



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Ms. Barbara J. Williams, Administrator  
Ecumenical Enterprises, Inc.  
200 Lake Street  
Dallas, Pennsylvania 18612

SEP 27 2016

RE: The Meadows Manor  
License #: 243650

Dear Ms. Williams:

As a result of the Department of Human Services' annual licensing inspection on July 12, 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,

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary

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

|   |  |                       |
|---|--|-----------------------|
| PCH Name: THE MEADOWS MANOR   |  | License Number: 24365 |
| Address: 200 LAKE STREET, DALLAS, PA 18612  |  | County: Luzerne       |
| Administrator: Barbara Williams   |  | Region: NORTHEAST     |
| Legal Entity Name: ECUMENICAL ENTERPRISES INC   |  |                       |
| Legal Entity Address: 200 LAKE STREET, DALLAS, PA 18612   |  |                       |
| <b>Certificate(s) of Occupancy</b><br>C-2 LP<br>12/04/1996<br>Dept. of Labor & Industry   |  |                       |
| <b>Staffing Hours</b>   |  |                       |
| Resident Support: NM  | Total Daily Staff: 43  | Waking Staff: 32      |
| Type of Inspection: Full  | BHA Docket Number:   | Notice: Unannounced   |
| <b>Reason(s) for Inspection(s)</b>  |  |                       |
| Renewal   |  |                       |
| <b>On-Site Inspections Dates and Department Representatives On-Site</b>   |  |                       |
| 07/12/2016: Rushin, Julienne; Yellenic, Cindy   |  |                       |
| <b>Off-Site Inspection Dates and Inspectors, if Applicable</b>  |  |                       |
|   |  |                       |
| <b>Other Details</b>  |  |                       |
| Partial or Full Triggers:   |  | Random Indicators:    |
| <b>Resident Demographic Data as of Inspection Dates</b>   |  |                       |
| Licensed Capacity: 66<br>Number of Residents Served: 41<br>Secured Dementia Care Unit in Home: No<br>Area:<br>Secured Dementia Unit Capacity, if Applicable:<br>Number of Residents Served in Secured Dementia Care Unit, if applicable:<br>Number of Current Hospice Residents: 0<br>Number of Hospice Residents in past year: 4 | <b>Number of Residents who:</b><br>Receive Supplemental Security Income: 0<br>Are 60 Years of Age or Older: 41<br>Have Mental Illness: 0<br>Have an Intellectual Disability: 0<br>Have a Mobility Need: 2<br>Have a Physical Disability: 0 |                       |


Violation Report: 24365 - 07/12/2016 - Rushin, Julienne  
 PCH Name: THE MEADOWS MANOR

**1. REGULATION 55 Pa.Code §2600**  
 2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

**2a. DESCRIPTION OF VIOLATION**  
 On 6-2-16 Resident # 1's Tramadol was missing 36 pills out of a bottle of 118. The Area Agency on Aging was not notified of the incident.  
 The home discovered a drug diversion of Resident #2'S Oxycodone. The home failed to notify the AAA when the missing narcotics were discovered.  
 Resident #3 has a physician's order for OxyContin to be administered 1 tablet twice daily. It was discovered on 7-3-16, the 39 pills remaining in the bottle were not OxyContin but Metoprolol. The home failed to notify the AAA when the missing narcotics were discovered.

**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.

This regulation is important to ensure the safety of the resident's.  
 The facility failed to inform Area Agency on Aging of missing medication.  
 The facility was unaware that Area Agency on Aging had to be informed.  
 The Administrator called Area Agency on Aging [redacted] to inform them.  
 They said to call Department of Human Services to see if we needed to do paperwork.  
 However, since it happened so long ago, we should write that going forward our plan of correction will be to inform Area Agency on Aging.  
 The Resident Care Manager and Administrator will prevent future violations.

*The administrator shall monitor and assure ongoing compliance.*  
  
 8/9/16

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) Barbara J. Williams, Administrator      Date 8-5-16

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

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| The above plan of correction is approved as of <u>8/9/16</u><br>(Date) | Plan of correction implementation status as of <u>8/9/16</u><br>(Date)  |
| The above plan of correction was approved by <u>M</u><br>(Initials)    | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

Violation Report: 24365 - 07/12/2016 - Rushin, Julienne  
 PCH Name: THE MEADOWS MANOR

**1. REGULATION 55 Pa.Code §2600**  
 2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

**2a. DESCRIPTION OF VIOLATION**  
 The required emergency telephone numbers were not posted near the phone in room #211.

