



**pennsylvania**

DEPARTMENT OF HUMAN SERVICES

OCT 16 2017

Ms. Linda Kanarr,  
Administrator  
Ecumenical Enterprises, Inc.  
200 Lake Street  
Dallas, Pennsylvania 18612

RE: The Meadows Manor  
License #: 243650

Dear Ms. Kanarr:


As a result of the Department of Human Services' annual licensing inspection on July 6, 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,

  
Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 24365 - 07/06/2017 - Harvey, Jason  
 PCH Name: THE MEADOWS MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.


**2a. DESCRIPTION OF VIOLATION**

The home did not provide training in Medication self-administration to direct care staff in 2016 as required. Direct care staff member A did not receive training in the following required topic for 2016: Personal care service needs of 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.*

*See Attachment #1*

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
Sharon Bitsick RN / Admin			7/26/2017
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of		Plan of correction implementation status as of	
9-7-17 (Date)		9-7-17 (Date)	
The above plan of correction was approved by		<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	
 (Initials)			

Violation Report: 24365 - 07/06/2017 - Harvey, Jason  
 PCH Name: THE MEADOWS MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION  
 The current medical evaluation in the record of resident #1 (dated 6/6/17) was completed more than 12 months and 15-day flex or grace period after the previous medical evaluation completed on 4/23/16 and was therefore not completed in a timely manner.  
 Resident #2's last completed medical evaluation was completed on 5/18/2016, the home has not completed an annual medical evaluation for 2017.

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.

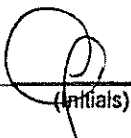
Attachment # 4

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Sharon Ritsick RN / Admin.</i>	Date <i>7/26/2017</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>9-7-17</u> (Date)  The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>9-7-17</u> (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
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ATTACHMENT: #4

P4A89

Regulation: 2600.141(b)(1)

The Administrator will be working with the homes, LPN, 'Resident Care Coordinator', to complete, and assure compliance, with the resident medical evaluation, and all other state require forms.

The Administrator provided the current Resident Care Coordinator, with detailed instructions on the DME form, required dates, coordination of the medical evaluation with the resident physician, and completion of the initial, annual, and significant changes or reasons, for additional DME forms for residents. (ATTACHMENT #5 ).

The Resident Care Coordinator verbalized, and demonstrated an understanding of the DME form, the required dates and their significance, as she had not been fully instructed previously, and did not have an appropriate understanding of how to manage the resident DME, initially, and/or annually.

A tracking system was developed utilizing a calendar, to assure residents would be evaluated by their physician at least annually, with the completion of the DME form by the physician as required.

The current Initial DME forms have been reviewed by the Administrator and the Resident Care Coordinator. The forms are noted to be complete, and appropriate dates maintained.

Resident records will be reviewed quarterly by the Administrator to assure the DME's have been completed appropriately, residents have been evaluated on a timely basis, and dates are compliant.

The Administrator will also review the records of all newly admitted residents within thirty days of admission, to assure all forms have been completed properly, have adequate and appropriate information supplied, and dates are compliant.

The Administrator will be available to assist the Resident Care Coordinator at any time with completion of forms, and/or, need for review of information.

The Administrator will be responsible to assure all forms are completed, done properly, and compliant with dates and information documented.

Sarah Pitsuck RN / Administrator

AG  
9-7-17

7/26/2017

Violation Report: 24365 - 07/06/2017 - Harvey, Jason  
 PCH Name: THE MEADOWS MANOR

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

Resident #1's Emergen-C tablets stored in the 3rd floor med cart did not have the resident's name on it nor did it have a pharmacy label.

