



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 25 2015

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 Human Services' licensing inspection on July 1, 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.

Your regular license for the period September 20, 2015 to September 20, 2016 was issued on July 10, 2015. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones
Director

SH

Enclosure
License Inspection Summary

Violation Report: 24365 - 07/01/2015 - Harvey, Jason
 PCH Name: THE MEADOWS MANOR

1. REGULATION 55 Pa.Code §2600
 2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

Furosemide 20mg was not administered to resident #1 on 6/19/15 at 9:00am due to the medication not being available. The medication error was not reported to the Department's regional office.

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 2600.16(c) is important to ensure residents receive their medication as ordered by their physician. *- as well as knowing all elements of what constitutes a reportable incident. CP 8-12-15*
2. Resident did not have her 9 am dose of Furosemide as evident by a blank on the MAR, which is an omission of medication.
3. Staff did not sign the medication out during the medication pass causing the blank.
4. Physician made aware of the missed medication.
5. Any violation will be treated as a medication error. Physician and family will be made aware of the omission and it will be reported to the Department of Human Services.
6. Random audits will be done weekly by the Resident Care Manager.
7. Resident Care Manager will be responsible for random audits and compliance.
As well as insuring that staff properly recognize when a reportable incident has occurred, notify the home's administrator according to policy in 16(b) - and who is responsible to report incidents to the Regional Office in the 24 hours required. CP. 8-12-15

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 *7-16-15*

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

The above plan of correction is approved as of 8-12-15
 (Date)

Plan of correction implementation status as of 8-12-15
 (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: 24365 - 07/01/2015 - Harvey, Jason
 PCH Name: THE MEADOWS MANOR

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

A "house" glucometer not labeled with a resident's name was located in the top drawer of the 3rd floor medication cart. The glucometer contained 17 different readings from 6/12/15- 6/28/15.

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.

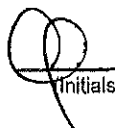
1. Regulation 2600.85(c) is important for infection control issues.
2. An extra glucometer was found in the top drawer of medication cart and we are unsure of who it was used on.
3. The violation was caused due to the glucometer being left in the med cart drawer.
4. The glucometer was immediately disposed of by Resident Care Manager.
5. All resident glucometers will be labeled with resident's name.
6. Medication carts will be randomly checked for unmarked items. The 11/7:30 am shift will clean and check med carts weekly.
7. Resident Care Manager will be responsible to ensure that nothing is in med cart that is not marked and/or labeled. *- as well as making sure that sanitary conditions are maintained to ensure ongoing compliance.*

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	Date <i>7-16-15</i>
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The above plan of correction is approved as of <u>8-12-15</u> (Date) The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>8-12-15</u> (Date) <ul style="list-style-type: none"> <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
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Violation Report: 24365 - 07/01/2015 - Harvey, Jason	
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 The following medications prescribed to the stated resident were found to have expired on the indicated date:	
Resident #2-	Amlodipine 10mg expired 4/15/14
Resident #3-	Omeprazole 20mg expired 12/15/14 Carvedilol 3.125mg expired 5/29/14 Advair Diskus expired 5/29/15
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.	
<ol style="list-style-type: none"> 1. Regulation 2600.183(d) is important to ensure residents are receiving medication that have not expired and may have lost potency of the medication. 2. Expired medication was found by the inspector in the overflow medication cabinet. 3. Family brought medication from home, from Express Scripts, that had been expired and was not caught at time the family brought in. 4. The medication was immediately disposed of and cabinet checked to ensure all medication was current. 5. When medication is brought in from family, from Express Scripts, the expiration date will be checked and highlighted by person receiving meds. 6. Resident Care Manager will be responsible for compliance and random audits. <i>Adm will periodically review audits and ensure ongoing compliance. Cf. 8-12-15</i> 	
Repeat Violation: Yes	Date(s) of Previous Violation(s): 09/24/2014
Signature of Legal Entity Representative (Required on EVERY Page) <i>Barbara J. Williams</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Barbara J. Williams, Administrator	
Date 7-16-15	
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The above plan of correction was approved by <u><i>[Signature]</i></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: 24385 - 07/01/2015 - Harvey, Jason
 PCH Name: THE MEADOWS MANOR