**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.

This regulation is important so residents and staff have emergency numbers readily available to them.  
 The 911 sticker was missing on day of survey. Resident has history of removing sticker because of her dislike for the sticker. Sticker was there on 2/5/16; 5/1/16; 6/3/16; 6/9/16; 6/17/16; 7/5/16 when Quality Management was done by housekeeper.  
 The sticker will be placed in a plastic bag and adhered to the wall and one will be placed in the resident's top nightstand drawer, as well as, on her phone.  
 • Housekeeper will check weekly when she cleans the room.  
 Quality Management will continue to be done.

• The administrator shall monitor and assure ongoing compliance.  
*M*  
 8/9/16

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|----------------------|-----------------------------------|--|--|
| 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<br>(Required on EVERY Page) Barbara J. Williams, Administrator | Date 8-5-16 |
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Violation Report: 24365 - 07/12/2016 - Rushin, Julienne  
 PCH Name: THE MEADOWS MANOR

**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**  
 Review of the home's fire drill logs indicate that residents evacuated the home in 11min. 5 sec. on 9/22/15 at 11:00am. Staff person "B" produced the home's fire drill record that indicates the drill ended at 11:05 am and the residents evacuated in 5 min. 3 sec. The information was incorrectly documented on the fire drill log.

**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.

It is important to have the correct documentation to ensure that our fire drills are done in the correct amount of time.  
 The information was documented incorrectly because staff member typed in time drill finished (11:05) where she should have typed in 5 min 3 sec for time to evacuate.  
 In order to prevent future violation, after the documentation is typed, the maintenance man will re-check that everything is in order with the paperwork.  
 Quarterly Quality Management will also be used as a prevention of future typing errors.

*The administrator shall monitor and assure ongoing compliance. m 8/9/16*

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Signature of Legal Entity Representative (Required on EVERY Page) *Barbara J. Williams*

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|---|-------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Barbara J. Williams, Administrator | Date 8-5-14 |
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Violation Report: 24365 - 07/12/2016 - Rushin, Julienne  
 PCH Name: THE MEADOWS MANOR

**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 #4's annual DME, dated 4-6-16, had the following information filled in after the physician had signed the form: date evaluated and the general physical examination information.  
 Resident #1's initial DME, dated [redacted] 16, was missing the following information: date evaluated, diagnoses, and body positioning required.

**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.*

This regulation is important to ensure that the correct information is on the medical evaluation.

The cause of the violation occurred when the medical evaluation was sent back to the physician to fill in the blanks and he did not put his initials on the form.

In the future, all medical evaluations will be filled out correctly.

The Resident Care Manager is responsible to check all paperwork.

This is included in Quality Management review quarterly.

*The administrator shall monitor and assure ongoing compliance.*

*[Signature]*  
 8/9/16

|                      |                                   |  |  |
|----------------------|-----------------------------------|--|--|
| 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 8-5-16

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Violation Report: 24365 - 07/12/2016 - Rushin, Julienne  
 PCH Name: THE MEADOWS MANOR

**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 C (hired [redacted]/97) completed only one MAR review and one medication observation and therefore did not complete the required training for the 2016 annual practicum.

**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.*

This regulation is important so that all requirements are continually met under the med training manual.

This violation occurred on one of the Train the Trainers herself.

She maintains that the paperwork was properly done for her evaluation.

We are unable to find the sheet you are looking for; however, I am sending the back up paperwork that proves annual practicum was done. Other Train the Trainer is no longer employed with us, we are unable to have this form filled out. Going forward, when we have another Train the Trainer, this will not be a problem.

- In the future, the Resident Care Manager will oversee the manual for all training and will do quarterly Quality Management reviews.

*• The administrator shall monitor and assure ongoing compliance.*

*m*  
8/9/16

|                      |                                   |  |  |
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| 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 8-5-16

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Violation Report: 24365 - 07/12/2016 - Rushin, Julianne  
 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**

Resident #5 has a physician's order for an Advair 100/50. The Advair was opened on 5-6-16, has a shelf life of one month, and was available in the medication cart for use.  
 Resident # 6 has a physician's order for Albuterol Sulfate 1.25mg inhaler. The inhaler expired 6/2016 and was still in the medication cart available for use.  
 Resident #7 has a physician's order for Atropine Ophthalmic Solution. The medication expired on 4/2016.

**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.*

This regulation is important to ensure that residents are receiving medication that has not expired and may have lost potency of medication.  
 This violation occurred because the Resident Care Manager did not fulfill her obligation to check expired medications at a minimum quarterly during the Quality Management review. There is no reason why the carts can not be checked more frequently to ensure that all medications are correct.  
 The Resident Care Manager will be required to do more audits of the carts.