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.*

Attachment # 6

Repeat Violation: Yes	Date(s) of Previous Violation(s) <u>07/12/2016</u>	
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Signature of Legal Entity Representative (Required on EVERY Page) <i>Sharon Ritsick RN</i>	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Sharon Ritsick RN / Admin.</i>	Date <i>7/26/2017</i>
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 (Date)

Plan of correction implementation status as of 9-7-17  
 (Date)

The above plan of correction was approved by   
 (Initials)

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

ATTACHMENT: #6

PSA 9

Regulation: 2600.184(a)

The facility utilizes the bubble pack system for administration of resident medication. The pharmacy will bubble pack both prescription, and over the counter medications in these bubble packs, which of course, have the pharmacy label intact, and provides the correct information required. However, the resident, and/or the family, do have the option to not utilize the facility contracted pharmacy for their medications, and/or some of their prescriptions, such as over the counter medications, for various reasons.

Any, and all medications, which are not delivered from the facility contracted pharmacy, and/or a pharmacy which bubble packs medications, must have a labeled placed on the package prior to placing the medication in the medication cart. The label is placed primarily by the Resident Care Coordinator, however, may also be placed by the Resident Assistant, who is certified to administer medications.

To assure all staff are aware of this policy and procedure, which is state and facility mandatory, staff were provided with a review of this information during a scheduled staff meeting. (ATTACHMENT# 7, staff signature of meeting attendance). Emphasis to assure a label was available on all medications, and every staffs' responsibility to place a label on medications, if any found not to have one in place.

Staff verbalized understanding of the importance of maintaining proper labeling of all resident medication available in the medication cart. In addition to providing on-going education to staff in regards to this process, the home will conduct medication cart audits monthly. The audits will assure all medications are labeled correctly, there are no expired medications in the carts, all medication ordered by the physician for a resident is located in the cart, and any discontinued medication has been removed, if not previously, when order was given by the physician.

The medication cart audits will be completed by the Resident Care Coordinator, with the assistance of a staff. If the Resident Care Coordinator is unavailable to complete, designated staff will be assigned to complete, with the assist of the Administrator when available.

The Administrator will be responsible to assure staff are educated on the proper labeling of medications, audits of the medication carts are completed monthly as scheduled, and are maintained properly, with ongoing education and understanding of staffs responsibility and management of the medications.

AS  
9-7-17

Susan Ritsick RN / Administrator

7/26/2017

Violation Report: 24365 - 07/06/2017 - Harvey, Jason  
 PCH Name: THE MEADOWS MANOR

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 has a physician's PRN order for Hemorrhoid cream which was not available in the medication cart at the time of the inspection.

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.

Attachment #8

Repeat Violation: Yes	Date(s) of Previous Violation(s): 07/12/2016
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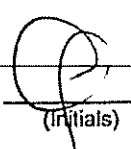
Signature of Legal Entity Representative (Required on EVERY Page) Sharon Ritsick RN

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Sharon Ritsick RN / Admin. Date 7/26/2017

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Plan of correction implementation status as of 9-7-17 (Date)

The above plan of correction was approved by  (Initials)

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

ATTACHMENT: #8

Regulation: 2600.186(a)

The plan of correction for this violation will be similar to the previous violation, 2600.184(a).

161789

Medication cart audits will be completed monthly by the Resident Care Coordinator, with the assist of assigned staff. The Resident Care Coordinator will complete the medication cart audits to assure all OTC medications are labeled correctly, expired medications have been removed, and any, and all medications ordered by the resident physician is available in the cart for administration.

The Administrator will be responsible to assure the medication cart audits have been completed monthly as scheduled. A log of completion of the audits will be maintained, and will include concerns, and corrections made during the audits, which can then be used as a tool for training and policy maintenance.

and to ensure on going compliance. *af*

9-7-17

Searon Butwick RN/Administrator

7/26/2017

Violation Report: 24365 - 07/06/2017 - Harvey, Jason  
PCH Name: THE MEADOWS MANOR

1. REGULATION 55 Pa. Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

The preadmission screening for Resident #3, admitted [redacted] 17, did not indicate a medical, psychological or behavioral diagnosis, if any.

