



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: JUN 29 2017

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

RE: Meadow Glen at Phoebe Richland
Certificate #: 142250

Dear Ms. Roman:

As a result of the Department of Human Services' licensing inspection on 10/28/16, on which we conducted on-site inspections] 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 "Roslyn Brewer".

Roslyn Brewer
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

PCH Name: MEADOW GLEN AT PHOEBE RICHLAND		License Number: 14225
Address: 108 SOUTH MAIN STREET, RICHLANDTOWN, PA 18955		County: Bucks
Administrator: ERIN GARCIA		Region: SOUTHEAST
Legal Entity Name: PHOEBE RICHLAND HEALTH CARE CENTER		
Legal Entity Address: 108 SOUTH MAIN STREET, RICHLANDTOWN, PA 18955		
Certificate(s) of Occupancy		
NM		
NM		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 63	Working Staff: 47
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Incident		
On-Site Inspections Dates and Department Representatives On-Site		
10/28/2016: Colon, Lissella		
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: 80	Number of Residents Served: 47	Number of Residents who:
Secured Dementia Care Unit In Home: Yes	Area: 2ND FLOOR	Receive Supplemental Security Income: 0
Secured Dementia Unit Capacity, if Applicable: 33	Number of Residents Served in Secured Dementia Care Unit, if applicable: 13	Are 60 Years of Age or Older: 47
Number of Current Hospice Residents: 0	Number of Hospice Residents in past year: 2	Have Mental Illness: 0
		Have an Intellectual Disability: 0
		Have a Mobility Need: 16
		Have a Physical Disability: 0

Violation Report: 14225 - 10/28/2016 - Colon, Lisette
 PCH Name: MEADOW GLEN AT PHOEBE RICHLAND

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

Staff member A, reportedly has been intimidating residents with hospitalizations or removal from the facility if they do not respond or comply to his/her requests. On 10/17/16, Staff member A told resident # 1 he/she will be sent back to the hospital for evaluation if he/she did not respond to "this staff person". Staff member A has also informed staff not to "baby residents", and to allow them to do for themselves or the resident has to be moved out of the home if they can't be independent, this is in spite of the support plan indicating the residents requiring assistance.

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.

Administrator held a Resident Care Assistant and LPN meetings in October 2016 to discuss Residents Rights as well proper interactions with residents.

Resident Rights are reviewed annually with all staff however an additional Resident Rights in-service was held for all staff on 11/3/16 as part of this in-service intimidation and what constitutes it was reviewed.

A Resident Right is reviewed each month in the Resident Council Notes. The Administrator sent out a letter to mail to all Meadow Glen residents explaining how important it is that residents are aware of both their rights and what services Meadow Glen provides. These documents are given at admission however Administrator felt it was important to review again after this incident. A copy of both the Resident Rights and service description were provided with that letter.

The employee involved in this incident was terminated from employment at Meadow Glen.

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)	

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

The above plan of correction is approved as of <u>4/18/17</u> (Date)	Plan of correction implementation status as of <u>4/18/17</u> (Date)
The above plan of correction was approved by <u>[Signature]</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: 14226 - 10/28/2016 - Colon, Lissette Page 3 of 4
FCH Name: MEADOW GLEN AT PHOEBE RICHLAND

1. REGULATION 55 Pa.Code §2600 - 2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

On 10/11/16, at 8:00am, Staff member A and Staff member B forced resident # 1, out of bed in order to eat breakfast. Resident # 1 reported he/she did not want to get out of bed for breakfast, however, Staff member A pulled the covers back and told the resident to go to breakfast, and that he/she is going to eat in the dining room. Staff member A, along with Staff member B proceeded to swing the resident's leg over the side of the bed, in spite of the resident not wanting to attend breakfast.

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.

Staff member A was terminated from [redacted] position at Meadow Glen. Staff member B returned to work under supervision of a fellow Resident Care Assistant or supervisor, however resigned from [redacted] position prior to supervised employment ending.

A Resident Right in-service was held 11/3/16 with all staff.

Area Agency on Aging had recommended an in-service be held on transferring residents with frail skin and this was held on 11/10/16 by Bayada.

Administrator held Resident Care Assistant and LPN meetings in October 2016 to discuss Resident Rights, interactions and accommodating resident preferences and preferred schedules for waking and meals.

Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Eva Garcia RCHA, Amy Aulerbach RCHA</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Eva Garcia RCHA / Amy Aulerbach RCHA</i> Date <i>3/18/17</i>	
DEPARTMENT USE ONLY / HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <i>4/18/17</i> (Date)	Plan of correction implementation status as of <i>4/18/17</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: 14225 - 10/28/2016 - Colon, Lissette
PCH Name: MEADOW GLEN AT PHOEBE RICHLAND Page 4 of 4

1. REGULATION 55 Pa.Code §2600
2600.225(c) - The resident shall have additional assessments as follows:
(1) Annually.
(2) If the condition of the resident significantly changes prior to the annual assessment.
(3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION
Resident # 1 has been requiring more total assistance with all personal care for the past couple of months since admission date of [redacted]. The home has not completed a new assessment of the resident's needs to reflect these changes.

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.

Staff have received significant training on properly documenting on a RASP and what constitutes a significant change. A Nursing Supervisor and additional Med Tech position were created to ensure that RASP's are completed in a timely fashion. The Administrator will audit RASP's to identify that updates are identified.

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
E. Garcia RCHA / Amy Aulenbach RCHA		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		
E. Garcia RCHA / Amy Aulenbach RCHA		
Date 3/24/2017		
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!		
The above plan of correction is approved as of	4/18/17 (Date)	Plan of correction implementation status as of
The above plan of correction was approved by	[Signature] (Initials)	4/18/17 (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		