



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: MAR 08 2016

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

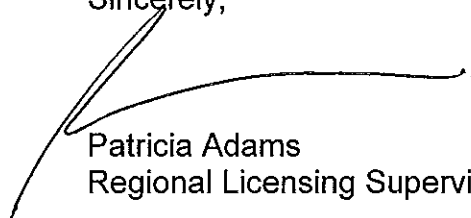
RE: Meadowood
License #: 127870

Dear Mr. Nordeman:

As a result of the Department of Human Services' licensing inspection on September 1, 2015, September 15, 2015 and September 17, 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.

Sincerely,



Patricia Adams
Regional Licensing Supervisor

Enclosure
Licensing Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: MEADOWOOD		License Number: 12787
Address: P O BOX 670 3205 SKIPPACK PIKE, WORCESTER, PA 19490		County: Montgomery
Administrator: Ellen Bernier		Region: SOUTHEAST
Legal Entity Name: MEADOWOOD CORPORATION		
Legal Entity Address: P.O.BOX 670 3205 SKIPPACK PIKE, WORCESTER, PA 19490		
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 77	Waking Staff: 58
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 08/26/2015: Keppel, Autumn; Braswell, Natasha		
Off-Site Inspection Dates and Inspectors, if Applicable 09/01/2015: Keppel, Autumn 09/15/2015: Keppel, Autumn 09/17/2015: Keppel, Autumn		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 76	Number of Residents who:	
Number of Residents Served: 46	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: Yes	Are 60 Years of Age or Older: 46	
Area: Azalea House	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable: 12	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable: 12	Have a Mobility Need: 31	
Number of Current Hospice Residents: 1	Have a Physical Disability: 2	
Number of Hospice Residents in past year: 6		

Violation Report: 12787 - 08/26/2015 - Keppel, Autumn
 PCH Name: MEADOWOOD

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
 Resident #1's assessment dated 10/27/14, indicates that the resident is independent with ambulating and is continent. According to staff members who work with the resident, Resident #1 is incontinent and requires assistance with ambulating. They described the resident as now being total care. The home has not completed a new assessment of the resident's needs to reflect these changes.

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. Resident #1 - Support Plan updated related to incontinence on 9/18/2015.

2. To correct this violation a new support plan will be completed to include a comprehensive profile of the residents needs by 11/1/2015.

3. To ensure continued compliance all staff will reflect any changes in the residents needs on the 24 hour report. The charge nurse will update the support plan and initiate additional assessments as needed.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Ellen Bernier RN DAPC* Date *10/20/2015*

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

The above plan of correction is approved as of <i>12/8/15</i> (Date)	Plan of correction implementation status as of <i>12/8/15</i> (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