



**pennsylvania**

DEPARTMENT OF HUMAN SERVICES

OCT 07 2017

Ms. Denise Ross,  
Owner  
Ross' Memory Meadows Assisted Living Facility LLC  
153 Susquehanna Drive  
Franklin, Pennsylvania 16323

RE: Memory Meadows Personal Care Home  
321 Godfrey Road  
Leechburg, Pennsylvania 15656  
Certificate #: 447050

Dear Ms. Ross:

As a result of the Department of Human Services' annual licensing inspection on February 22, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



RECEIVED

JUN 21 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 44705 - 02/22/2017 - Georgoulis, Karen  
PCH Name: MEMORY MEADOWS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

Resident #1's home contract, dated [redacted] 16, is not signed by the resident and no indication if the resident refused or was unable to sign the contract.

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.

2600.25(b) Resident # 1 signed and dated the home contract.

To prevent this from happening again the Administrator or designee will audit all documents for completion and signatures where applicable within 14 days of admission. Audits will be reviewed at quarterly Quality Management Meetings and protocols put in place as needed to maintain on going compliance and prevent a similar violation again.

Completed: 2/21/17

Immediately: The administrator or designee shall audit all resident contracts to ensure all required signatures have been obtained in accordance with regulation 2600.25(b). 8-24-17

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Denise Ross*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Denise Ross Owner* Date *6-10-17*

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

The above plan of correction is approved as of <u>8-24-17</u> (Date)	Plan of correction implementation status as of <u>8-24-17</u> (Date)
The above plan of correction was approved by <u>SR</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

RECEIVED

JUN 21 2017 Page 3 of 11

Violation Report: 44705 - 02/22/2017 - Georgoulis, Karen  
PCH Name: MEMORY MEADOWS PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.25(d) SOPb2 - If the home collects a resident's rent rebate under § 2600.25(a), the resident-home contract is to include the home's intended use of the revenue collected from the rent rebate.

2a. DESCRIPTION OF VIOLATION

The home collects a portion of the rent rebate benefit for resident #1. However, the rent rebate does not indicate the homes intended use for the rent rebate revenues collected.

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.

2600.25a The home has not collected any rebate money from Resident #1.  
The home contract has been updated to include Intended use of any rebate monies that may be collected in the future. All current residents have signed the addendum to the rent rebate.  
The home will monitor all contract changes to be certain intentions of any rebate money collected are clearly stated.

Completed: 2/21/17

Immediately: The administrator or designee shall audit all resident contracts to ensure all rent rebate documentation includes the intended use of the rent rebate. 8-24-17

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Denise Ross*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Denise Ross Owner*      Date *6-10-17*

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

The above plan of correction is approved as of 8-24-17  
(Date)

Plan of correction implementation status as of 8-24-17  
(Date)

The above plan of correction was approved by X  
(Initials)

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

RECEIVED

JUL 21 2017

Violation Report: 44705 - 02/22/2017 - Georgoulis, Karen  
PCH Name: MEMORY MEADOWS PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.94(b) - Interior stairs, exterior steps and ramps must have nonskid surfaces.

2a. DESCRIPTION OF VIOLATION

There is no nonslip surface on the two wooden steps leading into the homes living room.

There is no non slip surface on the ramp off of the back porch of 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.

2600.94 (b) Non slip surfaces have been placed on ramp and steps cited.  
The Administrator will monitor all areas for future repair as needed on a monthly basis and report repair needs to the home office.  
Staff have been ask to log all repairs needed for Administrator review.  
Repairs needed will be discussed at monthly staff and safety meetings.

Completed: 2-23-17

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Denise Ross*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Denise Ross Owner*      Date *6-10-17*

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

The above plan of correction is approved as of 8-24-17  
(Date)

Plan of correction implementation status as of 8-24-17  
(Date)

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

The above plan of correction was approved by g  
(Initials)

RECEIVED

Violation Report: 44705 - 02/22/2017 - Georgoulis, Karen  
PCH Name: MEMORY MEADOWS PERSONAL CARE HOME

JUN 21 2017

1. REGULATION 55 Pa.Code §2600

2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

WEST HENRIETTA FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The exterior handle of the storm door at the back porch is broken off just below the button that is used to release the door. The door is difficult to open without the handle and the broken edge presents a hazard.

The exhaust fan switch plate in the common bathroom across from bedroom #1 is not secured into the wall properly. The switch plate has pulled out of the wall approximately 1" exposing the switch and wiring.

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.

2600.95 The handle on the storm door at the back porch entrance has been replaced.  
The switch plate has been secured to the wall.  
The staff have been educated and ask to log all repairs as needed.  
The Administrator will audit premises monthly for ongoing compliance with this regulation.

