



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: February 28, 2014

Mr. Dan Freed, V.P. of Health Services
Shannondell, INC
10, 0000 Shannondell Drive
Audubon, Pennsylvania 19043

RE: The Meadows at Shannondell
6000 Shannondell Drive
Audubon, Pennsylvania 19043
License # 128370

Dear Mr. Freed:

As a result of the Department of Public Welfare's licensing inspection on August 21, 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.

Sincerely,

Chevon Miller
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

PCH Name: THE MEADOWS AT SHANNONDELL		License Number: 12837
Address: 6000 SHANNONDELL DRIVE, AUDUBON, PA 19403		County: Montgomery
Administrator: Rulhie Slubbeblina		Region: SOUTHEAST
Legal Entity Name: SHANNONDELL INC		
Legal Entity Address: 10 000 SHANNONDELL DRIVE, AUDUBON, PA 19403		
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support:	Total Daily Staff: 76	Waking Staff: 57
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 08/21/2013: Kurtz, Andrea; Knockstead, Lori		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 58	Number of Residents who:	Receive Supplemental Security Income: 0
Number of Residents Served: 47		Are 60 Years of Age or Older: 47
Secured Dementia Care Unit in Home: Yes		Have Mental Illness: 0
Area:		Have an Intellectual Disability: 0
Secured Dementia Unit Capacity, if Applicable: 18		Have a Mobility Need: 29
Number of Residents Served In Secured Dementia Care Unit, if applicable: 17		Have a Physical Disability: 1
Number of Current Hospice Residents: 6		
Number of Hospice Residents in past year: 19		

Violation Report: 12837 - 08/21/2013 - Kurlz, Andrea
PCH Name: THE MEADOWS AT SHANNONDELL

1. REGULATION 56 Pa.Code §2600

2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2a. DESCRIPTION OF VIOLATION

On 8-9-13, Resident #1 refused to take a scheduled dose of Venlafaxine 75 mg, Haldol 0.5 mg, Haldol 2 mg, Doxazosin 4 mg, and Acetaminophen 500 mg. The home did not report the refusal to the resident's doctor as required.

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.

- 1) Resident #1's physician was notified of medications listed above
- 2) PCHA will do audit beginning w/ 9.1.13 and notify physician of any medication refusals.
- 3) The facility policy will be modified to ensure proper physician notification of medication refusal.
- 4) Licensed nurses will be in-service on policy modifications by PCHA
- 5) On an ongoing basis, the PCHA or designee will audit medication refusals to ensure physician notification.
- 6) Date of correction 10.8.13

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Rudie Sublesine*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>RUDIE SUBLESINE, PCHA</i>	Date <i>9.13.13</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 9/18/13
(Date)

Plan of correction implementation status as of 9/18/13
(Date)

The above plan of correction was approved by *[Signature]*
(Initials)

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

Violation Report: 12837 - 08/21/2013 - Kurtz, Andrea
PCH Name: THE MEADOWS AT SHANNONDELL

1. REGULATION 55 Pa.Code §2600

2600.202 - The following procedures are prohibited:

- (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited.
- (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
- (3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
- (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.
- (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.
- (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

2a. DESCRIPTION OF VIOLATION

On 6-16-13, 6-25-13, 6-28-13, 7-10-13, 7-18-13, 7-24-13, and 7-31-13, Resident #1 was administered Ativan 0.6 mg because of aggressive or combative behavior. The medication is prescribed for anxiety.

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.

- 1) The facility policy for 'PRN' medication administration will be reviewed with the licensed nursing staff.
- 2) The licensed nursing staff will be in-service on resident behavior management.
- 3) The PCNA or designee will audit 'PRN' medications to verify appropriate use.
- 4) Date of correction 10.8.13.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Rudie Stubblebine*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>RUDIE STUBBLEBINE, PCNA</i>	Date <i>em</i> <i>Lat</i> 9.13.13
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DEPARTMENT USE ONLY, HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <i>9/18/13</i> (Date)	Plan of correction implementation status as of <i>9/18/13</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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