



Sent via email to: [REDACTED]  
MAILING DATE: August 23, 2013

Ms. Barbara J. Williams, Administrator  
Ecumenical Enterprises, Inc.  
The Meadows Manor  
200 Lake Street  
Dallas, Pennsylvania 18612

Dear Ms. Williams:

As a result of the Department of Public Welfare's (Department) licensing inspection on August 7, 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 Ch. 2600 (relating to Personal Care Homes) 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.

Sincerely,

*Michele Moskalczyk*  
Michele Moskalczyk  
Regional Licensing Administrator

Enclosure

**VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: THE MEADOWS MANOR		License Number: 243650
Address: 200 LAKE STREET, DALLAS, PA 18612		County: Luzerne
Administrator: Barbara Williams		Region: NORTH
Legal Entity Name: ECUMENICAL ENTERPRISES INC		
Legal Entity Address: 200 LAKE STREET, DALLAS, PA 18612		
Certificate(s) of Occupancy C-2 LP 12/04/1996 PA Dept. of L&I		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 38	Waking Staff: 29
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b> 08/07/2013: Yellenic, Cindy		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 66 Number of Residents Served: 38 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 38 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 24365 - 08/07/2013 - Yellenic, Cindy  
PCH Name: THE MEADOWS MANOR

1. REGULATION 55 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 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION  
On August 5, 2013, at 9:51am the home FAXed three incident reports to the Department. The incidents happened on 8/2/13 at 3:00pm; 8/3/13 at 4:45am; and, 8/3/13 at 7:20am. Staff Person A, who is the Administrator, said the reason they were late because it was the weekend. The home does not have a policy in place or properly trained staff for the timely submission of incident reports within the 24 hr. time limit.

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.

Reportables have always been reported in a timely manner - within 24 hours. However, when an incident occurred over the weekend, we were permitted to submit the reportable Monday morning.

In the future, all incidents occurring on weekends will be submitted within 24 hours by the professional staff: the Administrator, the Resident Care Manager, the 3-11:30 pm LPN, or the Resident Care Supervisor. This violation will be prevented by this action.

The Administrator shall be responsible for ongoing compliance.

M  
8/22/13

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

Signature of Legal Entity Representative (Required on EVERY Page) *Barbara J. Williams*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *BARBARA J. WILLIAMS*      Date *8-13-13*

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

The above plan of correction is approved as of 8/22/13 (Date)

Plan of correction implementation status as of 8/22/13 (Date)

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

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