



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

AUG 02 2017

Ms. Gayle L. Hummel,  
Administrator  
The Park Home  
2160 Warrenton Road  
Montoursville, Pennsylvania 17754

RE: The Meadows, A Personal Care Community  
License #: 225960

Dear Ms. Hummel:

As a result of the Department of Human Services' annual licensing inspection on April 20, 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, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary




Violation Report: 22596 - 04/20/2017 - Yellenic, Cindy  
 PCH Name: THE MEADOWS A PERSONAL CARE COMMUNITY

1. REGULATION 55 Pa.Code §2800  
 2500.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

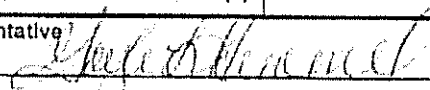
2a. DESCRIPTION OF VIOLATION  
 The home has two gas fireplaces. They both had a carbon monoxide detector located within 4 feet of the fireplace, attached to the underside of the mantel.

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.

The ruling on distance for carbon-monoxide detectors was mis-interpreted. On the day of inspection the company that installed the detectors came and moved them all to a distance of at least 15 feet from the fossil fuel source. This was completed while the inspectors were on site

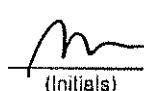
The administrator shall be familiar with the carbon Monoxide Alarm Standard Act and monitor for ongoing compliance -  
  
 6/12/17

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) PAULIE C. HOLLER Administrator      Date 5/25/17

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

The above plan of correction is approved as of <u>6/12/17</u> (Date)	Plan of correction implementation status as of <u>6/12/17</u> (Date)
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: 22596 - 04/20/2017 - Yellenic, Cindy  
 PCH Name: THE MEADOWS A PERSONAL CARE COMMUNITY

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 #1, Resident #2, and Resident #3 have doctor's orders for a glucometer test. The residents' glucometers are not calibrated to the correct time.

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.

Glucometer clocks were not changed to reflect daylight savings time. All testings were done at the times ordered by physicians not done by the time in the machine. The times in all glucometers have been corrected. A reminder has been set up in Administration's outlook calendar for the fall day light savings change to check glucometers and make another reminder for the following spring. This process will be ongoing and administrators will check to see that all glucometers are on the correct time during monthly audits.

*- The administrator shall monitor and be responsible for ongoing compliance.*

*M*  
 6/12/17

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Clayton Hornumel*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *CLAYTON HORNUMEL, ADMINISTRATOR*      Date *5/25/17*

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 (Date)

Plan of correction implementation status as of 6/12/17  
 (Date)

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

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

Violation Report: 22596 - 04/20/2017 - Yellenic, Cindy  
 PCH Name: THE MEADOWS A PERSONAL CARE COMMUNITY

**1. REGULATION 55 Pa.Code §2600**

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral, topical, eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

**2a. DESCRIPTION OF VIOLATION**

Staff Person A received a score of 86.96% on 5/14/16 for his/her initial medication administration test. Staff Person A required a 90% or better in order to pass the training, and is currently administering medications to the residents of the facility.

Staff Person B received a score of 88.51% on 4/21/16 for his/her initial medication administration test. Staff Person B required a 90% or better in order to pass the training, and is currently administering medications to the residents of the facility.

**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.

The above staff persons were not allowed to assist with medication administration until they retook and passed the medication training course. Staff Person A took the test on 4/28/17 and score 100% and staff person B took the test on 4/21/17 and scored 97.5%. All direct care staff are in compliance. Medication trainers were educated on proper scoring of the medication administration test. Administration will continue to audit testing scores for continued compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Cathy L Hummel*

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

Cathy L Hummel, Administrator

Date 5/25/17

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6/12/17  
 (Date)

Plan of correction implementation status as of

6/12/17  
 (Date)

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*[Signature]*  
 (Initials)

- Fully Implemented
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Violation Report: 22596 - 04/20/2017 - Yellenic, Cindy  
 PCH Name: THE MEADOWS A PERSONAL CARE COMMUNITY

**1. REGULATION 65 Pa.Code §2600**  
 2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.


**2a. DESCRIPTION OF VIOLATION**  
 The Resident's Assessment and Support Plan (RASP), for Resident #4 dated 12-9-16, did not include hospice services as a "formal support" on page 1 of the resident's RASP.

**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.

The last page of the support plan did indicate that hospice was being used but the name and phone number of the hospice agency was not listed on the front page of the RASP for resident #4. This was corrected on 4/20/17. Staff who complete Rasps were educated on making sure rasps have all providers names and phone numbers on page 1. All charts were audited to make sure any additional service is also listed on the front page. completed by 5/26/17. Administration will audit charts quarterly to ensure compliance


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)	Date
GAYLE L. HENNEL, ADMINISTRATOR	5/25/17

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Violation Report: 22506 - 04/20/2017 - Yellenic, Cindy  
 PCH Name: THE MEADOWS, A PERSONAL CARE COMMUNITY

1. REGULATION 55 Pa.Code §2600  
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION  
 The Resident Assessment and Support Plan for Resident #5, dated 1/20/17 was not signed by the resident. No notation was made of the resident's refusal to sign, declining to participate or inability to sign.

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.

Resident #5 signed support plan on 5/20/2017. Staff who complete Rasps were educated on making sure rasps are all signed by the resident or marked why they did not participate. All charts were audited to make sure they were all signed by the appropriate people. completed by 5/26/17. Administration will audit charts quarterly to ensure compliance

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Gayle C. Houck*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *GAYLE C. HOUCK, ADMINISTRATOR*      Date *5/25/17*

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 (Date)

Plan of correction implementation status as of *6/12/17*  
 (Date)

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 (Initials)

Violation Report: 22596 - 04/20/2017 - Yellenic, Cindy  
 PCH Name: THE MEADOWS A PERSONAL CARE COMMUNITY

**1. REGULATION 55 Pa.Code §2600**

2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

**2a. DESCRIPTION OF VIOLATION**

White-out correction fluid was used to correct the date of Resident #6's contract, dated [redacted]-16. White-out may not be used to correct any part of the resident's record. Entries must be permanent.

**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.

Resident #6 changed the day they were to move to the facility. A staff person changed the date of admission on the agreement by whitening out the date and correcting it. All staff were educated on the importance of not using whiteout. All agreements were audited and no other whiteout was found. Administration will audit files quarterly to ensure compliance

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)

CAROL C. HUMMEL, ADMINISTRATOR

Date 5/25/17

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 (Date)

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6/12/17  
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*[Handwritten Initials]*  
 (Initials)