



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 15 2016

Mr. Daniel E. Freed, Vice President of Health Services
Shannondell, Inc.
10,000 Shannondell Drive
Audubon, Pennsylvania 19403

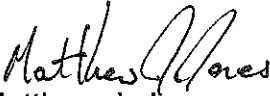
RE: The Meadows at Shannondell
6000 Shannondell Drive
Audubon, Pennsylvania 19403
License #: 128370

Dear Mr. Freed:

As a result of the Department of Human Services' annual licensing inspections on January 22, 2016 and March 25, 2016 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,


Matthew J. Jones
Director _{/s/}

Enclosure
License Inspection Summary

Violation Report: 12837 - 01/22/2016 - Keppel, Autumn
 PCH Name: THE MEADOWS AT SHANNONDELL

1. REGULATION 58 Pa.Code §2600
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
 The contracts for Resident #1, Resident #2, Resident #3, and Resident #4 were not signed by the residents.

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 contracts for Resident 1, Resident 2 and Resident 4 will be reviewed with each resident and they will have the opportunity to sign the contract. Resident 3 no longer resides in the home.

2. Upon admission, each new resident will have the contract reviewed with them so they can sign it.

This will be monitored by PCA or designee. This will be completed by March 18, 2016.

The administration will conduct a review of all new resident admission records within 24 hours of admission, starting within 30 days of receipt of this plan of correction.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Brian Galinkin*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Brian Galinkin, Executive Director Date 2/19/2016

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

The above plan of correction is approved as of <u>2/23/16</u> (Date)	Plan of correction implementation status as of <u>2/23/16</u> (Date)
The above plan of correction was approved by <u><i>BG</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: 12837 - 01/22/2016 - Keppel, Autumn
 PCH Name: THE MEADOWS AT SHANNONDELL

1. REGULATION 55 Pa.Code §2600
 2600.29(a) - If a personal care home elects to provide assistance with IADLs or ADLs for a resident who receives hospice care and services in accordance with § 2600.29 (relating to hospice care and services), the home shall provide for the resident's personal care needs, as well as meet the needs directed by the hospice agency for the time period that hospice service staff are not physically present in the home, and in accordance with the resident's medical evaluation, assessment and support plan.

2a. DESCRIPTION OF VIOLATION
 Hospice services are provided by Holisticare Hospice. The home did not have documentation showing that the agency is licensed to provide hospice services.

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 home has a copy of Holisticare Hospice's current license.
2. The home will maintain a copy of Holisticare Hospice and other hospice provider's license.

This will be monitored by the PCA or designee. This will be completed by March 18, 2016. A copy of Holisticare Hospice's license was not requested during the inspection and was always on hand.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Brian Galinkin, Executive Director	Date 2/19/2016
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Violation Report: 12837 - 01/22/2016 - Keppel, Autumn
 PCH Name: THE MEADOWS AT SHANNONDELL

1. REGULATION 55 Pa.Code §2600
 2600.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION
 Resident #1, #2, #3, and #4's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights.

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 rights will be reviewed with Resident 1, Resident 2, and Resident 4. Resident 3 no longer resides in the home.
2. Upon admission, resident rights will be reviewed with each new resident. This will be monitored by PCA or designee. This will be completed by March 18, 2016.

The administrator will review all new resident admission records to ensure the Residents have been advised of their rights, within 24 hours of admission, starting within 30 days of receipt of this plan of correction. (S)

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Brian Galinkin*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Brian Galinkin, Executive Director Date 2/19/2016

