



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

OCT 07 2016

Ms. Tracy Roman, Executive Director  
Phoebe Richland Health Care Center  
108 South Main Street  
Richlandtown, Pennsylvania 18955

RE: Meadow Glen of Phoebe Richland  
License #: 142250

Dear Ms. Roman:

As a result of the Department of Human Services' annual licensing inspection on July 13, 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 cursive script that reads "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 14225 - 07/13/2016 - Kazimer, Lauren  
 PCH Name: MEADOW GLEN AT PHOEBE RICHLAND

1. REGULATION 55 Pa.Code §2600  
 2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION  
 - The first aid kit in the SDCU nursing office does not include goggles.  
 - The first aid kit in the personal care nursing office does not include tweezers.

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.

SEE ATTACHED

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) ERIC GARCIA PCH ADMINISTRATOR	Date 8/23/2016
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <i>[Signature]</i> (Date)	Plan of correction implementation status as of <i>[Signature]</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

Violation Report Personal Care Homes- 55 Pa. code chapter 2600

Meadow Glen Phoebe Richland

License number 14225

Administrator: Erin Garcia

Regulation 2600.96 (a) The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Violation: The first aid kit in SDCU nursing offices does not include goggles.

The first aid kit in the personal care nursing office does not include tweezers.

Plan of Correction:

Goggles for the first aid kit in SDCU nursing office were placed on the same day as inspection 7/13/16.

Tweezers for the personal care nursing office first aid kit were placed on the same day as inspection 7/13/16.

Weekly audits of both first aid kits were successful. Weekly audits will continue until the next inspection and discontinue if no further issues and/or concerns.

Signature: Erin Garcia Date: 8/23/2016

ERIN GARCIA PCH ADMINISTRATOR

Violation Report: 14225 - 07/13/2016 - Kazlmer, Lauren  
 PCH Name: MEADOW GLEN AT PHOEBE RICHLAND

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

- The medication administration record for resident #1's PRN Acetaminophen 325mg does not include the instructions to take every four hours.

- The medication administration record for resident #2's Vitamin C 500mg does not include the added ingredient Rose Hips.

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.*

SEE ATTACHED

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *San Garcia RCH Administrator* Date *8/23/2016*

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The above plan of correction is approved as of <i>8/24/16</i> (Date)	Plan of correction implementation status as of <i>8/24/16</i> (Date)
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Violation Report Personal Care Homes- 55 Pa. code chapter 2600

Meadow Glen Phoebe Richland

License number 14225

Administrator: Erin Garcia

Regulation 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 of purpose for the medication, including PRN
13. Date and time of medication administration
14. Name and initials of the staff person administering the medication

Violation: The Medication administration record for resident #1 PRN Acetaminophen 325mg does not include the instructions to take every four hours  
The medication administration record for Resident #2 Vitamin C 500 mg does not include the ingredient Rose Hips.

Plan of Correction:

A Physician's order for resident #1 was obtained 7/13/16 to include every four hours in the instructions.

A Physician's order for Resident #2 was obtained 7/13/16 to include the ingredient Rose Hips

Staff received education at a Nurses meeting on 7/27/16. Any staff member who did not attend the nursing meeting reviewed nursing meeting notes.

Violation Report: 14225 - 07/13/2016 - Kazimer, Lauren  
 PGH Name: MEADOW GLEN AT PHOEBE RICHLAND

1. REGULATION 55 Pa.Code §2600

2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #3 was admitted to the SDCU on [redacted] 16. The resident's cognitive screening was completed on [redacted] 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.*

See Attached

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *ERIN GARCIA* Date *8/23/2016*

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Violation Report Personal Care Homes- 55 Pa. code chapter 2600

Meadow Glen Phoebe Richland

License number 14225

Administrator: Erin Garcia

Regulation 2600.231 (c) A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Violation: Resident #3 was admitted to the SDCU on [REDACTED] 16. The resident's cognitive screening was completed on [REDACTED] 16.

Plan of Correction:

The former administrator performed this pre admission screen therefore the individual that completed the document can not receive education. All Pre-Admission screens are now being reviewed by current Administrator within the 72 hours of admission and verified that a physician or geriatric assessment team member has documented appropriately on the cognitive screening. There have been no out of compliance screens since the review on 7/13/16.

Staff received education at a Nurses meeting on 7/27/16. Any staff member who did not attend the nursing meeting reviewed nursing meeting notes.

A Physician meeting was held 7/28/16 where the requirements for a Medication record and physician orders were reviewed as well as the violation. Any nursing staff member that did not attend the physician meeting received notes on the meeting to review.

Signature: Erin Garcia Date: 8/23/2016

Erin Garcia PCH Administrator

Violation Report: 14225 - 07/13/2016 - Kazimer, Lauren  
 PGH Name: MEADOW GLEN AT PHOEBE RICHLAND

1. REGULATION 55 Pa. Code §2600  
 2600.234(a) - Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

2a. DESCRIPTION OF VIOLATION  
 Resident §3 was admitted to the SDCU on [redacted] 16. The resident's initial support plan was developed on [redacted] 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.*

See Attached

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

Signature of Legal Entity Representative (Required on EVERY Page) *Elena Garcia*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Elena Garcia*      Date *8/23/2016*

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The above plan of correction is approved as of *[Signature]* (Date)

Plan of correction implementation status as of *[Signature]* (Date)

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

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

Violation Report Personal Care Homes- 55 Pa. code chapter 2600

Meadow Glen Phoebe Richland

License number 14225

Administrator: Erin Garcia

Regulation 2600.234 (a) Within 72 hours of the admission ,or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Violation: Resident #3 was admitted to the SDCU on [REDACTED] 16. The resident's initial support plan was developed on [REDACTED] 16.

Plan of Correction:

The former administrator performed this support plan therefore the individual that completed the document can not receive education. All support plans are now being reviewed by current Administrator within the 72 hours after admission and verified that a support plan has been developed and implemented. There have been no out of compliance screens since the review on 7/13/16.

Staff received education at a Nurses meeting on 7/27/16. Any staff member who did not attend the nursing meeting reviewed nursing meeting notes.

Signature: Erin Garcia Date: 8/23/2016

Erin Garcia PCH Administrator