

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to THE PARK HOME

LEGAL ENTITY

To operate THE MEADOWS, A PERSONAL CARE COMMUNITY

NAME OF FACILITY OR AGENCY

Located at 2160 WARRENSVILLE ROAD, MONTGOMERY, PA 17754

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 64  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from January 1, 2015 until July 1, 2015

unless sooner revoked for non-compliance with applicable laws and regulations.

No: 225961

*Robert E. Robinson*

ISSUING OFFICER

*Matthew J. [Signature]*

ACTING DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

PW 628 - 10/13



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

DEC 31 2014

Mr. Jeffery B. Sims, President  
The Park Home  
25 West Third Street, Suite 300  
Williamsport, Pennsylvania 17701

RE: The Meadows, A Personal Care Community  
2160 Warrensville Road  
Montoursville, Pennsylvania 17754  
License #: 225961

Dear Mr. Sims:

As a result of the Department of Human Services' licensing inspection on December 19, 2014 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

During the inspection, violations on the enclosed License Inspection Summary were found. All violations specified on the 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 PROVISIONAL license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,

A handwritten signature in black ink that reads "Matthew Jones" followed by a stylized flourish or initials.

Matthew J. Jones  
Director

Enclosures  
License  
License Inspection Summary



Violation Report: 22031 - 12/19/2014 - Yellenic, Cindy  
 PCH Name: THE MEADOWS OF DIVINE PROVIDENCE

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 12/19/14 at 10:00am, Department Representatives observed the Medication Administration Records (MAR) for each resident of the facility located, unlocked and unattended on the medication carts within the living room. The MAR's contain confidential health information for each 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.*

Upon the initial walk through of the state inspectors, one of the medication carts was found unlocked with the MAR sitting on top of it and accessible to others. Staff person A left the cart unlocked while staff person B was sitting at the desk by the medication cart. Staff member B left the immediate area to use the restroom which is located within a few feet of the area where the med carts are kept. This made the MAR and medication become out of her view and there for not protecting patient confidentiality or ensuring medications were secure. It is important to protect the privacy of residents. Records should not be left attended for any period of time. Staff on duty were immediately educated on the importance of locking the medication cart and medication administration record when it is not being used. Staff should not depend on another person to watch the cart while they step away for any period of time. That cart is the responsibility of the person using it and should immediately be locked before walking away. All staff were educated on 12/19/14 to place MAR books in bottom drawer of medication cart and lock it up when not being used.

Administration will do random checks every day they are present in the building to ensure compliance. The shift supervisor in charge will be responsible for checking when administration is not in the building.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *GAYLE L. HUMMEL, ADMINISTRATOR* Date *12/23/14*

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

The above plan of correction is approved as of <u>12/29/14</u> (Date)	Plan of correction implementation status as of <u>12/29/14</u> (Date)
The above plan of correction was approved by <u>B.B.</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

Violation Report: 22031 - 12/19/2014 - Yellenic, Cindy  
 PCH Name: THE MEADOWS OF DIVINE PROVIDENCE

1. REGULATION 55 Pa.Code §2600  
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION  
 The freezer located in the resident kitchen does not contain a thermometer and therefore it cannot be determined that the food is being stored at the proper temperature.

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.

It is important to check temperatures of all freezers and refrigerators regularly to ensure the appliance is working properly and prevent spoilage of products in the refrigerated units. Immediately on the day of inspection (12/19/14) a new thermometer was placed in the residents kitchen freezer. Refrigerators and Freezers in common areas are checked by third shift daily to maintain cleanliness and expiration of items. Logging the temperatures in the common area refrigerators and freezers has been added to that daily task list for third shift. The supervisor will be responsible for checking that temps are checked daily. Administration will check the temperature logs weekly to ensure ongoing compliance.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Gayle Hummel*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Gayle Hummel Administrator*      Date *12/23/14*

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Violation Report: 22031 - 12/19/2014 - Yellenic, Cindy  
 PCH Name: THE MEADOWS OF DIVINE PROVIDENCE

1. REGULATION 55 Pa.Code §2600  
 2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION  
 On 12/19/14 at 10:00am Department Representatives observed the 100 Hall Medication cart located in the living room unlocked and unattended.

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.

