

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 SKIPPAK 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 29, 2012 until October 29, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **127870**

Robert E. Robinson

ISSUING OFFICER

RC King

DIRECTOR

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 - 01/11



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

OCT 04 2012

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

Dear Mr. Nordeman:

As a result of the Department of Public Welfare's (Department) licensing inspection on July 26, 2012 and September 17, 2012 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 Human Services Licensing so that compliance can be verified.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Ronald Melusky".

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 12787 - 07/26/2012 - Grayes, Byron
 PCH Name: MEADOWOOD

1. REGULATION 55 Pa. Code §2800
 2600.16(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2a. DESCRIPTION OF VIOLATION
 On 7/24/12 at approximately 10:30am, an allegation of abuse was made against staff person A regarding resident #1. The home did not suspend staff person A until 7/28/12 at 8:30am.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The above violation was corrected by suspending employee A when it was felt that the allegation of abuse was valid. Initially, she was not suspended due to being under the supervision of the Director of Personal Care (DPC) and the fact that there was no clear evidence of abuse. On-going investigation provided additional information which led to suspension. Should this situation occur again, DPC will obtain immediate approval for the plan of supervision from Adult Residential Licensing and the Local AAA. DPC has reviewed Meadowood's abuse policy and DPW regulation with VP of Health Center on 8/18/2012 to ensure on-going compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Ellen Bernier LPN DPC*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Ellen Bernier LPN DPC</i>	Date <i>8-21-12</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>8/31/12</u> (Date)	Plan of correction implementation status as of <u>9/17/12</u> (Date)
The above plan of correction was approved by <u>EBM</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 12787 - 07/26/2012 - Grayes, Byron
 PCH Name: MEADOWOOD

1. REGULATION 56 Pa.Code §2600
 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 section 2600.16 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

- On 7/24/12 at approximately 10:30am, an allegation of abuse was made against staff person A regarding resident #1. The home did not submit an incident report to the Department until 7/26/12 at 4:00pm.
 - On 7/25/12, an allegation of abuse was made against staff person B regarding resident #2. The home did not submit an incident report to the Department until 7/27/12. *Withdrawn PCH 9/7/12*

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

DPC has reviewed the regulation regarding timely reporting with VP of Health Center on 8/18/12. Although there was a delay in reporting, it was not due to failure to understand the regulation, but a timing issue with survey process (8:45am -8:00pm) in addition to suspending two staff persons and finding replacements. The care of the residents was a priority at the time of the incidents. Should this situation occur again, additional Meadowood employees i.e. HR, SS will need to assist DPC with investigations and timely reporting.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Ellen Beaucie LPN DDC*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Ellen Beaucie LPN DDC</i>	Date <i>8-21-12</i>
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The above plan of correction is approved as of <u>9/17/12</u> (Date)	Plan of correction implementation status as of <u>9/17/12</u> (Date)
The above plan of correction was approved by <u>CEM</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 12787 - 07/26/2012 - Grayes, Byron
 PCH Name: MEADOWOOD

1. REGULATION 55 Pa.Code §2800
 2800.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION
 Staff person A yelled at resident #1 and forcibly took a volunteer dog from [redacted] on the morning of 7/24/12.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

All staff persons are in-serviced on hire and annually regarding abuse policies and resident rights. Meadowood does not tolerate any abusive or violations of resident rights and immediately takes disciplinary actions against employees up to and including termination of employment. By 9/14/12, Personal care employees will be in-serviced again on resident rights and abuse policy by Social Services to prevent reoccurrence.

9-17-12 Staff person A was terminated 7/31/12

E. Bernier LPN DOAC

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Ellen Bernier LPN DOAC

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Ellen Bernier LPN DOAC

Date

8-21-12

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9/17/12
 (Date)

Plan of correction implementation status as of

9/17/12
 (Date)

The above plan of correction was approved by

CEM
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 12787 - 07/26/2012 - Grayes, Byron
 PCH Name: MEADOWOOD

1. REGULATION 58 Pa.Code §2800
 2800.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

- The bag of Italian meat chunks in the main kitchen's freezer was opened and unsealed on 7/26/12.
- The 12 lb box of precooked pancake in the main kitchen's freezer was opened and unsealed on 7/26/12.
- The box of frozen carrots in the main kitchen's freezer was opened and unsealed on 7/26/12.
- The 10 lb box of precooked diced chicken in the main kitchen's freezer was opened and unsealed on 7/26/12.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

All production staff will be in serviced on August 23rd, 2012 regarding proper re-sealing of food products which are placed back into the walk in freezer. Quality Assurance audits to avoid reoccurrence for the next six months will be conducted by Dining Management. Results will be reported to the QA Committee during scheduled meetings.

9-17-12

Supervisors complete daily audits to reassure compliance
 monthly audits completed. E Bernier LRD DEPC

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Ellen Bernier LRD DEPC

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Ellen Bernier LRD DEPC

Date

8-21-12

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Plan of correction implementation status as of

9/17/12
 (Date)

The above plan of correction was approved by

EBM
 (Initials)

- Fully implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 12787 - 07/26/2012 - Grayes, Byron
 PCH Name: MEADOWOOD

1. REGULATION 55 Pa.Code §2000
 2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION
 On 7/26/12, there was an 1/2 inch accumulation of lint in the lint trap of the dryer in the Secured Dementia Unit.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

A sign has been placed on the dryer by DPC indicating the specific regulation of removing lint from clothes dryer after each use. All staff using the dryer will see sign and follow directions as indicated to prevent reoccurrence. DPC will do random audits and report results to the next Quality Assurance meeting in 9/12.