The Administrator will submit log and audit to the home office on a monthly basis.  
All repairs will be made in a timely manner those presenting potential safety and harm to a resident will be repaired within 72 hours.

Completed: 2/26/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Denise Ross*

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

Denise Ross Owner

Date 6-10-17

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

The above plan of correction is approved as of 8-14-17  
(Date)

Plan of correction implementation status as of 8-24-17  
(Date)

The above plan of correction was approved by SR  
(Initials)

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

RECEIVED

AUG 10 2017

Violation Report: 44705 - 02/22/2017 - Georgoulis, Karen  
PCH Name: MEMORY MEADOWS PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

There is a chain link fence around the front yard of the home, which has a gate. The chain link fencing hangs over the bottom bar of the gate approximately 5" which drags across the concrete. The gate has to be pushed with force to open and only opens approximately 21" obstructing the emergency egress route from the living room emergency exit.

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

2600.121 The gate on has been raised so as not to drag on the ground when opened allowing it to swing without obstruction.  
The Administrator will monitor the gate during changes in weather as sidewalk expands during the winter to prevent cracking.  
The Administrator will include checking gate during her monthly facility maintenance audit to prevent this violation in the future..

Completed: 6/10/17

2600.121 Staff has been educated on the regulation to assure they maintain unobstructed egress routes from hallways, doorways, passageways and rooms to assure this regulation is met.

Immediately: The administrator or designee shall check all stairways, hallways, doorways, passageways, and egress routes from rooms and from the building monthly to ensure none are blocked or obstructed. 8-29-17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*[Handwritten Signature]*

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

Denise Ross Owner

Date

6-10-17

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

The above plan of correction is approved as of

8-29-17  
(Date)

Plan of correction implementation status as of

8-29-17  
(Date)

The above plan of correction was approved by

*[Handwritten Initials]*  
(Initials)

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

RECEIVED

AUG 16 2017

Violation Report: 44705 - 02/22/2017 - Georgoulis, Karen  
PCH Name: MEMORY MEADOWS PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

Resident #3's medical evaluation, dated 4/7/16, does not include a medication regimen. This section indicates "see list"; however, there is nothing attached. The health status section of the medical evaluation section is blank.

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.*

*2600.14 (a)(2) Resident #3 medical evaluation, dated 4/17/16 has been re-done due to change in condition to include medication regimen and health status.  
The Administrator or designee will audit the DME (Medical Eval) within 30 days of admission to for completion of all sections for ongoing compliance.  
The audits will be reviewed at Quality Management Meetings.*

*Completed: 3/3/2017*

2600.14 (a) (2) The Administrator has audited all medical evaluations for a medication regimen of all current residents to assure this violation has not affected any other resident.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 09/08/2016

Signature of Legal Entity Representative (Required on EVERY Page) *Denise Ross*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Denise Ross Owner*      Date *6/10/17*

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

The above plan of correction is approved as of 8-14-17 (Date)

Plan of correction implementation status as of 8-14-17 (Date)

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

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

RECEIVED

AUG 16 2017

Page 8 of 11

Violation Report: 44705 - 02/22/2017 - Georgoulis, Karen  
PCH Name: MEMORY MEADOWS PERSONAL CARE HOME WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.141(b)(2) - A resident shall have a medical evaluation if the medical condition of the resident changes prior to the annual medical evaluation.

2a. DESCRIPTION OF VIOLATION

Resident #3 had a medical evaluation completed on 4/7/16 that indicated the resident was independent with mobility; however, the resident experienced significant changes in medical condition subsequent to that date with no new medical evaluation obtained to reflect the following changes: Resident #3's mobility changed from independent to total immobile using a wheeled walker and/or wheel chair. The resident can transfer independently most days; however, in the event of a fire would need assistance to evacuate.

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.

2600.141 (b)(2) Resident #3 medical evaluation, dated 4/17/16 has been re-done due to change in condition to include medication regimen and current health status.  
The staff have been educated on the violation report and are to notify the Administrator of all changes in the Residents ADL or Medical status.  
The Administrator will assess Resident changes and have a medical eval completed for change in condition to maintain compliance with this regulation

Completed: 3/3/2017

2600.141 (b) (2) The Administrator has checked all Medical Evaluations of all current Residents to be sure they are current and accurately reflect the Residents current status and to be sure no other Resident has been affected by this violation.

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

Signature of Legal Entity Representative (Required on EVERY Page) Denise Ross

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Denise Ross Owner Date 8-10-17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 8-14-17 (Date)

Plan of correction implementation status as of 8-24-17 (Date)

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

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

RECEIVED

AUG 16 2017

Page 9 of 11

Violation Report: 44705 - 02/22/2017 - Georgoulis, Karen  
PCH Name: MEMORY MEADOWS PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 56 Pa.Code §2600

2600.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2600.144(c)1-3.

