



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: JUN 28 2017**

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' licensing off-site inspection on September 9, 2016, September 12, 2016, October 28, 2016 and October 31, 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 'Patricia Adams', written over a horizontal line.

Patricia Adams  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary



Violation Report: 12787 - 09/09/2016 - Adams, Patricia

PCH Name: MEADOWOOD

1. REGULATION 55 Pa.Code §2600

2600.186(a) - Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.

2a. DESCRIPTION OF VIOLATION

On 9/2/16, Staff member A did not updated Resident # 1's MAR to reflect the medication order change for Remeron 7.5 MG received on 7/18/16.

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. Director of Personal care met with staff person A on 9/2/16 related to medication error to prevent reoccurrences.
2. To ensure continued compliance of regulation. 24 hour chart checks on all new orders will continue and a second check will be completed by designated RN weekly for 3 months.
3. All medication errors will be reviewed at Pharmacy meeting every three months.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Ellen Bernier RN DAPC*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

*Ellen Bernier RN DAPC*

Date

*3/24/17*

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

The above plan of correction is approved as of

*3/27/17*  
(Date)

Plan of correction implementation status as of

*3/27/17*  
(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: 12787 - 09/09/2016 - Adams, Patricia  
 PCH Name: MEADOWOOD

1. REGULATION 55 Pa.Code §2600  
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Staff person A failed to correctly transcribe a 7/18/16 prescription change for the administration of Resident #1's Remeron 7.5 mg. Resident # 1 was administered incorrect dosages of Remeron 7.5 MG from 7/18/16 to 8/26/16. The resident's physician noticed the dosage error on 9/2/16 during a visit with 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 Director of Personal Care met with Staff person A on 9/12/16 to review transcription error and review strategies to help prevent recurrence
- 2 To ensure continued compliance of regulation each medical chart will be reviewed each night for new orders. This process was implemented on 3/23/17.  
 All new orders are on the 24 hour chart check process. A designated nurse will complete a second check on all orders to ensure they are transcribed correctly
3. All medication errors will be reviewed at Pharmacy meeting every three months

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) <i>Ellen Bernier RN DOPC</i>	Date <i>3/24/17</i>
--	---------------------

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

The above plan of correction is approved as of <u>3/27/17</u> (Date)	Plan of correction implementation status as of <u>3/27/17</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