



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to SHANNONDELL INC  
LEGAL ENTITY

To operate THE MEADOWS AT SHANNONDELL  
NAME OF FACILITY OR AGENCY

Located at 6000 SHANNONDELL DRIVE, AUDUBON, PA 19403  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE

To provide Personal Care Homes  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 114  
(MAXIMUM CAPACITY)  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

**Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 34**

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from February 16, \_\_\_\_\_ 2017 until March 31, \_\_\_\_\_ 2017,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **128370**

Robert E. Robinson  
ISSUING OFFICER

Jay Baul  
DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

FEB 16 2017

Mr. Daniel E. Freed, Vice President of Health Services  
Shannondell, Inc.  
10,000 Shannondell Drive  
Audubon, Pennsylvania 19403

RE: The Meadows at Shannondell  
6000 Shannondell Drive  
Audubon, Pennsylvania 19403  
License #: 128370

Dear Mr. Freed:

As a result of your facilities recent adjustment of the use of physical space, we are issuing a revised license under the authority of 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). The revised license indicates a revised licensed capacity for your facility. The expiration date of the license remains unchanged. Your revised license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Rowe'.

Jacqueline L. Rowe  
Director

Enclosure  
License



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

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To operate THE MEADOWS AT SHANNONDELL  
NAME OF FACILITY OR AGENCY

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(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE

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To provide Personal Care Homes  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 104  
(MAXIMUM CAPACITY)  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 34

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from February 10, 2017 until March 31, 2017,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **128370**

Robert E. Robinson  
ISSUING OFFICER

Jay Bank  
DIRECTOR

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**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

FEB 13 2017

Mr. Daniel E. Freed, Vice President of Health Services  
Shannondell, Inc.  
10,000 Shannondell Drive  
Audubon, Pennsylvania 19403

RE: The Meadows at Shannondell  
6000 Shannondell Drive  
Audubon, Pennsylvania 19403  
License #: 128370

Dear Mr. Freed:

As a result of the Department of Human Services' annual licensing inspections on December 14, 2016 and December 15, 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.

As a result of your facilities recent adjustment of the use of physical space, we are issuing a revised license under the authority of 55 Pa.Code Ch. 2600. The revised license indicates a secured dementia care unit licensed capacity of 34 for your facility. The expiration date of the license remains unchanged. Your revised license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosures  
License  
License Inspection Summary

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

<b>PCH Name:</b> THE MEADOWS AT SHANNONDELL		<b>License Number:</b> 12837
<b>Address:</b> 8000 SHANNONDELL DRIVE, AUDUBON, PA 19403		<b>County:</b> Montgomery
<b>Administrator:</b> Brian Galinkin		<b>Region:</b> SOUTHEAST
<b>Legal Entity Name:</b> SHANNONDELL INC		
<b>Legal Entity Address:</b> 10 000 SHANNONDELL DRIVE, AUDUBON, PA 19403		
<b>Certificate(s) of Occupancy</b> Other 11/28/2005 department of health		
<b>Staffing Hours</b> <b>Resident Support:</b> 58 <b>Total Daily Staff:</b> 152 <b>Waking Staff:</b> 114		
<b>Type of Inspection:</b> Full <b>BHA Docket Number:</b> <b>Notice:</b> Unannounced		
<b>Reason(s) for inspection(s)</b> Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 12/14/2016: Kazimer, Lauren; Parker, Shawn 12/15/2016: Kazimer, Lauren; Parker, Shawn		
<b>Off-Site Inspection Dates and Inspectors, If Applicable</b>		
<b>Other Details</b> <b>Partial or Full Triggers:</b> <b>Random Indicators:</b>		
<b>Resident Demographic Data as of Inspection Dates</b>		
<b>Licensed Capacity:</b> 98 <b>Number of Residents Served:</b> 58 <b>Secured Dementia Care Unit In Home:</b> Yes <b>Area:</b> Avondale, on the bottom floor <b>Secured Dementia Unit Capacity, if Applicable:</b> 18 <b>Number of Residents Served in Secured Dementia Care Unit, if applicable:</b> 18 <b>Number of Current Hospice Residents:</b> 4 <b>Number of Hospice Residents in past year:</b> 18	<b>Number of Residents who:</b> <b>Receive Supplemental Security Income:</b> 0 <b>Are 60 Years of Age or Older:</b> 58 <b>Have Mental Illness:</b> 3 <b>Have an Intellectual Disability:</b> 0 <b>Have a Mobility Need:</b> 36 <b>Have a Physical Disability:</b> 1	

