



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

AUG 0 1 2014

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

RE: The Meadows Manor
License #: 243650

Dear Ms. Williams:

As a result of the Department of Public Welfare's licensing inspection on July 9, 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 September 20, 2014 to September 20, 2015 was issued on June 10, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones".

Matthew J. Jones
Director

317

Enclosure
License Inspection Summary

Violation Report: 24365 - 07/09/2014 - O'Haire, Anne
 PCH Name: THE MEADOWS MANOR

1. REGULATION 55 Pa.Code §2600

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral, topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Direct care staff person "A" s annual medication training record was incomplete for their annual training year date of 04-25-14. They had 2 out of the 4 required MAR Reviews completed on 04-14-14.

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

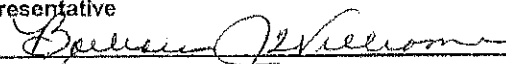
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The staff person has been re-educated by taking the medication administration class again. She was observed passing medication and MAR review was completed and successfully passed. The multiple choice ws retaken and passed as well.

A tickler system instituted and 2 MAR reviews will be done with the annual practicum and 2 MAR reviews will be done 6 months after the annual - meeting the regulation of 4 MAR reviews per year.

The tickler system will be reviewed by the Resident Care Manager during the Quality Management Review which is done 4 times a year.


Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/17/2013		
-----------------------	-----------------------------------	------------	--	--

Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Barbara J. Williams, Administrator

Date 7-17-14

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

The above plan of correction is approved as of <u>7/28/14</u> (Date)	Plan of correction implementation status as of <u>7/28/14</u> (Date)
The above plan of correction was approved by  (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: 24365 - 07/09/2014 - O'Haire, Anne
 PCH Name: THE MEADOWS MANOR

1. REGULATION 55 Pa.Code §2600
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
 The Pre-Admission Screen for resident #1 (admitted 6/5/14) was not dated to indicate when the screen was completed.

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 Care Manager missed filling in the date of the preadmission screen. In the future all preadmission screens will be checked by the Administrator and the Administrative Assistant to be sure all screens are in compliance. It is important to screen all residents before they are admitted to be sure this facility can meet their needs.
 The Resident Care Manager checked her calendar and filled in the correct date on the preadmission screen.

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, Administrator	Date 7-17-14
--	--------------

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

The above plan of correction is approved as of <u>7/28/14</u> (Date)	Plan of correction implementation status as of <u>7/28/14</u> (Date)
The above plan of correction was approved by <u>M</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