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

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

Violation Report: 12837 - 01/22/2016 - Kappel, Autumn	
PCH Name: THE MEADOWS AT SHANNONDELL	
1. REGULATION 65 Pa.Code §2800 2800.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 16 (relating to protective services for older adults) and other applicable regulations.	
2a. DESCRIPTION OF VIOLATION The home does not have on file the completed criminal background checks for Holisticare Hospice staff who provide services to residents in the home.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i> <ol style="list-style-type: none"> The home has on file the completed criminal background checks for Holisticare Hospice employees. The home will maintain copies of criminal background checks of hospice employees of hospice providers. This will be monitored by PCA or designee. This will be completed by March 18, 2016. During the inspection, copies of the licenses and applicable background checks of Holisticare Hospice staff were given to the inspectors.	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Brian Galinkin</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Brian Galinkin, Executive Director	Date 2/19/2016
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Violation Report: 12837 - 01/22/2016 - Keppel, Autumn	
PCH Name: THE MEADOWS AT SHANNONDELL	
<p>1. REGULATION 55 Pa.Code §2600 2600.54(a) - Direct care staff persons shall have the following qualifications: (1) Be 18 years of age or older, except as permitted in § 2600.54(b). (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry. (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.</p>	
<p>2a. DESCRIPTION OF VIOLATION The home does not have documentation that Direct care Staff Member A has a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.</p>	
<p>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.</p> <p>1. Staff member A's last day of working in Personal Care will be on March 3, 2016. 2. Upon hire, Human Resources staff or designee will assure that direct care staff have high school diploma or active registry status on the Pennsylvania nurse aide registry. This will be monitored by PCA or designee.</p> <p><i>The administrator or designee will review of ALL STAFF records to ensure that all direct care staff have a high school diploma, GED or active status on the PA nurse aide registry, starting within 30 days of receipt of this plan of correction.</i></p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>[Signature]</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Brian Galinkin, Executive Director</i>	Date <i>3/1/16</i>
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Violation Report: 12837 - 01/22/2016 - Keppel, Autumn
 PCH Name: THE MEADOWS AT SHANNONDELL

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care Staff Member B, hired on 9/9/15, provides unsupervised ADL services to residents. The staff person has not completed the Department-approved direct care training course and passed the competency test.

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. Staff member B completed the Department approved direct care training course and passed the competency test on February 29, 2016.
- 2. All direct care staff will complete the Department required trainings. This will be monitored by PCA or designee, prior to the staff providing unsupervised ADL services, starting within 30 days of receipt of this plan of correction.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Brian Galinkin, Executive Director* Date *3/1/16*

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Violation Report: 12837 - 01/22/2016 - Keppel, Autumn
 PCH Name: THE MEADOWS AT SHANNONDELL

1. REGULATION 55 Pa.Code §2600
~~2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:~~
 (1) Medication self-administration training.
 (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
 (3) Care for residents with dementia and cognitive impairments.
 (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
 (5) Personal care service needs of the resident.
 (6) Safe management techniques.
 (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION
 Staff Member A and Staff Member C did not received training on medication self-administration, and instruction on meeting the needs of residents as described in the preadmission screening form, assessment tool, medical evaluation, and support plan during the 2015 training year.

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. Staff members A and C have received training on medication self administrator and instruction on meeting the needs of residents as described in the preadmission screening form assessment tool, medical evaluation and support plan.
 2. Direct care staff persons will complete annual trainings on medication self administration and instruction on meeting the needs of residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

 This will be monitored by the PCA or designee. This will be completed on March 18, 2016.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Brian Galinkin, Executive Director	Date 2/19/2016
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Violation Report: 12837 - 01/22/2016 - Keppel, Autumn
 PCH Name: THE MEADOWS AT SHANNONDELL

1. REGULATION 86 Pa.Code §2600
 2600.65(g)- Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION
 Staff Member D did not receive training on falls and accident prevention during the 2015 training year.

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. Staff member D received training on falls and accident prevention.
2. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers will be trained on falls and accident prevention.


This will be monitored by PCA or designee. This will be completed on March 18, 2016.

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) Brian Galinkin, Executive Director	Date 2/19/2016
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Violation Report: 12837 - 01/22/2016 - Keppel, Autumn
 PCH Name: THE MEADOWS AT SHANNONDELL

1. REGULATION 56 Pa.Code §2600
 2600.101(f)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
 Room's #19 and #119 do not have an operable lamp or other source of lighting that can be turned on from the 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.

1. Room 19 and 119 have an operable lamp that can be turned on from bedside.
2. Rooms will be checked by facility staff to ensure they have an operable lamp at bedside, daily.

This will be monitored by the PCA or designee. This will be completed by March 18, 2016. During the inspection, room 19 had an operable lamp at bedside.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Brian Galinkin*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Brian Galinkin, Executive Director Date 2/19/2016

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Violation Report: 12837 - 01/22/2016 - Keppel, Autumn
 PCH Name: THE MEADOWS AT SHANNONDELL

1. REGULATION 55 Pa.Code §2600
 2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION
 The homes fire drills held on 4/30/15, 7/31/15, 8/31/15, 9/30/15, 10/31/15, and 11/30/15, were done on the last day of the month.

