



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

Sent via emailed to: [REDACTED]  
MAILING DATE: October 30, 2014

Mr. Carl Noto, Executive Director  
Ecumenical Enterprises, Inc.  
200 Lake Street  
Dallas, Pennsylvania 18612

RE: The Meadows Manor  
License: #243650

Dear Noto:

As a result of the Department of Public Welfare's licensing inspection on September 24, 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.

Sincerely,

A handwritten signature in black ink that reads "Michele Moskalczyk".

Michele Moskalczyk  
Regional Licensing Administrator

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Enclosure  
Licensing Inspection Summary



Violation Report: 24385 - 09/24/2014 - Yellenic, Cindy  
 PCH Name: THE MEADOWS MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

**2a. DESCRIPTION OF VIOLATION**

On 9/24/2014, at 9:15am, the following empty medication blister pack cards were on top of the third floor medication cart unlocked and accessible: Resident #1, Aspirin EC81; Resident #2, Citalopram HBR 10mg., Cardizem CD 240mg.

On 9/24/2014, at 9:15am, the following empty medication blister pack card was on top of the second floor medication cart unlocked and accessible: Resident #3, Percocet 325mg.

**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. Regulation is important in order to follow HIPPA guidelines.
2. Staff member left empty blister pak with label on her cart.
3. Staff member needed to reorder medication.
4. Blister packs were removed at time of survey.
5. Staff educated on HIPPA and leaving blister packs on top of cart and any resident information on top of cart.
- 6. Monitored by Resident Care Manager, Administrator and Resident Care Supervisor.
7. Added to Quarterly Quality Management Review.

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

10-28-14

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

The above plan of correction is approved as of

10/30/14  
 (Date)

Plan of correction implementation status as of

10/30/14  
 (Date)

The above plan of correction was approved by

*M*  
 (Initials)

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

Violation Report: 24365 - 09/24/2014 - Yellenic, Cindy  
 PCH Name: THE MEADOWS MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

**2a. DESCRIPTION OF VIOLATION**

Resident #4 self-administers medication the following medications Capzastin Cream and Aspercream, but has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications.

**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 Meadows Manor does not allow residents to self-administer medications unless a doctor order is obtained that states they may keep at bedside.
2. This regulation is important in order to obtain resident safety.
3. New resident had medication at bedside.
4. The resident and family were informed at time of admission of this regulation, but failed to follow facility protocol.
5. Medication was removed and physician was called for orders.
6. Resident Assistants will check daily for violation of regulation and it will remain as part of Quality Management Plan.

• The administrator shall monitor for for ongoing compliance.

M  
10/30/14

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 10-28-14

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Violation Report: 24365 - 09/24/2014 - Yellenic, Cindy  
 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**

On 9/23/14, Staff Person A and on 9/22/14, Staff Person B administered medications to residents. Staff person A and B are not medical professional and have not completed the Department's medication administration training.

On 9/23/14, Staff Person C administered medications to residents. Staff person C is not a medical professional and does not have all the forms the Department's medication administration training requires correctly completed.

On 9/20/14, Staff Person D and staff person E administered medications to residents. Staff person D and E are not medical professional and do not have all the forms the Department's medication administration training requires correctly completed.

On 9/19/14, Staff Person F administered medications to residents. Staff person F is not a medical professional and does not have all the forms the Department's medication administration training requires correctly 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.*

- 1. Regulation ensures that medication will be administered safely and in accordance with best practices by trained professionals.
- 2. Documentation for A & B was missing and later found under door of Administration Office.
- 3. The Annual Practicum Review was not completed correctly. Resident Care Manager was confused about times of completion.
- 4. Resident Care Manager observed staff members on cart and MAR.
- 5. A tickler system was developed for training.
- 6. Medication Trainer will be responsible for preventing future violations.

*The administrator shall monitor and assure ongoing compliance.*

*M 10/30/14*

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 10-28-14

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Violation Report: 24365 - 09/24/2014 - Yellenic, Cindy  
 PCH Name: THE MEADOWS MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

On 9/24/14, Resident #5's two Advair diskus were not dated when they were opened, and the Ventolin 90mcg. had no date opened and the prescription fill date had been ripped off.

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. Regulation ensures medications have not been discontinued.
2. Medications were not dated when they were opened.
3. Not identified during regular review of carts.
4. New medications were obtained at time of survey. Cart reviews were enacted.
5. This regulation is part of our Quality Management Review.
6. Resident Care Manager, Resident Care Supervisor and Administrator are responsible for preventing future violations.

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

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Violation Report: 24365 - 09/24/2014 - Yellenic, Cindy  
 PCH Name: THE MEADOWS MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

**2a. DESCRIPTION OF VIOLATION**

On 9/24/2014, the following residents medications were expired in the medicine cart on the third floor.

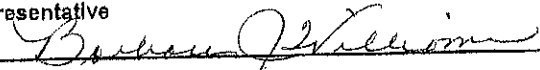
- Resident #5's Gualfenesin - expiration and filled dates were ripped off.
- Resident #6's Advair - opened 8/3/14, Milk of Magnesia - date filled ripped off and expiration date scratched out.
- Resident #7's Gualfenesin DM - fill date ripped off and expiration date scratched out.
- Resident #8's Q-TussIn DM - expired 8/2014
- Resident #9's Nitrostat 0.4mg. fill date 5/11/12, expiration date ripped off.