Violation Report: 12637 - 12/14/2016 - Kazimer, Lauren  
 PCH Name: THE MEADOWS AT SHANNONDELL

1. REGULATION 56 Pa.Code §2600  
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident # 1 dated 10-12-16 does not include the ability to self administer medications.

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 medical evaluation for resident #1 was updated to include that [redacted] is not able to self administer medications.
  2. All current medical evaluations were checked to make sure they were completed entirely.
  3. Personal Care Administrator or designee will ensure that the medical evaluations are completed fully for all residents upon admission and annually.
  4. Random audits will be conducted on a monthly basis by PCA or designee basis to ensure the medical evaluations are completed. Results of the audits will be reviewed as part of the Quality Management plan.
- This will be completed by February 1, 2017.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Brian Radwin</i>	Date <i>12/29/16</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of *1/12/17*  
 (Date)

Plan of correction implementation status as of *1/12/17*  
 (Date)

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

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

Violation Report: 12837 - 12/14/2016 - Kazlmer, Lauren  
 PCH Name: THE MEADOWS AT SHANNONDELL


1. REGULATION 66 Pa.Code §2600  
 2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION  
 The transportation vehicle does not have a thermometer in the first aid kit.

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. There is now a thermometer in transportation vehicle first aid kit.
  2. The first aid kit will be audited quarterly by PCA or designee to ensure the thermometer is in the first aid kit. Results of the audits will be reviewed as part of the Quality Management plan.
- This will be completed completed by February 1, 2017.


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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Brian Redinkin	Date 12/29/16
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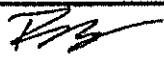

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 (Date)

The above plan of correction was approved by   
 (Initials)

Plan of correction implementation status as of 1/12/17  
 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 12837 - 12/14/2016 - Kazimer, Lauren PCH Name: THE MEADOWS AT SHANNONDELL	
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 The label for resident # 2 Acetaminophen 325 mg says 2 tabs every 4 hours. The PRN order says 2 tabs every 6 hours.  The label for resident # 3 Azilect 0.5 mg tabs says give one tablet daily. In the cart there are 1 mg tablets that are being given daily.  The label for resident # 3 fluconazole 200mg says give one daily. 3 blister packs read 100mg give 4 daily.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i> <ol style="list-style-type: none"> <li>1. The labels for resident #2 and #3 have been updated to match the corresponding physician's orders.</li> <li>2. A sweep of current medications will be completed to ensure the instructions on the medication packaging match the physician's orders.</li> <li>3. Licensed nurses will be educated to ensure that resident medication packaging instructions match physician's orders.</li> <li>4. PCA or designee will conduct monthly audits to ensure medication packaging match the physician's orders. Results of the audits will be reviewed as part of the Quality Management plan. This will be completed by February 1, 2017.</li> </ol>	
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) Brian Galinkin	Date 12/29/16
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
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The above plan of correction was approved by  (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: 12837 - 12/14/2016 - Kazlmer, Lauren  
 PCH Name: THE MEADOWS AT SHANNONDELL

