



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

OCT 30 2014

Mr. Paul Nordeman, President/CEO
Meadowood Corporation
3205 Skippack Pike, P.O. Box 670
Worcester, Pennsylvania 19490

RE: Meadowood
License #: 127870

Dear Mr. Nordeman:

As a result of the Department of Public Welfare's licensing inspection on July 17, 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 October 29, 2014 to October 29, 2015 was issued on July 18, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones
Director
/s/

Enclosure
License Inspection Summary

Violation Report: 12787 - 07/17/2014 - Braswell, Natasha
PCH Name: MEADOWOOD

1. REGULATION 55 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. §§ 10225.101-10225.6102).
- (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 letter A did not receive training in fire safety, emergency preparedness, resident rights, OAPSA, falls and accident prevention, and new population during training year 2013-2014.

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.

Please review attached documents faxed to ^{Ms} Natasha Braswell on 7/22/14.

We received violation because training record was not available at time of inspection. At time of inspection the inspector indicated if document was sent this would meet regulation. We fixed violation by faxing training document to DAW!!!

For the future the Director of Personal Care will ensure that training documents are available at time inspection

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

Signature of Legal Entity Representative (Required on EVERY Page) *Ellen Bernier RN DOPC*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Ellen Bernier RN DOPC* Date *8/29/14*

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

The above plan of correction is approved as of 9/24/14 (Date)

Plan of correction implementation status as of 9/24/14 (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: 12787 - 07/17/2014 - Braswell, Natasha
 PCH Name: MEADOWOOD

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The medical evaluation dated 12/11/13, for resident # 1 located on the Secured Dementia Unit does not have documentation of special health and dietary needs.

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.

To correct violation monthly audits will be completed for 3 months by The Director of Personal Care to ensure medical evaluations are completed to include special health and dietary needs.

To ensure continued compliance Quarterly audits will be completed by Director of Personal Care on medical evaluations and reported to Quality Assurance

The medical evaluation for Resident #1 was updated to include the special health and dietary needs on 8/15/14

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	Ellen Bernier RN DDPC		
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Ellen Bernier RN	8/29/14

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 (Date)

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 (Date)

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 (Initials)

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Violation Report: 12787 - 07/17/2014 - Braswell, Natasha
 PCH Name: MEADOWOOD

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The medication administration record for resident #2 did not match the instructions on the label for the Simvastatin. The MAR displayed one tablet 20 mg and the label read 1/2 tab 40 mg strength.

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.

To correct violation 24⁰ chart checks will be completed daily on each new order by charge nurse
 To ensure continued compliance the Director of Personal Care will complete audits quarterly and report to Quality Assurance Comm. H.E.E.
 The M.A.R. for Resident #2 was corrected to reflect the current prescribed dose on 8/15/14

Repeat Violation: No:	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Eileen Bernier RD DOPC*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Eileen Bernier RD DOPC</i>	Date <i>8/29/14</i>
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 (Date)

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 (Initials)

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Violation Report: 12787 - 07/17/2014 - Braswell, Natasha
 PCH Name: MEADOWOOD

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 screening for residents # 1 admitted on 12/11/13 and resident # 3 admitted on 5/12/14, does not include documentation to identify the home can meet the needs of the two residents.

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.

To correct violation monthly audits will be completed by Director of Personal Care to ensure pre-admission screening is completed to include that the needs of the resident can be met by the services provided by the home

To ensure continued compliance audits will be completed by the Director of Personal Care quarterly and reported to Quality Assurance Committee.

The pre admission screening was corrected on 8/15/14

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Ellen Bernier RN DDAC*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Ellen Bernier RN* Date *8/29/14*

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 (Initials)

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 (Date)

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Violation Report: 12787 - 07/17/2014 - Braswell, Natasha
 PCH Name: MEADOWOOD

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

The initial assessment for resident # 4 admitted on 4/21/14 was complete on 5/18/14 pass the 15 day requirement.

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.

To correct violation monthly audits will be completed for 3 months by Director of Personal Care to ensure initial assessments are completed timely.

To ensure continued compliance Quarterly Audits will be completed by Director of Personal Care on initial Assessments and reported to Quality Assurance

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Ellen Bernier RN DOPC

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

Ellen Bernier RN

Date

8/29/14

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8/29/14
 (Date)

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9/24/14
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Violation Report: 12787 - 07/17/2014 - Braswell, Natasha
 PCH Name: MEADOWOOD

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 SDU on 12/9/13 and resident # 3 admitted to the SDU on 5/12/14 documentation is not present to support that the resident and/ or the resident's designee have not objected to the admission to the secured dementia 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.

To correct violation monthly audits will be completed for 3 months by the Director of Personal Care to ensure consent to treat in secured Dementia Unit

To ensure continued compliance Quarterly Audits will be completed by Director of Personal Care on Consent to treat in secured Dementia Unit form and reported to Quality Assurance Committee

Resident #1 and Resident #3's record was updated to include documentation that the resident and/or designee do not object to the admission to the S.D.U on 8/15/14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Ellen Bernier RN Director

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

Ellen Bernier RN

Date

8/29/14

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8/24/14
 (Date)

Plan of correction implementation status as of

9/24/14
 (Date)

The above plan of correction was approved by

[Signature]
 (Initials)

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Violation Report: 12787 - 07/17/2014 - Braswell, Natasha
 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 # 1 admitted to the SDU on 12/11/13, the support plan was not completed within 72 hours. The actual completion date of the support plan was 1/10/14.

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.

To correct violation monthly audits will be completed for 3 months by Director of Personal Care to ensure support plan completed within 72 hours of admission for all clients admitted to Secure Dementia Unit.

To ensure continued compliance Quarterly Audits will be completed by the Director of Personal Care to ensure support plans are completed timely and reported to Quality Assurance Committee

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

Signature of Legal Entity Representative (Required on EVERY Page) *Ellen Bernier RD DOPC*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Ellen Bernier RD* Date *8/29/14*

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The above plan of correction is approved as of *9/12/14*
 (Date)

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 (Date)

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 (Initials)

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