*The administrators shall monitor and assume ongoing compliance.*  
*m*  
*8/19/16*

Repeat Violation: Yes      Date(s) of Previous Violation(s): 07/01/2015

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 8-5-16

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Violation Report: 24365 - 07/12/2016 - Rushin, Julianne  
 PCH Name: THE MEADOWS MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:  
 (1) The resident's name.  
 (2) The name of the medication.  
 (3) The date the prescription was issued.  
 (4) The prescribed dosage and instructions for administration,  
 (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION  
 Resident #3 does not have a physician's order for Calcium 600 mg. tablets. A bottle of Calcium 600mg. tablets was in the medication cart with the resident's other medications. The bottle of Calcium tablets did not have a name on it or a pharmacy label.

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.

Regulation is important so the right resident received the right medication.  
 Error occurred because family brought in calcium and staff put it in the cart before getting a doctor order.  
 Calcium was removed from cart until doctor order was received. Order was received from doctor on 7/15/16 and then given to resident. Label was placed on calcium to indicate name and order.  
 In the future, medication presented by family should not be put into cart until doctor order received by Resident Care Manager.  
 Violation could have been prevented had Resident Care Manager been more vigilant in getting orders and tracking medication.  
 Resident Care Manager will check more frequently for unlabeled medications and call for prescriptions in a more timely manner.

*The administrator shall monitor and assure ongoing compliance.*  
*mm*  
*8/9/16*

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 8-5-16

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Violation Report: 24365 - 07/12/2016 - Rushin, Julianne  
 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**  
 Resident #1 has a physician's order for Tramadol. The home's medication policy states the controlled substances will be counted by 2 staff members during each shift change. The staff at shift change was not counting the Tramadol because there was a piece of tape over the bottle. On 6/2/16, the bottle was counted and 36 pills were missing since the resident moved into the facility on 3-28-16

**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.

This regulation is important to reduce the risk that medications be misplaced, lost, or misused.

This regulation was violated because staff did not count the medication in the vial each time from shift to shift - they relied on a number (#) on a piece of tape.

Our policy clearly states that all narcotics must be counted before and after each shift.

The staff was re-educated on policies and procedures of counting narcotics between shifts.

The Resident Care Manager will check and instruct each staff member and do random checks, as well as, the quarterly Quality Management review.

All staff members that were involved in this violation received written reprimands.

*The administrator shall monitor and assure ongoing compliance - m  
 8/9/16*

|                       |                                   |            |
|-----------------------|-----------------------------------|------------|
| Repeat Violation: Yes | Date(s) of Previous Violation(s): | 07/01/2015 |
|-----------------------|-----------------------------------|------------|

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 *8-5-16*

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Violation Report: 24365 - 07/12/2016 - Rushin, Julianne  
 PCH Name: THE MEADOWS MANOR

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

Resident #9 has a physician's order for a blood glucose test to be administered 4 x day. On July 8, 2016 at 7:00am the resident's BG# was 162 and recorded in the MAR as 291.  
 Resident # 2 has a physician's order for Diphenoxylate-Atropine to be given as a PRN. The resident was administered the medication on 6/10 at 11:30am, 6/13 at 11:30am, and 7/9 at 9:00am, it was not recorded in the MAR, but was recorded on the narcotic count down sheets the medication was given.

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 #9 - It is important for staff to enter the correct reading in order to give the correct insulin. Resident Assistants must double check entry before giving insulin to the resident. More audits of glucometers need to be done by the Resident Care Manager beyond the quarterly management review.  
 Resident #2 - It is important that the MAR always be initialed to ensure that the drug was given. After researching the narc sheets, two (2) employees were at fault and will be retrained in marking the MAR, as well as, the Narc sheet.  
 In the future, the Resident Care Manager needs to check the EMAR to be sure medication is given correctly.  
 Resident Care Manager should also check Med Tech's daily to ensure proper medication transcription.

*The administrator shall monitor ongoing compliance*

|   |  |
|---|--|
| Repeat Violation: Yes   | Date(s) of Previous Violation(s): 07/01/2016 |
| Signature of Legal Entity Representative: <i>Barbara J. Williams</i> 8/12/16              |  |
| Printed Name and Title of Legal Entity Representative: Barbara J. Williams, Administrator |  |
| Date: 8-12-16   |  |