2a. DESCRIPTION OF VIOLATION

There is an exhaust fan on the upper right wall approximately 2' from the ceiling in the smoking room on the lower level of the home. The exhaust fan was covered with a blue fleece blanket which was duct taped over the fan on all four corners.

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

2600.144(c) The blanket was removed from the exhaust fan.

The Administrator or designee will monitor areas of non compliance in the smoking area on a regular basis.

Staff and Residents are aware that exhaust fans cannot be covered.

The Administrator will discuss audits at the Quarterly Quality Management meeting to maintain compliance with this regulation

Completed: 2/22/17

2600.144 (c) The smoking area will be monitored at a minimum of weekly.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*[Handwritten Signature]*

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

Denise Ross Owner

Date 6/10/17

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

The above plan of correction is approved as of 8-24-17  
(Date)

Plan of correction implementation status as of 8-24-17  
(Date)

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

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

Violation Report: 44705 - 02/22/2017 - Georgoulis, Karen  
 PCH Name: MEMORY MEADOWS PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
 Human Services Licensing

**1. REGULATION 55 Pa.Code §2600**

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

**2a. DESCRIPTION OF VIOLATION**

There were numerous incidents of residents' February 2017-medication administration records (MARs) not being initialed by the staff member who administered the medication to include

Resident #1 is prescribed Advair Diskus 250/50mcg – one puff twice a day and Simvastatin tablet 40mg – take one tablet by mouth at bedtime. The resident's February 2017 MAR was not initialed by the staff member who administered the medications on 2/10/17, 2/13/17 and 2/19/17 at 8:00 p.m.

Resident #2's is prescribed the following medications; to include:

- \* Oxybutynin tablet 5mg - take two tablets every evening.
- \* Ropinirole Tablet 0.25mg - take one tablet at bedtime.
- \* Zolpidem tablet 10mg - take one tablet at bedtime.
- \* Gabapentin tablet 600mg - take two tablets at bedtime.
- \* Melatonin tablet 3mg - take one tablet at bedtime.
- \* Budesonide Sus 0.5mg/2 - use 2 amps via nebulizer twice a day.
- \* Bupropion Tablet 150mg ER - take one tablet by mouth at 8:00 a.m. and 8:00 p.m.
- \* Donepezil tablet 10mg, take one tablet at bedtime.

The resident's February 2017 MAR was not initialed by the staff member who administered the medications on 2/10/17, 2/13/17 and 2/19/17 at 8:00 p.m.

Resident #3's is prescribed the following medications; \*Amlodipine tablet 5 mg take one tablet.

- \* Aspiring EC 81mg - take one tablet.
- \* Atorvastatin tablet 40mg - take one tablet daily.
- \* Clonazepam tablet 0.5mg - take ½ tablet daily.
- \* Clopidogrel tablet 75mg - take one tablet daily.
- \* Levothyroxin tablet 125mcg - take one tablet daily.

The resident's February 2017 MAR was not initialed by the staff member who administered the medications on 2/17/19 at 9:00 a.m.

**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*

**2600.187(b)** *The staff who administer medications have been inserviced on signing off medications immediately after administration and also to check MARs at the end of each shift for accuracy. The Administrator will audit MARs on a monthly basis to be certain compliance with this regulation. Staff who are non-complaint with this regulation will be educated and or disciplined for failure to complete the MARs at time of administration. Compliance audits will be discussed at the Quaterly Quality Management Meeting.*

Completed: 5-31-17

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)			Date
Denise Ross Owner			6-10-17
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of <u>8-24-17</u> (Date)		Plan of correction implementation status as of <u>8-24-17</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 <i>y</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

RECEIVED

AUG 16 2017

Violation Report: 44705 - 02/22/2017 - Georgoulis, Karen  
PCH Name: MEMORY MEADOWS PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the home on [redacted]/16. However, the home has not completed an initial assessment for resident #1.

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.*

2600.225 (a) An initial assessment was completed for Resident #1.  
The Administrator will complete an initial assessment on all new admits within 15 days of admission.  
The Administrator or designee will monitor all new admission paperwork and assessments at 15 and 30 days to maintain compliance with this regulation.  
Audits will be discussed at Quality Management Meetings.

Completed: 2/24/17

2600.225 (a) The Administrator has audited the medical evaluations to be sure initial assessments have been completed of all current residents to assure this violation has not affected any other residents.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/08/2016	
-----------------------	-----------------------------------	------------	--

Signature of Legal Entity Representative  
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Denise Ross Owner* Date *6/10/17*

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

The above plan of correction is approved as of 8-24-17  
(Date)

The above plan of correction was approved by X  
(Initials)

Plan of correction implementation status as of 8-24-17  
(Date)

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