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

It is the home's policy that two staff persons count the narcotic medication at the beginning and end of each shift. On the following dates and times, the home did not count the narcotics per the home's policy as indicated on the Narcotic Count Sheet:

- 6/10/15; the end of the 3:00am- 11:00pm shift
- 6/20/15; end of the 3:00am- 11:00pm shift
- 6/20/15; the beginning of the 11:00pm- 7:00am shift
- 6/21/15; the end of the 7:00am- 3:00pm shift

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 2600.185(a) is important due to the narcotic count needs to be accurate in order that all narcotics are accounted for.
2. The regulation was violated due to blanks on the shift to shift narcotic count sheet.
3. Staff did not count the narcotics at the end and/or beginning of their shift as evidenced by the blanks.
4. The narcotic medications were counted and found to be accurate at the time of survey.
5. Random audits will be done by Resident Care Manager to assure that the narcotic count is completed and accurate at the end of and beginning of each shift and signed.
6. Resident Care Manager will be responsible for compliance.

Adm will periodically review narcotic count sheets to ensure ongoing compliance.

Op. 8-12-15

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 *7-16-15*

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 (Date)

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 (Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 24365 - 07/01/2015 - Harvey, Jason
 PCH Name: THE MEADOWS MANOR

1. REGULATION 65 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 home did not properly maintain the Medication Administration Record (MAR) of the indicated resident due to staff incorrectly transcribing the blood glucose test results in the individual glucometer:

Resident #1- Before bed on 6/24/15 the reading was 306 but was incorrectly transcribed as 309
 Before lunch on 6/25/15 the reading was 332 but was incorrectly transcribed as 302
 Before lunch on 6/27/15 the reading was 278 but was incorrectly transcribed as 243
 Before dinner on 6/27/15 the reading was 304 but was incorrectly transcribed as 306
 Before bed on 6/27/15 the reading was 242 but was incorrectly transcribed as 248
 Before bed on 6/29/15 the reading was 321 but was incorrectly transcribed as 326
 Before lunch on 6/30/15 the reading was 233 but was incorrectly transcribed as 232
 Before bed on 6/30/15 the reading was 177 but was incorrectly transcribed as 117

Resident #4- Before breakfast on 6/24/15 the reading was 129 but was incorrectly transcribed as 106

Resident #6- Before breakfast on 6/20/15 the reading was 127 but was incorrectly transcribed as 205
 Before lunch on 6/22/15 the reading was 308 but was incorrectly transcribed as 306
 Before breakfast on 6/24/15 the reading was 333 but was incorrectly transcribed as 338
 Before lunch on 6/25/15 the reading was 193 but was incorrectly transcribed as 183
 Before dinner on 6/25/15 there was no reading but was transcribed as 275
 Before bed on 6/25/15 there was no reading but was transcribed as 256
 Before breakfast on 6/28/15 the reading was 268 but was incorrectly transcribed as 238
 Before lunch on 6/26/15 the reading was 395 but was incorrectly transcribed as 366

Resident #7- Before breakfast on 6/24/15 the reading was 97 but was incorrectly transcribed as 96
 Before breakfast on 6/30/15 there was no reading on the glucometer but MAR was transcribed as 100

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.

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


Date *7-16-15*

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The above plan of correction is approved as of 8-14-15
 (Date)

Plan of correction implementation status as of 8-14-15
 (Date)

OP

<p>Violation Report: 24365 - 07/01/2015 - Harvey, Jason PCH Name: THE MEADOWS MANOR</p>	
<p>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:</p> <ol style="list-style-type: none"> (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. 	
<p style="text-align: right;">8-14-15</p> <p>The above plan of correction was approved by  (initials)</p>	<p style="text-align: right;">8-14-15</p> <p><input type="checkbox"/> Fully Implemented</p> <p><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress</p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>