Upon the initial walk through of the state inspectors, one of the medication carts was found unlocked with the MAR sitting on top of it and accessible to others. Staff person A left the cart unlocked while staff person B was sitting at the desk by the medication cart. Staff member B left the immediate area to use the restroom which is located within a few feet of the area where the med carts are kept. This made the MAR and medication become out of her view and there for not protecting patient confidentiality or ensuring medications were secure. It is important to protect the privacy of residents. Records should not be left attended for any period of time. Staff on duty were immediately educated on the importance of locking the medication cart and medication administration record when it is not being used. Staff should not depend on another person to watch the cart while they step away for any period of time. That cart is the responsibility of the person using it and should immediately be locked before walking away. All staff were educated on 12/19/14 to place MAR books in bottom drawer of medication cart and lock it up when not being used.

Leaving medications unsecured allows the potential for theft of medications and also the potential for a resident who is not deemed capable to self administer medications to access those medications.

Administration will do random checks every day they are present in the building to ensure compliance. The shift supervisor in charge will be responsible for checking when administration is not in the building.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Gayle D. Hummel*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Gayle D. Hummel, Administrator*      Date *12/23/14*

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Violation Report: 22031 - 12/19/2014 - Yellenic, Cindy  
 PCH Name: THE MEADOWS OF DIVINE PROVIDENCE

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 #1 does not include initials of the staff person who administered the medication, Triamcinolone Acetonide 0.5% at 8:00am.

The medication administration record for Resident #2 does not include initials of the staff person who checked residents' blood glucose or the residents' blood glucose readings.

The medication administration record for Resident #3 does not include initials of the staff person who administered the medication, Systane 0.3%-0.4% drops at 12:00pm.

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

1. Triamcinolone cream was not signed for 12/19/2014 in the MAR but was administered per the sign off roster. The staff person that signed for the administration of the Triamcinolone cream was immediately educated on the importance of signing the medication administration record so that accidental over dose does not occur.

2. The daily task sheet that is used had the initials of the staff person who checked the am blood glucose readings. The staff person who did not sign on the MAR was immediately educated on the importance of documentation.

3. Eye drops were initialed on the shift task sheet but the MAR was not documented for 11am on 12/19/2014. The staff person that signed for the administration of the eye drops was immediately educated on the importance of signing the medication administration record so that accidental over dose does not occur.

Mar will be checked each shift by the supervisor to ensure that medication administration records are being signed appropriately. All staff will be educated to ensure continued compliance. Administration will do this education and will do weekly MAR reviews to ensure compliance.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Gayle L. Hummel*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *GAYLE L. HUMMEL, ADMINISTRATOR*      Date *12/23/14*

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Violation Report: 22031 - 12/19/2014 - Yellenic, Cindy  
 PCH Name: THE MEADOWS OF DIVINE PROVIDENCE

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

2a. DESCRIPTION OF VIOLATION

Resident #4 has a physician's order to have a blood glucose reading completed two times a day at 6:30am and 4:00pm. On the following dates and times, the blood glucose test was not completed for Resident #4 according to the history in the residents' glucometer:

12/15/14 at 4:00pm--recorded in MAR as 113  
 12/18/14 at 4:00pm--recorded in MAR as 99.

The test were not completed as stated above and the readings were not in the glucometer. The home is not following the prescriber orders.

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.*

Prescriber's orders must be followed to ensure the health and wellness of residents.

Upon further investigation of the glucometer readings for the above resident #4, 12/15/2014 it was discovered that the staff person did not take the blood sugar. Staff member admitted that she got distracted and went to do something else and thought that she took the blood sugar and wrote down what she thought that she remembered it to be. This staff member was educated on how to use glucometers, and the importance of staying focused while doing an important task and to not sign off on the daily task sheet until the task is actually completed. All staff will be in-serviced on how to use glucometers, and the importance of staying focused while doing an important task and to not sign off on the daily task sheet until the task is actually completed. Weekly checks will be done with each Glucometer to ensure further compliance and to ensure that all staff properly understand how to use the meters.

On 12/18/2014 The Glucometer reads 99 and the MAR was not signed. Copy of the MAR has already been sent and a photo of the glucometer reading is being attached with this report. Also note that the times are not set correctly on this Glucometer this will also be corrected. Administration will do Weekly checks will be done with each Glucometer to ensure further compliance and to ensure that all staff properly understand how to use the meters.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *RAYA W. HARRIS, ADMINISTRATION* Date *12/23/14*

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