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. Executive Director educated Maintenance Director on the importance of having fire drills on different days of the week/month/times.
2. This will be monitored by PCA or designee and was corrected on February 26, 2016.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Brian Galinkin, Executive Director</i>	Date <i>3/1/16</i>
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Violation Report: 12837 - 01/22/2016 - Keppel, Autumn
 PCH Name: THE MEADOWS AT SHANNONDELL

1. REGULATION 56 Pa.Code §2600

2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:

- (1) Identify the correct resident.
- (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
- (3) Remove the medication from the original container.
- (4) Crush or split the medication as ordered by the prescriber.
- (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
- (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
- (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

2a. DESCRIPTION OF VIOLATION

Resident #5 has an order for blood sugar checks to be done before meals and at bedtime. According to the residents glucometer, on 1/18/16 the resident's blood sugar was checked at 1:30PM with a result of 179. This was not documented on the MAR and instead 134 was recorded for 11:30AM.

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 5 is having blood sugar checks according to physician's order.
2. Nursing staff will be in-serviced on the correct procedure to obtain blood sugars and record blood sugars in MAR.

This will be monitored by PCA or designee. This was completed on March 1, 2016.

Periodic checks of glucometers will be conducted on all residents that are prescribed blood sugar checks, starting within 30 days of receipt of this plan of correction.

Repeat Violation: No	Date(s) of Previous Violation(s):			
Signature of Legal Entity Representative (Required on EVERY Page) <i>B. Galinkin</i>				
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Brian Galinkin, Executive Director</i>			Date <i>3/4/16</i>	

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Violation Report: 12837 - 01/22/2016 - Keppel, Autumn
 PCH Name: THE MEADOWS AT SHANNONDELL

- 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
 On the following dates at the following times, the time Resident #5's blood sugar checks were done does not match the time documented on the MAR;

- On 1/16/16 it was checked at 10:12PM and was documented as 9PM.
- On 1/17/16 it was checked at 6:52AM and was documented as 8AM.
- On 1/18/16 it was checked at 8:43AM and was documented as 8AM.
- On 1/18/16 it was checked at 1PM and documented as 11:30AM.
- On 1/18/16 it was checked at 5:49PM and was documented at 4:30PM.
- On 1/19/16 it was checked at 10:13PM and was documented as 9PM.
- On 1/20/16 it was checked at 1PM and was documented as 11:30AM.
- On 1/22/16 it was checked at 6:19AM and was documented as 8AM.

1. Resident 5 is having blood sugar checks according to physician's order and blood sugars are being recorded at the time they are checked.
 2. Nursing staff will be in-serviced on documenting blood sugars at the time they are taken. *Periodic checks of all resident glucometers will be conducted by administration, starting 5/1/16*
 This will be monitored by PCA or designee. This was completed on March 1, 2016.

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):

Signature of Legal Entity Representative *[Signature]*
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative *Brian Galinkin, Executive Director* Date *3/1/16*
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Violation Report: 12837 - 01/22/2016 - Keppel, Autumn	
PCH Name: THE MEADOWS AT SHANNONDELL	
1. REGULATION 55 Pa.Code §2600 2600.187(d) - The home shall follow the directions of the prescriber.	
2a. DESCRIPTION OF VIOLATION Resident #5 has an order for blood sugar checks to be done before meals and at bedtime. On 1/20/16 and 1/18/16, their sugar was checked at 1PM which was not before a meal.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p>1. Resident 5 is having blood sugar checks according to physician's order.</p> <p>2. Nursing staff will be in-serviced on checking blood sugars according to physician's orders.</p> <p>This will be monitored by PCA or designee. This was completed on March 1, 2016.</p> <p><i>A periodic check of the MAR's for all resident prescribed blood sugar checks will be conducted by the administrator or designee, starting within 30 days of receipt of this plan of correction.</i></p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative <i>[Signature]</i> <small>(Required on EVERY Page)</small>	
Printed Name and Title of Legal Entity Representative <small>(Required on EVERY Page)</small>	Date
<i>Main Control, Executive Director</i> <i>3/4/16</i>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <i>3/29/16</i> <small>(Date)</small>	Plan of correction implementation status as of <i>3/29/16</i> <small>(Date)</small>
The above plan of correction was approved by <i>[Signature]</i> <small>(Initials)</small>	<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: 12837 - 01/22/2016 - Keppel, Autumn
 PCH Name: THE MEADOWS AT SHANNONDELL

1. REGULATION 58 Pa.Code §2600
 2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION
 Resident's #1, #2, #3, and #4 have not been educated on the resident's right to refuse medication if the resident believes that there may be a medication error.