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 # 2 Duoneb 2.5mg / 3ml PRN is not in the cart.  
 Resident # 3 Acetaminophen 325 mg PRN is not in the cart.  
 Resident # 4 Dulcolax 10mg suppository is not in the 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. Physician discontinued Resident #2 Duoneb 2.5/3ml PRN order because the resident no longer requires the medication. Resident #3 Acetaminophen 325 mg PRN is now in medication cart. Resident #4 Dulcolax 10 mg suppository is now in medication cart.
2. Sweep of current PRN medications was conducted to ensure that non stock item PRN medications are in stock and available for immediate use by the resident.
3. Nursing staff will be in-serviced on ensuring PRN medications are available for residents.
4. PCA or designee will conduct random audits to ensure that PRN medications are medication cart and available for residents. Results of the audits will be reviewed as part of the Quality Management plan. This will be completed by February 1, 2017.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Brian Galinkin</i>	Date <i>12/29/16</i>
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Violation Report: 12837 - 12/14/2016 - Kazlmer, Lauren  
 PCH Name: THE MEADOWS AT SHANNONDELL

1. REGULATION 56 Pa.Code §2600  
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident # 4 order for accuchecks 4 times daily. No blood glucose levels recorded in meter on 12/12/16 @ 4:30 pm. However MAR had a recording of 125. No blood glucose levels recorded in meter on 12/16/16 @ 6:30am. However MAR had a recording of 110.

Resident # 2 had no blood glucose levels recorded in meter on 12/11/16 @ 6:30 am. However MAR had a reading of 101.


Resident # 3 physicians order for ferrous gluconate 342 mg give 1 tablet once daily. From 12-08-16 through 12-14-16 it was given twice daily.

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.*

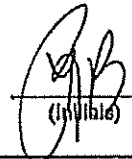
1. Resident #4 and Resident #2 are having blood glucose levels checked according to physicians orders. Resident #3 is receiving ferrous gluconate 342 mg according to physicians orders.
2. A sweep of current residents having blood glucose levels checked completed to ensure they are being checked according to physicians orders. A sweep of current residents completed to ensure they are receiving medications according to physicians orders.
3. Nursing staff in-serviced on proper procedure to check and record resident blood glucose levels. Nursing staff in-serviced on transcription of medications, ensuring proper medication, dosage, route and time are transcribed accurately.
4. PCA or designee will conduct random audits to ensure that residents are having blood glucose levels checked according to physicians orders. PCA or designee will conduct random audits to ensure that medications are administered according to physicians orders. Results of the audits will be reviewed as part of the Quality Management plan. This will be completed by February 1, 2017.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Brian Edlinkin	Date 12/29/16
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Violation Report: 12837 - 12/14/2016 - Kazlmer, Lauren  
 PCH Name: THE MEADOWS AT SHANNONDELL

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  
 From 12-08-16 through 12-14-16 an error in resident # 3's medication administration occurred involving ferrous gluconate 324 mg. Medication is supposed to be given once daily, however it was given twice daily. The error was not reported to 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. Resident #3 is receiving ferrous gluconate 342 mg according to physicians orders. The resident, resident's spouse and the physician were notified of medication error.
2. Any medication error is reported to the resident, resident's designated person and the prescriber by the PCA or designee. Any medication error is reported to the Department. This will be completed by February 1, 2017.

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) <i>Brian Galinkin</i>	Date <i>12/29/16</i>
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Violation Report: 12037 - 12/14/2016 - Kazimer, Lauren  
 PCH Name: THE MEADOWS AT SHANNONDELL

1. REGULATION 65 Pa.Code §2600  
 2600.264(n) - Resident records shall be stored in locked containers or a secured, enclosed area used solely for record storage and be accessible at all times to the administrator or the administrator's designee, and upon request, to the Department or representatives of the area agency on aging.

2a. DESCRIPTION OF VIOLATION  
 Narcotics book left on top of cart in Chatham "A" hall second floor 12/16/16 @ 9:00am. No staff in area, book was left unattended with residents medical information.

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. Narcotic book is routinely left closed on the nurses medication cart under the supervision of the charge nurse.
2. Nursing staff will be in-serviced on ensuring resident records are maintained according to acceptable practices that maintain resident privacy.
3. PCA or designee will conduct random audits to ensure that narcotic books are kept closed when not being used by the nurse and that the nurse is able to ensure the information in the narcotic book is kept private. Results of the audits will be reviewed as part of the Quality Management plan. This will be completed by February 1, 2017.


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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Brian Galinkin Date 12/29/16

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