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|--|---|
| Violation Report: 24365 - 07/12/2016 - Rushin, Julienne<br>PCH Name: THE MEADOWS MANOR   |   |
| 1. REGULATION 55 Pa.Code §2600<br>2600.187(d) - The home shall follow the directions of the prescriber.  |   |
| 2a. DESCRIPTION OF VIOLATION<br>Resident # 9 has a physician's order for a blood glucose test to be administered 4 x day. On July 8, 2016 at 7:00am the resident's BG# was 162 and recorded as 291. The resident required 2 units of insulin and received 6 units of insulin according to the sliding scale for insulin coverage ordered by the physician.<br>Resident # 2 has a physician's order for Clonazepam, 1 tab by mouth 2 x daily. On 6/9/16 at 9:00am, on 6/11/16 at 9:00am, and on 6-12-16 at 9:00am doses were not administered to the resident.<br>Resident # 8 has a physician's order for Oxycodone to be administered at 9:00am and 9:00pm. Since 6-18-16 the resident has received the 9:00am medication between 5:00am and 6:00am. The MAR for the resident states administration time for the medication is 6:00am and 9:00pm. The resident also has a PRN order for the same medication to be given every 6 hours as needed for pain. The medication was given by Staff Person "A" on 6/29/16 at 12:00pm and administered again at 3:00pm.  |   |
| 3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)<br>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.   |   |
| This regulation is important to ensure that residents receive medications and treatments as order by a physician.<br>Resident # 9 - Resident Assistants must double check entry before giving insulin to the resident. More audits of glucometers need to be done by the Resident Care Manager beyond the quarterly management review.<br>Resident # 2 - Clonazepam was incorrectly reordered on narc sheet. [redacted] (Med Tech) went over disposition and narc count and corrected errors - see attached narcotic sheet.<br>Resident # 8 - Oxycodone order is for 6 am and 9 pm straight order. Therefore, drug can be given between 5:00 and 6:00 am. The only discrepancy is for PRN order on 6/29/16 at 3:00 pm - there should have been 6 hours between 12:00 pm dose and 3:00 pm dose.<br>Resident Assistants (Med Techs) need to watch when last PRN dose was given.<br>Future violations can only be prevented if staff is more careful and vigilant when there are straight PRN doses of same.<br>Resident Care Manager is responsible for teaching Med Techs proper procedures and for checking when they give medication. |   |
| • The administrator shall monitor and assure ongoing compliance. M 8/12/16   |   |
| Repeat Violation: Yes  | Date(s) of Previous Violation(s): 07/01/2015  |
| Signature of Legal Entity Representative (Required on EVERY Page)  |   |
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <span style="float: right;">Date 8-12-16</span>   |   |
| DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!   |   |
| The above plan of correction is approved as of <u>8/12/16</u> (Date)   | Plan of correction implementation status as of <u>8/12/16</u> (Date)  |
| The above plan of correction was approved by <u>M</u> (Initials)   | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

Violation Report: 24365 - 07/12/2016 - Rushin, Julianne  
 PCH Name: THE MEADOWS MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION  
 Resident #1 had 36 pills of Tramadol stolen from the homes medication cart. The physician was not notified of the missing medication.

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.

It is important to notify physician in order for over all well being of resident.  
 Physician was notified because we had to get another script for the resident for the pharmacy and we had to pay for missing pills.  
 Going forward, Resident Care Manager needs to follow protocol of missing medication which includes calling the physician.  
 The resident was informed of the missing medication and that we were going to reimburse her for the medication.  
 Future violations can be prevented by staff being trained more thoroughly and the staff following thru with their job performance.

The administrator shall monitor and assure ongoing compliance.

*M*  
 8/12/16

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 8-5-16

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

The above plan of correction is approved as of 8/12/16  
 (Date)

The above plan of correction was approved by *M*  
 (Initials)

Plan of correction implementation status as of 8/12/16  
 (Date)

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

Violation Report: 24365 - 07/12/2016 - Rushin, Julienne  
 PCH Name: THE MEADOWS MANOR

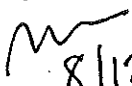
**1. REGULATION 55 Pa.Code §2600**  
 2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #3's RASP, dated 3-23-16, did not have the orientation area filled out under the Behavioral/Cognitive Needs.

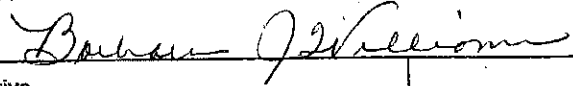
**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

This regulation is important because the RASP contains all important information the staff needs to know about the resident. Behavior/cognitive needs are important. The RASP was checked by the Resident Care Manager, the Administrator, and the Administrative Assistant, so it was an oversight. This section will be checked by the Resident Care Manager. Future violations will be prevented by more vigilance on the part of the staff.

- The Resident Care Manager fills out the RASP and is ultimately responsible for checking all sections.

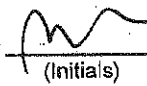
*The administrator shall monitor and assume ongoing compliance.*  
  
 8/12/16

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) Barbara J. Williams, Administrator      Date 8-5-16

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

|  |   |
|--|---|
| The above plan of correction is approved as of <u>8/12/16</u><br>(Date)  | Plan of correction implementation status as of <u>8/12/16</u><br>(Date)   |
| The above plan of correction was approved by <br>(Initials) | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |