



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

APR 30 2014

Mr. Dan Freed, VP of Health Services
Shannondell, Inc.
10,000 Shannondell Drive
Audubon, Pennsylvania 19043

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

Mr. Freed:

As a result of the Department of Public Welfare's licensing inspection on January 13, 2014, 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 must be maintained.

Your regular license for the period March 31, 2014 to March 31, 2015 was issued on December 23, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones
Acting Director

Enclosure
License Inspection Summary

Violation Report: 12837 - 01/13/2014 - McHale, Christine
 PCH Name: THE MEADOWS AT SHANNONDELL

1. REGULATION 65 Pa.Code §2600
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
 The contract for resident #1 was not signed by the resident.

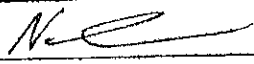
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the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

An addendum was added to update Resident #1 contract. (see attached document exhibit A)
 PCHA completed an audit of all resident records to assure compliance with regulation 2600.25(b) (see attached document exhibit K)
 The projected date of compliance is March 4, 2014.
 PCHA or designee will monitor resident records for compliance with the regulations.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)



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

Nathaniel Stube, Personal Care Administrator

Date 2/14/14

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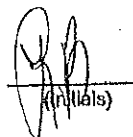
The above plan of correction is approved as of

3/4/14
 (Date)

Plan of correction implementation status as of

3/4/14
 (Date)

The above plan of correction was approved by


 (Initials)

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

Violation Report: 12837 - 01/13/2014 - McHale, Christine
 PCH Name: THE MEADOWS AT SHANNONDELI.

1. REGULATION 55 Pa.Code §2600
 2600.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION
 Resident #1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

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.

Resident #1 received a copy of the resident rights and complaint procedure. (See attached Exhibit B)
 The PCHA completed audit of contracts including review of documentation of resident's rights and complaint procedures completed and updated as needed. (see attached document exhibit K)
 The projected date of compliance is March 4, 2014
 PCHA or Designee will monitor for compliance. (On-going)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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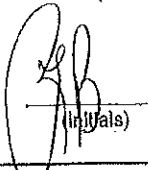
Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Nathaniel Stube, Personal Care Administrator	Date 2/14/14
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Violation Report: 12837 - 01/13/2014 - McHale, Christine
 PCH Name: THE MEADOWS AT SHANNONDELL

1. REGULATION 55 Pa.Code §2600
 2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:
- (1) Medication self-administration training.
 - (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
 - (3) Care for residents with dementia and cognitive impairments.
 - (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
 - (5) Personal care service needs of the resident.
 - (6) Safe management techniques.
 - (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

The annual training provided to direct care staff person A in training year 2013 did not receive training on medication self-administration, immobility, and safe management techniques.

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 person A received training on medication self-administration, immobility, and safe management techniques. (see attached document exhibit E)

An audit was completed by HR on training record for all personal care staff. (see attached document exhibit L)

Staff Training plan updated to include training topics 2600.65(f):

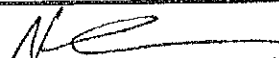
1. Medication self-administration training
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection Control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of residents.
6. Safe management techniques.
7. Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

The projected date of compliance is March 4, 2014

Personal Care staff will follow Training Plan for 2014. (On-going)

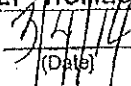
PCHA or designee will monitor staff for compliance with regulation. (On-going)

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

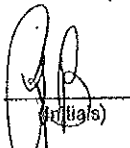
Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Nathaniel Stube, Personal Care Administrator Date 2/14/14

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The above plan of correction is approved as of  (Date) 3/4/14

Plan of correction implementation status as of  (Date) 3/4/14

The above plan of correction was approved by  (Initials)

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

Violation Report: 12837 - 01/13/2014 - McHale, Christine
 PCH Name: THE MEADOWS AT SHANNONDELL

1. REGULATION 65 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10226.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

- Direct care staff person A did not receive training in fire safety, emergency preparedness, resident rights, and the Older Adult Protective Services Act during training year 2013.
- Direct care staff person B did not receive training in fire safety, emergency preparedness, resident rights, and the Older Adult Protective Services Act during training year 2013.
- Ancillary staff person C did not receive training in fire safety, emergency preparedness, resident rights, and the Older Adult Protective Services Act during training year 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.

