



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 10 2016

Mr. Jeffrey 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' annual licensing inspection on April 28, 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,

A handwritten signature in black ink, appearing to read "Jay Bausch".

Jay Bausch
Deputy Secretary

Enclosure
License Inspection Summary

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

PCH Name: THE MEADOWS A PERSONAL CARE COMMUNITY		License Number: 22596
Address: 2160 WARRENSVILLE ROAD, MONTOURSVILLE, PA 17754		County: Lycoming
Administrator: Gayle Hummel		Region: NORTHEAST
Legal Entity Name: THE PARK HOME		
Legal Entity Address: 2160 WARRENSVILLE ROAD, MONTOURSVILLE, PA 17754		
Certificate(s) of Occupancy		
C-2 LP 01/04/1993 Department of L&I	I-1 01/31/2010 Loyalsock Township	
Staffing Hours		
Resident Support: NM	Total Daily Staff: 34	Waking Staff: 26
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
04/28/2016: Hummel, Jesse; O'Haire, Anne		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 48 Number of Residents Served: 34 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 2	Number of Residents who: Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 33 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 22596 - 04/28/2016 - Hummel, Jesse
 PCH Name: THE MEADOWS A PERSONAL CARE COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION
 The facility's fire drill records indicate fire drills were held on the following dates: 8/21/15 at 11:12, 9/30/15 at 3:06, and 12/28/15 at 11:20, however the fire drill log does not indicate whether the drills were held in the AM or PM.

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.

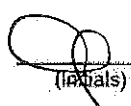
Maintenance staff conduct drills for our facility. All drills stated what shift they were conducted on but did not all say AM or PM on the time. On the day of inspection all fire drill logs were reviewed and AM/PM was added to the above times mentioned. Maintenance was instructed to also include AM/PM on the drill times for future drills. Administration will monitor to ensure continued compliance.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>GAYLE L HUMMEL ADMINISTRATOR</i>	Date <i>6-2-16</i>
---	--------------------

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

The above plan of correction is approved as of <u>6/25/16</u> (Date) The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>6/25/16</u> (Date) <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 - 04/28/2016 - Hummel, Jesse
 PCH Name: THE MEADOWS - A PERSONAL CARE COMMUNITY

1. REGULATION 55 Pa. Code §2600

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral, topical, eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A regularly administers medications. Staff person A most recently completed the medication administration training annual practicum on 3/22/15. Since completion of the annual practicum on 3/22/15, staff person A completed only 3 of the 4 required Medication Administration Record (MAR) reviews and did not complete either of the two required medication administration observations. In order for staff person A to be eligible to continue administering medications, staff person A was required to complete the annual practicum by 3/22/16.

Direct care staff person B regularly administers medications. Staff person B most recently completed the medication administration training annual practicum on 10/2/14. Since completion of the annual practicum on 10/2/14, staff person A completed only 3 of the 4 required Medication Administration Record (MAR) reviews and did not complete either of the two required medication administration observations. In order for staff person B to be eligible to continue administering medications, staff person B was required to complete the annual practicum by 10/2/15.

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.

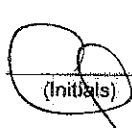
The Nurse/Medication trainer left her position for other employment in May of 2015. The new nurse was not allowed to get certified until employed 6 months at our facility. The previous trainer continued to come in when available to help keep training records up to date. We trained two new staff as medication trainers CS became certified on 11/10/2016 and my new nurse just became certified on 4/26/2016. The new trainer started new annual practicums without completing the old forms. This caused employees A and B to show as not completing the practicum by the required dates. Employee A was retrained on the new computer based medication training on 4/30/2016 and employee B became a certified medication trainer on the new system through Temple on 11/10/2015. Mar Reviews and observations for employees A and B were all completed with late entries. The rest of the medication techs are up to date with trainings and annual practicum sheets. 7 staff have already completed the new medication training program and All remaining staff that administer medications will be retrained in the new training program by 8/31/2016. Administrator will monitor quarterly to ensure continued compliance.

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jesse L Hummel Administrator* Date *6-2-16*

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

The above plan of correction is approved as of <u>6/25/16</u> (Date)	Plan of correction implementation status as of <u>6/25/16</u> (Date)
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: 22596 - 04/28/2016 - Hummel, Jesse
 PCH Name: THE MEADOWS A PERSONAL CARE COMMUNITY

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 completed on [redacted] 16 for resident #1 does not indicate the personal care needs of the resident can be met by the services provided by the facility.

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 Preadmission screen for Resident #1 was corrected immediately on the day of the inspection. A chart review was done on 4/29/2016 to make sure all other Preadmission screens were appropriately marked for personal care. All charts are currently in compliance. The employee who completed the Preadmission screen was educated on the importance of correctly marking the Preadmission screen. The administrator will audit all new admission to ensure continued compliance.

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jesse Hummel Administrator* Date *6-2-16*

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

The above plan of correction is approved as of <u>6/25/16</u> (Date)	Plan of correction implementation status as of <u>6/25/16</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