



pennsylvania
DEPARTMENT OF HUMAN SERVICES

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, MONTOURSVILLE, PA 17754
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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 48
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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 June 25, 2015 until June 25, 2016,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 225960

Robert E. Robinson
ISSUING OFFICER

Matthew J. [Signature]
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.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE:

JUN 26 2015

Mr. Jeffery B. Sims, President
The Park Home
2160 Warrensville Road
Montoursville, Pennsylvania 17754

RE: The Meadows, A Personal Care Community
License #: 225960

Dear Mr. Sims:

As a result of the Department of Human Services' licensing inspection on May 19, 2015 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.

As a result of your facilities recent adjustment of the use of physical space, we are revising your licensed capacity.

Since this is a reduction in the previous licensed capacity, you have the right to appeal this decision through a hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacob Herzing, Enforcement Manager
Human Services Licensing
Department of Human Services
Room 631 Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

Mr. Jeffery B. Sims

2

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

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
Director

Enclosures
License
Licensing Inspection Summary

Violation Report: 22596 - 05/19/2015 - Rushin, Julieanne
 PCH Name: THE MEADOWS, A PERSONALCARE COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.65(c) - Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.

2a. DESCRIPTION OF VIOLATION

Staff Person (A) did not have a general orientation to their specific job functions as it relates to their ancillary position prior to working in that capacity.

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.

Specific duties of the Maintenance person hired on 4/16/15 were not listed on the orientation sheet. Staff person A was trained in duties specific of his job on the first week of hire while he was shadowing. A new orientation paper was created with Maintenance specific duties and Staff person A signed off on those duties.

Administrator will ensure compliance by checking orientation sign offs on all new hires.
 Orientation sheet attached (A)

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)	Date
Johney B Sims	6/1/15

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The above plan of correction is approved as of 6/8/15
 (Date)

The above plan of correction was approved by m
 (Initials)

Plan of correction implementation status as of 6/8/15
 (Date)

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

Violation Report: 22596 - 05/19/2015 - Rushin, Julianne
 PCH Name: THE MEADOWS, A PERSONAL CARE COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

The white refrigerator freezer located in the resident's kitchenette area contained the following items that were not labeled or dated: 1 container of Dairy Queen ice cream, 1 MacDonald's cheese burger and 2 pieces of pie.

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.

Items were immediately removed from the refrigerator the day of inspection. A sign is posted on the refrigerator indicating all items must have a name and date if placed in the refrigerator. On 5/29/2015, all staff, residents and families were given a memo educating them on how to properly store items in the facility refrigerator. A marker and tape were placed in the drawer by the refrigerator to assist with compliance. Third shift will check the refrigerator nightly and report to administration. The administrator will ensure compliance by also doing random checks. (copy of memo with instructions attached) (B)

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 6/1/15

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The above plan of correction is approved as of <u>6/8/15</u> (Date)	Plan of correction implementation status as of <u>6/8/15</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

Violation Report: 22596 - 05/19/2015 - Rushin, Julianne
 PCH Name: THE MEADOWS, A PERSONALCARE COMMUNITY

1. REGULATION 55 Pa. Code §2600
 2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident #2's, date of admission 5/12/15, Initial medical evaluation was dated 2/4/15.

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's DME was in the process of being corrected. The Resident #2 moved to the facility on 5/12/15. A fax was sent to the physician on the day of admission requesting corrections to the medical evaluation. The doctor's office stated the patient was seen in the office on 4/27/2015 so the evaluation was corrected by the physician to say date evaluated was 4/27/2015. The final evaluation (date seen 4/27/2015) was received by the facility on 5/27/2015 (received 15 days after the admission- date seen 15 days prior to the admission). Copy of fax request and completed evaluation are attached. (C)

The administrator shall monitor and assure ongoing compliance.

M
6/8/15

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) *Jeffrey B. Sims* Date *6/1/15*

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Violation Report: 22596 - 05/19/2015 - Rushin, Julienne
PCH Name: THE MEADOWS, A PERSONALCARE COMMUNITY

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 for resident #1, dated 6/6/14 is missing the following information: the resident's height, weight, pulse rate, blood pressure and 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.

Resident #1 a new DME was received on 5/27/2015. The new DME contains all vitals on the resident.

- Administrator will audit all DMEs as they come in to ensure continued compliance. (E)

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 6/1/15

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Violation Report: 22596 - 05/19/2015 - Rushin, Julianne
 PCH Name: THE MEADOWS, A PERSONALCARE COMMUNITY

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

Resident #3 has a prescription for Advair 250/50 with a month expiration after being opened. The discus was opened on 4/12/15 and was still available in the medication cart for use.

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.

Advair discus removed immediately from the medication cart on the day of inspection and replaced with new discus. All staff will be educated on the removal of this medication if not used within 30 days of being opened. Eduction with all the staff will begin on 5/29/2015 to be completed by 6/5/2015.

- Administrator or nurse will do cart audits weekly to ensure continued compliance

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)

Date: 6/1/15

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The above plan of correction was approved by <u>[Initials]</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: 22586 - 05/19/2015 - Rushin, Julienne
 PCH Name: THE MEADOWS, A PERSONALCARE COMMUNITY

- 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 MAR for Resident #4 has a prescription for Clindamycin HCL 150mg, listed without a diagnosis.
 The MAR for Resident # 2 states their Muro 128.5% eye drops may be kept at bedside. The resident does not have a physician's order allowing them to keep medications at bedside.

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 MAR for resident#4 now has a diagnosis of prophylaxis prior to dental procedure for Clindamycin HCL 150mg.
 The DME received on resident #2 states the Muro eye drops are to be at bedside (attachment C from page 4). Residents medical chart also contained a signed med list with eye drops for bedside dated 5/15/2015. This signed medication list was in the chart at the time of the inspection. (D)

The administrator shall monitor and assure ongoing conformance.
M
6/8/15

Repeat Violation: Yes _____ Date(s) of Previous Violation(s): 12/19/2014

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *James B Sims* Date *6/1/15*

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