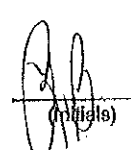
Direct care staff person A, B, and C will receive training from Fire Safety Expert that included emergency preparedness and fire safety. (see attached document exhibit F)
 PCHA will in-service staff person A, B, and C on Older Adult Protective Services Act and Resident rights. (see attached document exhibit H)
 An audit was completed by HR on training records for all personal care staff. (see attached document exhibit L)
 Staff training plan for 2014 updated to include required training topics. (see attached document exhibit E)
 The projected date of compliance is March 4, 2014
 PCHA or designee will monitor staff training to maintain compliance with regulations. (On-going)

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Violation Report: 12837 - 01/13/2014 - McHale, Chastline
 PCH Name: THE MEADOWS AT SHANNONDELL

1. REGULATION 65 Pa.Code §2600
 2600.66(b) - The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:
 (1) The name, position and duties of each direct care staff person.
 (2) The required training courses for each staff person.
 (3) The dates, times and locations of the scheduled training for each staff person for the upcoming year.

2a. DESCRIPTION OF VIOLATION
 The home's staff training plan does not include the training listed in Chapter 2600.65f related to direct care staff training.

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.

PCHA updated staff training plan to include the training listed in Chapter 2600.65(f) related to direct care staff training. (see attached document exhibit E)
 The projected date of compliance is March 4, 2014
 PCHA or designee will monitor staff for compliance with regulations. (On-going)

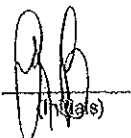
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Printed Name and Title of Legal Entity Representative
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Violation Report: 12837 - 01/13/2014 - Mottale, Christine
 PCH Name: THE MEADOWS AT SHANNONDELL

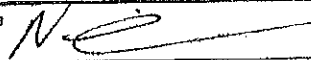
1. REGULATION 55 Pa.Code §2600
 2600.130(f) - Smoke detectors and fire alarms shall be tested for operability at least once per month. A written record of the monthly testing shall be kept.

2a. DESCRIPTION OF VIOLATION
 The home's smoke detectors and fire alarms were not tested during April, May, June, September, October, and December of 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.

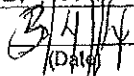
The Meadows will test smoke detectors and fire alarms monthly as directed by regulation 2600.130(f). (On-going)
 A written record will be kept. (On-going)
 The projected date of compliance is March 4, 2014, with smoke detectors and fire alarms being tested monthly.
 PCHA or designee will monitor for compliance with regulations. (On-going)

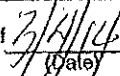
Repeat Violation: No Date(s) of Previous Violation(s):

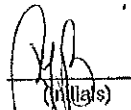
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Nathaniel Stube, Personal Care Administrator Date 2/14/14

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Violation Report: 12837 - 01/13/2014 - McHale, Christine
 PCH Name: THE MEADOWS AT SHANNONDELL

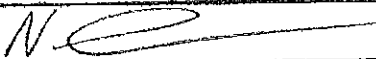
1. REGULATION 55 Pa.Code §2600
 2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION
 The home did not conduct a fire drill in April, May, June, September, October, and December of 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.

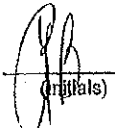
The Meadows will complete an unannounced fire drill monthly as directed in regulation 2600.132(a). (On-going)
 The projected date of compliance is March 4, 2014, with unannounced fire drills occurring monthly.
 PCHA or designee will monitor for compliance with regulations. (On-going)

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Nathaniel Stube, Personal Care Administrator Date 2/14/14

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Violation Report: 12837 - 01/13/2014 - McHale, Christine
 PCH Name: THE MEADOWS AT SHANNONDELL

1. REGULATION 55 Pa.Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION
 The last drill conducted during sleeping hours was on 11/29/13. The previous fire drill conducted during sleeping hours was on 3/27/13.

