



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

SEP 11 2013

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 July 18, 2013 and July 19, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License inspection Summary and continued compliance with 55 Pa.Code 2600 must be maintained.

Your regular license for the period October 29, 2013 to October 29, 2014 was issued on July 18, 2013. Your regular license remains in good standing.

Sincerely,

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

Ronald Melusky
Director

Enclosure
License Inspection Summary

Violation Report: 12787 - 07/18/2013 - Kazimer, Lauren
 PCH Name: MEADOWOOD

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
 The home's skilled nursing unit uses a "house" glucometer. Resident # 1, who resides in the personal care SDCU requires a fasting glucose check every three months. The home uses the shared glucometer for this resident.

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.

*Moving forward all residents will have their own glucometers & a sign off sheet will be kept at nurses' station as a tracking system. Director of Personal Care (DPC) will inquire staff on new process during staff meeting in August.
 This will be monitored for 3 months by DPC & reported to Quality Assurance. (QA). Completion date 8/30/13
 QA Meetings: 9/20/13 & 11/15/13
 Resident #1's fasting glucose check has been discontinued by the resident's physician. 8/9/13 cm*

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Nancy Kerus DPC*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Nancy KERUS, RN, DPC* Date *8/6/13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>8/9/13</u> (Date)	Plan of correction implementation status as of <u>8/27/13</u> (Date)
The above plan of correction was approved by <u>CM</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 - 07/18/2013 - Kazlmer, Lauren
PCH Name: MEADOWOOD

1. REGULATION 55 Pa.Code §2600
2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
The trash can in the 1st floor Laurel House kitchen has a lid with a hole in the center. This does not prevent insects and rodents from penetrating the receptacles.

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.

*See attached.
Dictary to replace trash can. DPC will monitor
trash cans weekly for compliance for the next 3 months
and report to QA.
QA meetings: 9/20/13 & 11/15/13*

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Nancy Keris RD DPC*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Nancy KERIS RD DPC* Date *8/16/13*

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The above plan of correction is approved as of 8/9/13
(Date)

The above plan of correction was approved by CM
(Initials)

Plan of correction implementation status as of 8/27/13
(Date)

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

Violation Report: 12787 - 07/18/2013 - Kazimer, Lauren
PCH Name: MEADOWOOD

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

- The telephone located in resident room # 108 did not have emergency service numbers posted.
- The telephone located in the common kitchenette area across from room # 115 did not have emergency service numbers posted nearby.

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.

*This was corrected immediately & ^{weekly} sign off
 Checks will now be done by nurse aides. DPC will
 monitor weekly for compliance for the next 3 months
 & report to QA.*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Nancy Kells RNDPC*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nancy Kells RNDPC</i>	Date <i>8/6/13</i>
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The above plan of correction is approved as of 8/9/13
(Date)

The above plan of correction was approved by CM
(Initials)

Plan of correction implementation status as of 8/29/13
(Date)

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

Violation Report: 12787 - 07/18/2013 - Kazimer, Lauren
PCH Name: MEADOWOOD

1. REGULATION 55 Pa. Code §2600
2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION
The home's written emergency procedures have not been submitted to the municipal emergency management agency annually.

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.

This has since been written & sent by V.P. of Health & Wellness on 7/19/13. Nancy Kersus V.P. of Dist Care will send yearly & provide documentation to DPC for records. DPC will inform QA Committee yearly when sent. Completion was 7/19/13

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nancy KERSUS DPC</i>	Date <i>8/6/13</i>
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Violation Report: 12787 - 07/18/2013 - Kazlmer, Lauren
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
Resident # 2 is not assessed to self-administer medications. On 7/19/2013 resident # 2's PRN Artificial Tears and GNP cough lozenges were located in the resident's room.

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.

Order was received for resident #2 to keep her cough drops & artificial tears in her room. Nursing rounded all residents and all documented as safe around dispensary items will have their OTC meds reviewed every 2 weeks for 1 month & then monthly for 2 months by DPC & pharmacist. Then reviewed w/ MD to acquire orders to keep OTC's in their rooms. Audits & surveys will be reported to QA Committee.

QA meeting: 9/20/13 + 11/15/13

Nurse aides will do weekly rounds of rooms of residents who are not assessed to self-administer medications to monitor for any unlocked medications. 8/9/13
CM

Repeat Violation: Yes Date(s) of Previous Violation(s): 07/26/2012

Signature of Legal Entity Representative
(Required on EVERY Page) *Nancy Kern RN DPC*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Nancy Kern RN DPC* Date *8/6/13*

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Violation Report: 12787 - 07/18/2013 - Kazimer, Lauren
PCH Name: MEADOWOOD

1. REGULATION 55 Pa.Code §2600
2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution, and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
On 7/19/2013 the home did not have resident # 3's PRN Acetaminophen 325 mg available.

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 residents (#3) Acetaminophen was ordered from
Medication carts are monitored weekly by pharmacy
consultant services. Pharmacy services will continue
to monitor weekly & DPC will monitor independently report
to Pharmacy Committee for the next 3 months.

QA meeting: 9/20/13 + 11/15/13

The home will order any medications not present during
audit, immediately. 8/9/13 cm

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Mary Kerus DPC*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Mary Kerus, RSDPC* Date *8/6/13*

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(Date)

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(initials)

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Violation Report: 12787 - 07/18/2013 - Kazimer, Lauren

PCH Name: MEADOWOOD

1. REGULATION 55 Pa.Code §2600

2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #4 was admitted to the SDCU on 6/4/2012. The resident had a cognitive screening completed on 5/16/2012.

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.

This process will be reviewed with nursing staff in Request meeting. Moving forward all pre-admission screens for new residents will be monitored by DPC for compliance of 2600.231(c). This will be audited for the next 3 months with any new admissions to SDCU & reported to QA meeting.

QA-MEETING: 9/20/13 + 11/15/13

admitted to SDCU

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Nancy Kerus DPC

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

NANCY KERUS-RN DPC

Date

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8/9/13
(Date)

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8/27/13
(Date)

The above plan of correction was approved by

CM
(Initials)

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Violation Report: 12787 - 07/18/2013 - Kazimer, Lauren
PCH Name: MEADOWOOD

1. REGULATION 55 Pa.Code §2600
2600.234(a) - Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

2a. DESCRIPTION OF VIOLATION
Resident # 5 was admitted to the SDCU on 6/19/2013. The resident's initial support plan was developed on 7/12/2013.

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.

*This process will be reviewed w/ nursing staff at August staff meeting.
Making forward all support plans of residents being admitted to SDCU will be completed/ followed up by DPC within 72 of admission. This will be audited for the next 3 months by DPC & reported to QA committee.
Dates of QA -> 9/20/13 & 11/15/13*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Nancy KERSRU, DPC*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nancy KERSRU, DPC* Date *8/6/13*

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