9-17-12
 RANDOM = WEEKLY x 4, MONTHLY x 4, quarterly after
 Bernier LPN DPC

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Gina Bernier LPN DPC*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Gina Bernier LPN DPC</i>	Date <i>8-21-12</i>
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The above plan of correction is approved as of <u>9/17/12</u> (Date)	Plan of correction implementation status as of <u>9/17/12</u> (Date)
The above plan of correction was approved by <u>GBM</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 12787 - 07/26/2012 - Grayes, Byron PCH Name: MEADOWOOD	
<p>1. REGULATION 58 Pa.Code §2800 2800.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.</p>	
<p>2a. DESCRIPTION OF VIOLATION The home's designated evacuation time from Fire Safety Expert [REDACTED] is 10 minutes and 58 seconds. The home's fire drill evacuation times are:</p> <ul style="list-style-type: none"> • On 6/13/12, 14 minutes and 20 seconds. • On 6/26/12, 13 minutes and 9 seconds. 	
<p>3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.</i></p> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p>Due to these two failed fire drills, additional training was provided by Plant Operations. In addition, the policy was revised to add additional support to assist with fire evacuation plans to meet required time. Additional drills held by fire safety expert on 7/8/12 and 7/10/12 by Plant Operations and DPC. Both of these drills were compliant. This information was reviewed at QA meeting on 7/20/12. Meadowood will continue to have monthly fire drills with Fire Safety Expert to ensure compliance.</p> </div>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Eileen Bernier LPN DPC</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Eileen Bernier LPN DPC</i>	Date <i>8-11-12</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>9/17/12</u> (Date)	Plan of correction implementation status as of <u>9/17/12</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 12787 - 07/26/2012 - Grayes, Byron
 PCH Name: MEADOWOOD

1. REGULATION 55 Pa. Code §2600
 2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION
 On 7/26/12 at 3:00 PM the medication cart's top drawer was unlocked and accessible to residents in the Oak Terrace unit.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Staff is aware that medications need to be kept in a locked container. This med cart was locked, but the top drawer at the time of survey did not catch correctly. At 9/2012 staff meeting, DPC will in-service all nursing staff regarding the importance of ensuring all drawers are locked prior to leaving cart unattended. A work order has been submitted to Plant Operations to assess all med carts. DPC will do random audits and report to QA in 9/12.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Elisa Becarie LPN DOPE*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Elisa Becarie LPN DOPE* Date *8-21-12*

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The above plan of correction was approved by <u><i>ELM</i></u> (Initials)	<input checked="" type="checkbox"/> Fully implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 12787 - 07/26/2012 - Grays, Byron
 PCH Name: MEADOWOOD

1. REGULATION 55 Pa.Code §2600
 2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION
 On 7/26/12, at 9:00AM, resident #3's Neuralin 100 mg was administered. Staff person C did not initial the record until 7/26/12 at 3:00PM.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

DPC reviewed the importance of signing out all medication timely at the 8/10/12 staff meeting. All staff will be in-serviced again at the next staff meeting in 9/12 regarding the importance of signing out all medications at the time of administration by DPC. This staff person C will have a clinical education with DPC regarding this specific incident by 9/14/12. To ensure on-going compliance, DPC will conduct random audits and report to QA in 9/12 and 11/2012.

9/17/12 cross checking each shift continues
 monthly audits report QA

EB

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) Ellen Becker LPN ADPC

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Ellen Becker LPN ADPC

Date 8-21-12

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Violation Report: 12787 - 07/26/2012 - Grayas, Byron
 PCH Name: MEADOWOOD

1. REGULATION 55 Pa.Code §2800
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 -The home failed to administer Aspirin 325mg and Digoxin 0.0125 mg on 7/24/12 at 9AM to Resident #2.
 -The home failed to administer Polyethlen Glycol on 7/14/12 at 9AM and Vitamin D-3 on 7/15/12 at 8AM to Resident #4.
 -The home failed to administer Preservision Areds and Docusate 100mg on 7/24/12 at 9AM to Resident #6.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

DPC reviewed the importance of following the directions of the prescriber at the 8/10/12 staff meeting to ensure residents receive all medications. All staff will be in-serviced again at the next staff meeting in 9/12 regarding the importance of following the directions of the Prescribe by DPC. In addition, staff will be in-serviced at the meeting on a cross checking system to ensure compliance. DPC will provide clinical education to staff members involved regarding these specific incidents by 9/14/12. To ensure on-going compliance, DPC will conduct random audits and report to QA in 9/12 and 11/2012.

9/17/12 Cross checks are completed each shift
 monthly audits - report Quality Assurance EB

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Ellen Bernick LPN ADPC*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Ellen Bernick LPN ADPC* Date *9/17/12*

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Violation Report: 12787 - 07/26/2012 - Grays, Byron
 PCH Name: MEADOWOOD

1. REGULATION 85 Pa.Code §2800
 2800.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION
 The medication errors described on page 10 of this report were not reported to the residents' respective prescribers.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

To correct this violation, DPC will complete medication error reports for the above omissions by 8/31/12. To ensure this does not occur again, nursing staff will be in-serviced at the 9/12 staff meeting and QA audits will be conducted. As a long-term goal, computer system is currently being implemented to assist in ensuring compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Ellen Bernier LPN DPC*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Ellen Bernier LPN DPC</i>	Date <i>8-21-12</i>
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