordeman:

As a result of the Department of Public Welfare's licensing inspection on August 25, 2010 and August 26, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,


Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Meadowood PO Box 670, 3205 Skippack Pike, Worcester, PA 19380		CURRENT LICENSE NUMBER 127870
INSPECTION DATE(S) (Include all dates of the inspection) August 25, 2010 and August 26, 2010	REGIONAL REPRESENTATIVE James Jesse Hummel and Patricia Adams	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)		

Ellen Bernier LPN DAPC

SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Ellen Bernier LPN DAPC</i>	DATE 10-25-2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherron Mitchell</i>	DATE 10/25/10
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1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
184b If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.	Resident #1's over-the-counter Polysaccharide Iron 150 mg is not labeled with the resident's name.	10-20-2010	Medication cart audits will be completed monthly. This audit will include checking that OTC medications are labeled with resident name. Audits are completed by nurse or med tech. Resident #1 Medication labeled on 8/26/2010	Steps have been taken to correct violation; full compliance is not verifiable <i>DPW</i> 10/25/10 Date Initials (DPW)

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

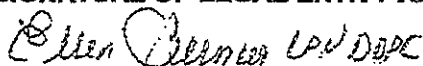

10/25/2010 14:45

Meadowood Laurel House

(FAX) 610 584 7589

P.005/010

NAME AND ADDRESS OF PERSONAL CARE HOME Meadowood PO Box 670, 3205 Skippack Pike, Worcester, PA 19490		CURRENT LICENSE NUMBER 127870
INSPECTION DATE(S) (Include all dates of the inspection) August 25, 2010 and August 26, 2010		REGIONAL REPRESENTATIVE James Jesse Hummel and Patricia Adams
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)		

Elen Bernier LPN DOPC			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 10-11-2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 10/25/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
187a A medication record shall be kept to include the following for each resident for whom medications are administered: (12) Diagnosis or purpose for the medication, including pro re nata (PRN).	-The July 2010 medication record for resident #1 does not include a diagnosis or purpose for the following medications: Vitamin C tab 500mg, Caffeine Tablets, and Meclizine tablets 12.5mg. -The July 2010 medication record for resident #2 does not include a diagnosis or purpose for the following medications: Doxycycline Capsules 100mg and Levaquin 500mg. Repeated Violation – 6/11/09, et al	10-20-2010	New order notebook will be implemented to log all new medication orders and verify supporting diagnosis in place. Charge nurse will check notebook daily. 24 hour chart check process revised to include checking all new orders for supporting diagnosis - charge nurse completes 24 hour chart check.	Steps have been taken to correct violation; full compliance is not verifiable 10/25/10 Initials (DPW) Date

Resident #1 SEPTEMBER profile includes diagnosis medications noted
 Resident #2 no longer on medication order