Carrie Grayson 8-14-15

P7A 89

3. PLAN OF CORRECTION *discussed w/home 8-13-15.*

1. Regulation 2600.187(a) is important due to ~~infection control and to ensure that devices are not used by residents that they are not to be used for to prevent transmission of infections.~~ *proper documentation, correct & complete - recorded on the MARs*
2. During inspection it was revealed that the glucometers readings did not match the MAR reading input into the EMAR. Resident Assistant's will check glucometers for accurate reading to transcribe correctly.
3. The violation was caused by residents telling staff what the reading was and not checking the glucometer. *themselves. - med techs*
4. Staff in-serviced to observe the resident do their glucometer to ensure accurate documentation and transcription correctly from glucometer to EMAR *at the time the reading is observed.*
5. Random audits will be completed by Resident Care Manager to ensure accuracy of glucometer readings and input of readings are done correctly on the EMAR.
6. All glucometers will be calibrated.
7. Resident Care Manager will be responsible for compliance. *-Adm or Designee will perform periodic random audits to ensure ongoing compliance. cp. 8-14-15*

Signature of Legal Entity Representative

Barbara J. Williams

Printed Name and Title of Legal Entity Representative

Barbara J. Williams, Administrator

Date

7-16-15

8-14-15

Anne Grayson 8-14-15.

Violation Report: 24365 - 07/01/2015 - Harvey, Jason
 PCH Name: THE MEADOWS MANOR

1. REGULATION 55 Pa.Code §2600

2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2a. DESCRIPTION OF VIOLATION

The prescribing physician was not notified of the following medication refusals:

Resident #5 refused Systane eye drops on 6/9/15 at 1:00pm.

Resident #6 refused artificial tear drops on 6/21/15 at 9:00pm, Exelon patch 9.5 mg on 6/12/13 and 6/13/15 at 10:00am, and Docusate Sodium 100mg on 6/21/15 at 9:00pm.

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 2600.187(c) is important to ensure that residents receive medication that is ordered by the physician and to alert physician of resident not following orders.
2. Two residents refused medication and it was not reported timely to Resident Care Manager and/or physician.
3. Staff did not follow proper procedure on med refusals.
4. Physician made aware of refusals for further orders.
5. Random audits will be completed by Resident Care Manager weekly with EMAR regarding to ensure that all refusals are documented and the proper procedure followed.
6. Resident Care Manager will be responsible for compliance.

*Adm or Designee will conduct a staff training for all med techs & licensed staff that pass meds regarding the requirement to report refusals, file in res. record and notify dr.
 B. 8-12-15*

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

Date *7-16-15*

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The above plan of correction is approved as of <u>8-12-15</u> (Date)	Plan of correction implementation status as of <u>8-12-15</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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: 24366 - 07/01/2015 - Harvey, Jason
 PCH Name: THE MEADOWS MANOR

1. REGULATION 65 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

The home did not follow the prescriber's order on 6/19/15 at 9:00am due to not administering Furosemide 20mg to resident #1 due to the medication not being available.

Resident #4 is ordered to have blood glucose testing conducted every Wednesday. The home conducted a blood glucose testing on Monday, 6/8/15.

The home did not conduct an accucheck reading as ordered on 6/28/15 before breakfast for resident #1

On 6/27/15 before lunch, the blood glucose reading of resident #1 was 278. Per the prescribed sliding scale insulin parameters, the resident should have received 4 units of insulin but instead received 2 units of insulin due to staff incorrectly documenting the blood glucose level on the resident's MAR.

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 2600.187(d) is important to ensure residents are receiving medications as ordered by physician. Glucometer readings are transcribed accurately and correct as ordered. As needed glucometer readings need documentation as to why-sign and symptoms.
2. Blood glucose testing was not done at time scheduled and the EMAR & glucometer reading did not match causing the resident not to receive appropriate insulin according to sliding scale.
3. Late accuchecks omission on EMAR of accucheck and wrong reading transcribed to EMAR.
4. Staff was in-serviced after inspection to observe residents do accucheck and document accurately. Staff to transcribe accucheck to EMAR immediately after glucose reading.
5. All glucometers will be calibrated for accuracy.
6. Random audits will be done weekly by Resident Care Manager to ensure glucometer reading and documentation in EMAR are correct for reading and time.
7. Resident Care Manager will be responsible for compliance.

The home will also check on at least a monthly basis to ensure all medications are on and as ordered (see Resident #1).
 Adm/Designee will perform random reviews of MARs and observations to ensure ongoing compliance. QA 8-14-15

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 7-16-15

8-14-15

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The above plan of correction is approved as of 8-14-15
 (Date)
 Discussed w/home 8-13-15

The above plan of correction was approved by *[Signature]*
 (Initials)

Plan of correction Implementation status as of 8-14-15
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
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