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 Meadows will complete a sleeping hours fire drill once every 6 months as directed in regulation 2600.132(e). (On-going)
 The projected date of compliance is March 4, 2014, with sleeping hour drills occurring once every 6 months.
 PCHA or designee will monitor for compliance with regulations. (On-going)

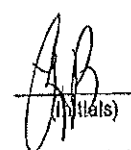
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Violation Report: 12837 - 01/13/2014 - McHale, Christine
 PCH Name: THE MEADOWS AT SHANNONDELL


1. REGULATION 55 Pa.Code §2600
 2600.161(b) - At least three nutritionally well-balanced meals shall be offered daily to the resident. Each meal shall include an alternative food and drink item from which the resident may choose.

2a. DESCRIPTION OF VIOLATION
 The home did not offer an alternative food or drink to the residents that reside in the secure dementia care 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.

The Meadows will add alternative menu selections to menu posted in SDCU dining room. (see attached document exhibit M)
 Dining room staff will receive education about included alternative food and drink items. (see attached document exhibit I)
 The projected date of compliance is March 4, 2014.
 PCHA or designee will monitor for compliance with regulations. (On-going)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Violation Report: 12837 - 01/13/2014 - McHale, Christine
 PCH Name: THE MEADOWS AT SHANNONDELL

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

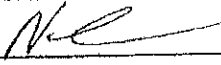
On 10/25/13 the home filled a prescription of Xenaderm 90 unit - 87 mg/788 mg/gram to be used three times per day. This medication had a day supply of 30 days. On 1/13/14 this tube of medication was still being used for the resident and 75% of it remained in the tube.

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.

RCC educated staff on maintaining prescriber's direction for medication.
 RCC or designee will complete audit of treatment carts to assure prescriber directions are being maintained.
 The projected date of compliance is March 4, 2014
 PCHA or designee will monitor for compliance with regulations. (On-going)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Nathaniel Stube, Personal Care Administrator Date 2/14/14

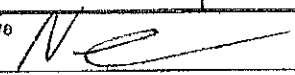
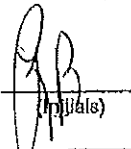
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Violation Report: 12837 - 01/13/2014 - McHale, Christine	
PCH Name: THE MEADOWS AT SHANNONDELL	
<p>1. REGULATION 65 Pa.Code §2600 2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.</p>	
<p>2a. DESCRIPTION OF VIOLATION Resident #1 has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.</p>	
<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> <p style="margin-left: 40px;">Resident #1 has been educated on right to refuse medication if the resident believes that there may be a medication error. (see attached Exhibit B) PCHA or Designee completed audit of resident record and updated as needed. (see attached document exhibit K) The projected date of compliance is March 4, 2014. PCHA or designee will monitor for compliance with regulations. (On-going)</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) 	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Nathaniel Stube, Personal Care Administrator	Date 2/14/14
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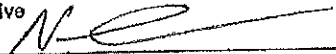
1. REGULATION 55 Pa.Code §2600
 2600.231(e) - Each resident record shall have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

2a. DESCRIPTION OF VIOLATION
 - Resident #1 was admitted to the SDCU on 12/4/13. The home has no documentation that the resident has not objected to the admission.
 - Resident #3 was admitted to the SDCU on 8/21/13. The home has no documentation that the resident has not objected to the admission.

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.

Resident #1 and Resident #3 have had SDCU admission review and noted by PCHA. (see attached document exhibit C and D)
 PCHA completed an audit for SDCU admission documentation on SDCU residents. Documentation updated as needed. (see attached document exhibit K)
 PCHA or designee will complete documentation that resident does not object to placement in SDCU during pre-admission sign-in or screening.
 The projected date of compliance is March 4, 2014.
 PCHA or designee will monitor for compliance with regulations. (On-going)

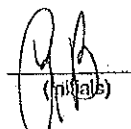
Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date 2/14/14
 Nathaniel Stube, Personal Care Administrator

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

The above plan of correction is approved as of 3/4/14 (Date)

The above plan of correction was approved by  (Initials)

Plan of correction implementation status as of 3/4/14 (Date)

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