**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. Regulation ensures medications have not been discontinued.
2. Medications were not dated when they were opened.
3. Not identified during regular review of carts.
4. New medications were obtained at time of survey. Cart reviews were enacted.
5. This regulation is part of our Quarterly Management Review.
6. Resident Care Manager, Resident Care Supervisor and Administrator are responsible for preventing future violations.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Violation Report: 24365 - 09/24/2014 - Yellenic, Cindy  
 PCH Name: THE MEADOWS MANOR

**1. REGULATION 55 Pa.Code §2600**  
 2600.186(a) - Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.

**2a. DESCRIPTION OF VIOLATION**  
 The prescription medication Symbicort belonging to Resident #6 was located in the medication cart and was being administered to resident #6, however, there was no current order for the medications use by an authorized prescriber.

**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. Regulation ensures that medications are prescribed by a person authorized to do so and that residents received medication in accordance with current orders.
2. Medication had been d/c'd on 3/19/14 and should not have been in cart; it was missed during cart review during Quarterly Management Review.

• The administrator shall Audit all medications and assure that all prescription medications are prescribed in writing by an authorized prescriber. The Audit shall be completed by 11/21/14. Documentation of the Audit shall be maintained by the home and available for review at the Department's Request.

M 10/30/14

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Violation Report: 24365 - 09/24/2014 - Yellenic, Cindy  
 PCH Name: THE MEADOWS MANOR

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

On 9/24/14, at 9:00am, Staff Person G was signing the e-MAR that the resident's medications had been given prior to the resident's taking their medications.

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. Regulation ensures MAR accuracy by minimizing chances of documentation mistakes if a resident refuses a medication.
2. Staff member completed EMAR before administrating medication.
3. Staff member forgot her training.
4. Addressed the procedure of EMAR with staff member during survey.
5. Education to all resident assistants regarding medication administration via EMAR.
6. Resident Care Manager and Resident Care Supervisor and Administrator are responsible for future violations.

• The administrator shall monitor and assure ongoing compliance.

M  
10/30/14

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Violation Report: 24385 - 09/24/2014 - Yellenic, Cindy  
 PCH Name: THE MEADOWS MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.190(b) - A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

**2a. DESCRIPTION OF VIOLATION**

Department Licensing Representative witnessed on 9/24/2014, at 10:00am, Staff Person G, who has not successfully completed a Department-approved diabetes patient education program within the past 12 months, administered insulin to Resident # 7.

**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. Residents of The Meadows Manor administer their own insulin.
2. Upon hire employee signs documentation that they are not to administer insulin.
3. Staff person disciplined for acting out of scope.
4. Staff educated on diabetes and not to administer insulin when not trained.
5. Resident Care Manager, Resident Care Supervisor and Administrator will monitor.
6. All staff was again educated on this matter.

*The administrator shall monitor and assure ongoing compliance*

*m*  
*10/30/14*

Repeat Violation: No

Date(s) of Previous Violation(s):

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 (Required on EVERY Page)

*Barbara J. Williams*

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Violation Report: 24365 - 09/24/2014 - Yellenic, Cindy  
 PCH Name: THE MEADOWS MANOR

**1. REGULATION 55 Pa.Code §2600**  
 2600.225(c) - The resident shall have additional assessments as follows:  
 (1) Annually.  
 (2) If the condition of the resident significantly changes prior to the annual assessment.  
 (3) At the request of the Department upon cause to believe that an update is required.

**2a. DESCRIPTION OF VIOLATION**  
 The most recent assessment for Resident #6 was completed on 3/31/2014, the previous assessment was completed on 3/8/13.

**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.*

1. Regulation allows homes to create a comprehensive profile of resident's needs and serves as the basis for the plan to meet those needs.
2. Resident's medical evaluation was due 3/4/14. Resident returned from nursing center on 3/18/14. Therefore, it was impossible to fulfill obligation of regulation in a timely manner.
3. It was completed on return.

*The administrator shall be responsible for ongoing compliance.*

*M*  
*10/30/14.*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Barbara J. Williams*

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Violation Report: 24365 - 09/24/2014 - Yellenic, Cindy  
 PCH Name: THE MEADOWS MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.252 - Each resident's record must include the following information: (1) through (26)

Za. DESCRIPTION OF VIOLATION  
 Resident #10's record does not include the incident report dated 8/6/14 for this 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.

Having a complete record for each resident gives the facility the best possible picture of who the resident is, what the resident's history is and what services or needs the residents may have.

The incident reports are always reviewed and returned to resident's chart. It is also kept in a separate binder in the Administrative Office. This report was misplaced by nursing staff.

Resident Care Manager reviews charts monthly and submits Quarterly Management Reviews.

*The administrator shall monitor and assure ongoing compliance.*  
*M*  
*10/30/14*

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Barbara J. Williams</i>			
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