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, Resident 2, and Resident 4 will be educated on resident's right to refuse medication if he/she believes that there is a medication error. Resident 3 no longer resides in the home.

2. All new residents will be educated on their right to refuse medication if he/she believes that there may be a medication error.

This will be monitored by PCA or designee. This will be completed by March 18, 2016.

The administrator or designee will check all new resident admission documents within 24 hours of admission, starting within 30 days of admission. (S)

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Brian Galinkin*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Brian Galinkin, Executive Director Date 2/19/2016

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

The above plan of correction is approved as of <u>3/29/16</u> (Date)	Plan of correction implementation status as of <u>3/29/16</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: 12837, 01/22/2016 - Keppel, Autumn
 PCH Name: THE MEADOWS AT SHANNONDELL

1. REGULATION 55 Pa.Code §2600
2600.202 - The following procedures are prohibited:

- (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited.
- (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
- (3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
- (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.
- (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.
- (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

2a. DESCRIPTION OF VIOLATION
 On 1/1/16 at 1:30PM, 1/12/16 at 1:21PM, 1/13/16 at 11:12AM, 1/16/16 at 8:24AM, 1/19/16 at 10:50AM, 1/20/16 at 11:17AM, and 1/22/16 at 8:35AM, staff administered Alivan, PRN, to Resident #3 for agitation.

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 R3 no longer resides in the home.
- 2. Nursing staff will be in-serviced on appropriate administration of PRN psychotropic medications.

This will be monitored by PCA or designee. This will be completed by March 18, 2016.

The administrator will contact AAA ombudsmen to conduct a training on Residents rights to all STAFF within 30 days of receipt of this plan of correction.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Brian Galinkin, Executive Director	Date 2/19/2016
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The above plan of correction was approved by <u><i>BG</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: 12837 - 01/22/2016 - Keppel, Autumn
 PCH Name: THE MEADOWS AT SHANNONDELL

1. REGULATION 55 Pa.Code §2600
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
 The pre-admission screening form for Resident #4, dated [redacted] 15, does not include a determination that the home can meet the service needs of the 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.

1. The Pre-admission screening form for Resident 4 has been updated to reflect that the home can meet the service needs of the resident.
2. Pre-Admission screening forms will be completed for all new admissions and will determine if the home can meet the needs of the resident.


This will be monitored by PCA or designee. This will be completed by March 18, 2016.

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) Brian Galinkin, Executive Director Date 2/19/2016

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The above plan of correction was approved by  (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: 12837 - 01/22/2016 - Keppel, Autumn
 PCH Name: THE MEADOWS AT SHANNONDELL

1. REGULATION 55 Pa.Code §2600
 2600.231(e) - Each resident record shall have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

2a. DESCRIPTION OF VIOLATION
 - Resident #2 was admitted to the SDCU on [REDACTED] 15. The home has no documentation that the resident and the resident's designated person have not objected to the admission.
 - Resident #3 was admitted to the SDCU on [REDACTED] 15. The home has no documentation that the resident and the resident's designated person have not objected to the admission.

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 #2 RASP has been updated to reflect that the resident and the resident's designated person has not objected to the admission on the SDCU. Resident #3 no longer resides in the home.
2. All residents and their designated person who reside on the SDCU will be asked if they object to being on SDCU and this will be reflected on their RASP. This will be monitored by PCA or designee. This will be completed by March 18, 2016.

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

Signature of Legal Entity Representative *Brian Galinkin*
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative Date 2/19/2016
 (Required on EVERY Page) Brian Galinkin, Executive Director

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

The above plan of correction is approved as of 3/29/16
 (Date)

Plan of correction implementation status as of 3/29/16
 (Date)

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

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