



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SEP 29 2017

Ms. Katie Schneider,  
Administrator  
HAP Senior Care  
5130 Tuscarawas Road  
Beaver, Pennsylvania 15009

RE: Beaver Meadows  
License #: 418010

Dear Ms. Schneider:

As a result of the Department of Human Services' annual licensing inspection on May 17, 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  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: BEAVER MEADOWS		License Number: 41801
Address: 5130 TUSCARAWAS ROAD, BEAVER, PA 15008		County: Beaver
Administrator: Katie Schneider		Region: WEST
Legal Entity Name: HAP SENIOR CARE		
Legal Entity Address: 5130 TUSCARAWAS ROAD, BEAVER, PA 15009		<b>RECEIVED</b>
Certificate(s) of Occupancy		AUG 03 2017
C-1 12/07/2002 Brighton Township	C-2 LP 11/12/2002 Labor and Industry	WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 100	Working Staff: 75
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 05/17/2017: Garrigan, Laurie; Hoover, Josh		
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: 83	Number of Residents who:	
Number of Residents Served: 72	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit In Home: No	Are 60 Years of Age or Older: 72	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 28	
Number of Current Hospice Residents: 10	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 15	 Administrator 8/3/17	

Violation Report: 41801 - 05/17/2017 - Garrigan, Laurie  
PCH Name: BEAVER MEADOWS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 56 Pa.Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

The temperature of the walk-in freezer, located in the main kitchen, was 9 degrees Fahrenheit at 10:28 a.m., was 27 degrees Fahrenheit at 1:54 p.m. and was 4 degrees Fahrenheit 3:22 p.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 immediately, include dates by which the steps will be completed.

5/17/17 During survey, it was found that the temperature of the walk-in freezer, located in the main kitchen, was 9 degrees Fahrenheit at 10:28 a.m., was 27 degrees Fahrenheit at 1:54 p.m., and was 4 degrees Fahrenheit at 3:22 p.m. Prior to the surveyors leaving the facility, the temperature of the freezer was 0. All other freezers were checked and in compliance.

5/18/17 Maintenance Director or designee will monitor freezer temperatures daily to ensure that frozen foods are kept at or below 0 degrees Fahrenheit.

5/19/17 The Administrator and designee began training all Food Service staff on 2600.103(f) Food requiring refrigeration shall be stored at or below 40 degrees Fahrenheit. Frozen food shall be kept at or below 0 degrees Fahrenheit. Thermometers are required in refrigerators and freezers. This training was completed by May 27, 2017.

5/24/17 Maintenance Director or designee will continue to monitor daily to ensure that frozen food shall be kept at or below 0 degrees Fahrenheit. All temperatures were reviewed by Administrator to be at or below 0 degrees Fahrenheit.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Katie Schneider*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Katie Schneider, Administrator* Date *8/3/17*

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

The above plan of correction is approved as of 8/4/17 (Date)

Plan of correction implementation status as of 8/4/17 (Date)

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

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

Violation Report: 41801 - 05/17/2017 - Garrigan, Laurie  
PCH Name: BEAVER MEADOWS

WEST HAVEN POLICE  
311-222-2222

1. REGULATION 66 Pa.Code §2600  
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION  
Resident #4's most recent medical evaluation was completed on 5/11/17; however, the previous medical evaluation was completed on 10/29/15.

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.

December 2016 It was found that several residents did not have an annual medical evaluation completed. A new tracking system was created to assist in monitoring timeliness in regards to medical evaluations. Residents were scheduled for a medical examination by a physician so that a DME could be completed. A monthly Quality Assurance audit was begun to ensure compliance with medical evaluations, resident assessments, and support plans.

April 2017 By the end of April 2017, all residents had been evaluated by the physician and had a DME completed.

5/17/17 During survey, it was brought to our attention that Resident #4's most recent evaluation was completed on 5/11/17; however, the previous medical evaluation was completed on 10/29/15. Resident #4 was one of the residents noted in December as not having an annual medical evaluation and was added to the roster for completion.

5/19/17 The Administrator and designee began training all direct care staff on the 2600.141(b) A resident shall have a medical evaluation at least annually. This training was completed by July 11, 2017.

5/24/17 The Administrator or designee will continue to monitor completion of medical evaluations on a weekly basis to ensure that all residents are being evaluated at least annually. All resident records were reviewed by Administrator and designee to have a current completed DME. All tracking systems were reviewed by Administrator.

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

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Katie Schneider, Administrator* Date *8/3/17*

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Violation Report: 41801 - 05/17/2017 - Garrigan, Laurie  
PCH Name: BEAVER MEADOWS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 68 Pa.Code §2000

2600.226(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 #4's most recent assessment was completed on 5/11/17; however, the previous assessment was completed on 11/6/15.  
Resident #5's most recent assessment was completed on 5/5/17; however, the previous assessment was completed on 9/23/15.

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.

December 2016 It was found that several residents did not have an annual assessment completed. A new tracking system was created to assist in monitoring timeliness in regards to assessments. Residents were scheduled for a completion of a medical evaluation and completion of assessment. A monthly Quality Assurance audit was begun to ensure compliance with medical evaluations, resident assessments, and support plans.

April 2017 All residents have had a assessment completed in the past twelve months or when the condition of a resident significantly changed prior to the annual assessment.

5/17/17 During survey, it was brought to our attention that Resident #4's most recent assessment was completed on 5/11/17; however, the previous assessment was completed on 11/5/15. Resident #5's most recent assessment was completed on 5/5/17; however, the previous assessment was completed on 9/23/15. Resident #4 and Resident #5 were two of the residents noted in December as not having an annual assessment completed and were added to the roster for completion.

5/19/17 The Administrator and designee began training all direct care staff on 2600.225(c) The resident shall have an assessment annually, if the condition of the resident significantly changes prior to the annual assessment, or at the request of the Department upon cause to believe that an update is required. This training was completed by July 11, 2017.

5/24/17 The Administrator or designee will continue to monitor completion of assessments on a weekly basis to ensure that all residents are being evaluated at least annually. All resident records were reviewed by Administrator and designee to have a current completed assessment. All tracking systems were reviewed by Administrator.

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