



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 13 2016

Mr. Paul Nordeman, President/CEO
Meadowood Corporation
3205 Skippack Pike, P.O. Box 670
Worcester, Pennsylvania 19490

RE: Meadowood
License #: 127870

Dear Mr. Nordeman:

As a result of the Department of Human Services' annual licensing inspection on August 9, 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, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 12787 - 08/09/2016 - Colon, Lissette
 PCH Name: MEADOWOOD

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 # 1's prescribed Delsym Liquid was discontinued on 8/6/16. On 8/9/16, the medication was still inside the medication cart.

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 - Delsym was removed from medication cart on August 9th by [redacted] RN

2. To ensure continued compliance the Director of Personal care will inservice nurses/med techs related to regulation by 9/2/2016.

To ensure continued compliance monthly medication cart audits implemented. Results of cart audits will be reported to Quality Assurance Committee.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Ellen Bernier RN DOPC*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Ellen Bernier</i>	Date <i>8/26/2016</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *9/3/16*
 (Date)

Plan of correction implementation status as of *9/3/16*
 (Date)

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

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

Violation Report: 12787 - 08/09/2016 - Colon, Lissette
 PCH Name: MEADOWWOOD

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
 On 8/9/16, resident # 2's prescribed "as needed" Claritin 10mg tablets were not available in the home.

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 - Claritin order was discontinued on 8/25/16 due to non use.
- 2 To ensure continued compliance monthly medication cart audits implemented to review current medications are available on the medication cart.

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Ellen Bernier R.O. DOAC*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Ellen Bernier</i>	Date <i>8/26/16</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <i>9/9/16</i> (Date)	Plan of correction implementation status as of <i>9/9/16</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: 12737 - 08/09/2016 - Colon, Lissette
 PCH Name: MEADOWOOD

1. REGULATION 55 Pa.Code §2600
 2600.185(b) - At a minimum, the procedures in § 2600.185(a) shall include:
 (1) Documentation of the receipt of controlled substances and prescription medications.
 (2) A process to investigate and account for missing medications and medication errors.
 (3) Limited access to medication storage areas.
 (4) Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply for a resident who self-administers medication without the assistance of a staff person and stores the medication in his/her room.

2a. DESCRIPTION OF VIOLATION
 On 4/19/16, resident # 2 had a total of 116 Tramadol 50mg tablets. The medication is prescribed on an "as needed" basis. On 4/23/16, Staff member A, removed 20 Tramadol tablets from the original bottle leaving 96 pills inside, and placed the 20 pills in a smaller bottle. On 8/9/16, a narcotic count sheet for the 20 pills was not found during the medication audit in order to verify the actual count.

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. Request for review of this violation related to attached copies of narcotic sheets which indicate documentation required under reg 2600.185. DHS office received faxes as requested on 8/9/16 by inspector - Lissette Colon that we retrieved from medical records.

2 In an effort to ensure continued compliance we will keep all narcotic sheets related to original amount of narcotic delivered available in the personal care unit until narcotic completed.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Ellen Bernier* Date *8/24/16*

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

The above plan of correction is approved as of <u><i>9/14/16</i></u> (Date)	Plan of correction implementation status as of <u><i>9/9/16</i></u> (Date)
The above plan of correction was approved by <u><i>[Signature]</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: 12787 - 08/09/2016 - Colon, Lisselle
 PCH Name: MEADO'WOOD

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 # 2, admitted [redacted] 15, does not include a determination that the home can meet the service needs of the resident.
 - The pre-admission screening form for resident # 3, admitted [redacted] 16, 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 screens for resident #2 + resident #3 corrected on 8/9/14

2 To ensure continued compliance the Director of Personal Care will audit new admissions to ensure preadmission screen complete.

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Ellen Bernier* Date *8/20/14*

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Violation Report: 12787 - 08/09/2016 - Colon, Lissette
 PCH Name: MEADOWOOD

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 SDGU 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.

1. Admissions to the Secured Dementia Unit will have support plan completed within 72 hours of Admission to Secured Dementia Unit

2. To ensure continued compliance Director of Personal Care and Medical Records will audit that Support plans are completed with every admission within 72^o of admission

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Ellen Bernier RN DOAC* Date *8/20/16*

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 (Date)

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