The preadmission screening for Resident #4, admitted [redacted] 17, did not indicate a medical, psychological or behavioral diagnosis, if any.

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.

Attachment #9

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Signature of Legal Entity Representative  
(Required on EVERY Page) *Sharon Bitsick RN*


Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Sharon Bitsick RN / Admin.* Date *7/26/2017*

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(Date)

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(Date)

- Fully Implemented
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- Not Implemented

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(Initials)

ATTACHMENT # 9  
Regulation 2600.224(a)

P7A89

With the implementation of a new Administrator into the home, the pre-admission screening form and resident assessment will be primarily completed by the Administrator. In the event the Administrator is unable to complete a pre-admission screening on a resident, the Resident Care Coordinator will be responsible to complete.

The Administrator will review any pre admission screening form completed by the Resident Care Coordinator prior to placing the information form into the resident record.

The Administrator and Resident Care Coordinator will complete resident record audits quarterly. During these audits, will assure completion of all required forms. The pre-admission screening form will be audited for completion of all information requested, and assurance that it has been placed in the resident records and the information is adequate for admission into the home.

The Administrator is responsible to assure the pre admission screening form and all state forms have been completed in their entirety, the information is adequate and appropriate, and have been placed in the resident record, and available for review as needed.

Oct  
9-7-17

Searon Piteck RN / Admin.  
7/26/2017

Violation Report: 24365 - 07/06/2017 - Harvey, Jason  
 PCH Name: THE MEADOWS MANOR

**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 #5's Resident Assessment Support Plan dated 6/7/2017 does not address the personal care needs for bladder management and ambulating. The home did not indicate a plan to meet the resident's service needs, frequency and who the responsible party is to meet those needs.

**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.*

Attachment # 10

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/12/2016
Signature of Legal Entity Representative (Required on EVERY Page) Sharon Rutnick RN		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Sharon Rutnick RN / Admin		Date 7/26/2017
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>		
The above plan of correction is approved as of <u>9-7-17</u> (Date)		Plan of correction implementation status as of <u>9-7-17</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

ATTACHMENT: #10

Regulation: 2600.225(a)

The Administrator and the Resident Care Coordinator will conduct resident record audits quarterly to assess compliance of all information in the required state resident forms.

The Resident Care Coordinator is primarily responsible to complete all RASP forms initially and annually. The Resident Care Coordinator will complete the RASP, and submit to the Administrator for her review of the information, and to assure all areas are completed and appropriate.

The Administrator will also complete the resident record audits quarterly with the assistance of the Resident Care Coordinator. All resident forms will be reviewed and assurance of completion assessed at this time with revisions made as needed.

The Administrator will be responsible to assure all resident forms have been completed in full, with appropriate information provided.

AG

9-7-17

Saron Pitsuck RN / Administrator

7/26/2017

Violation Report: 24365 - 07/06/2017 - Harvey, Jason  
 PCH Name: THE MEADOWS MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION

The record of resident #3 did not indicate the resident's identifying marks, if any.

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.*

Attachment # 11

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Sharon Ritsick RN / Admin.* Date *7/26/2017*

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 (Date)

Plan of correction implementation status as of 9-7-17  
 (Date)

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

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

ATTACHMENT: #11

Regulation: 2600.252

P9A89

The plan of correction for this violation will be the same as stated in the previous violation. Resident records will be audited quarterly to assure all information has been completed and is accurate and up to date.

The Administrator will also review all resident forms completed by the Resident Care Coordinator prior to filing the information in the resident record. Review will occur after resident admission into the home, during annual requirements of the RASP or DME, and/or, in the event of a significant change in a residents health or care

The Administrator will be responsible to assure all resident records have been completed in full with appropriate information. Assure resident records audits are completed as scheduled, and corrections made as necessary to maintain compliance.

RS  
9-2-17

Saron Rutsick RN / Administrator

7/26/2017