



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 26 2018

Ms. Ellen Bernier,
RN Administrator PC
Meadowood Corporation
3205 Skippack Pike, P.O. Box 670
Worcester, Pennsylvania 19490

RE: Meadowood
License # 127870

Dear Ms. Bernier:

As a result of the Department of Human Services' Personal Care Home annual licensing inspection on September 11, 2017 and September 12, 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.

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

Violation Report: 12787 - 09/11/2017 - Gray, Dean
 PCH Name: MEADOWOOD

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

- The contract for resident 1 was not signed by the resident.
- The contract for resident 2 was not signed by 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.

All resident contracts have been audited and corrected by January 15, 2018.
 Staff (nursing and admission) have been re-educated on 2600.25 (b) at December 2017 and January 2018 staff meetings.
 All contracts are now audited by administrator or designee at move-in for compliance.

All contracts will be audited again in 3 months by administrator or designee. Audit findings will be reported in monthly QA meetings.

See Attachments - D

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Tara E. McArthur*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *TARA E. MCARTHUR, Director of Personal Care* Date *1/5/18*

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

The above plan of correction is approved as of <i>1/29/18</i> (Date)	Plan of correction implementation status as of <i>1/29/18</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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: 12787 - 09/11/2017 - Gray, Dean
 PCH Name: MEADOWOOD

1. REGULATION 55 Pa.Code §2600
 2600.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION
 - Resident #1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.
 - Resident #2's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

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.

All resident contracts/charts have been audited and corrected by January 15, 2018.
 Staff (nursing and admission) have been re-educated on 2600.41(d) at December 2017 and January 2018, staff meetings.
 All contracts/move in charts are reviewed by the administrator or designee at move in for compliance.
 All contracts/charts will be audited again in 3 months by administrator or designee. All audit findings will be reported at monthly QA meetings.

SEE Attachments

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) *TARA EVERHART, Director of Resident Care* Date *1/5/18*

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

The above plan of correction is approved as of <i>1/29/18</i> (Date)	Plan of correction implementation status as of <i>1/29/18</i> (Date)
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The above plan of correction was approved by <i>[Signature]</i> (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
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Violation Report: 12787 - 09/11/2017 - Gray, Dean
 PCH Name: MEADOWOOD

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.


2a. DESCRIPTION OF VIOLATION
 The bed in resident room 140 does not have a source of light that can be turned on/off from bedside.

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.

All resident rooms are checked monthly by nursing staff for required items, audit is reviewed by charge nurse. Residents will be re-educated as needed. Will continue monthly audits.
 All staff have been re-educated on 2600.(j)(7) at December 2017 and January 2018 staff meetings.

SEE ATTACHMENTS 

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) Tara Everett RN, Director of Personal Care Date 1/5/18

DEPARTMENT USE ONLY / HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 1/29/18
 (Date)

Plan of correction implementation status as of 1/29/18
 (Date)

The above plan of correction was approved by 
 (Initials)

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

Violation Report: 12787 - 09/11/2017 - Gray, Dean
 PCH Name: MEADOWOOD

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

On 09/12/17, resident #1's aspirin 81 mg, was located in the home's medication cart. This is not a current medication.

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.

Medication removed at time of inspection.
 All nurses and med techs re-educated on 2600.183 (d) at December and January staff meetings.
 Medication cart audits will continue at least once monthly to ensure compliance.
 Audit records are reviewed by Administrator.
 Audit findings will be reported at monthly QA meetings.

See Attachments - AA

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/09/2016
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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) *Tara Eveman, RN, Director of Pediatrics* Date *1/5/18*

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

The above plan of correction is approved as of *1/29/18*
 (Date)

Plan of correction implementation status as of *4-28/18*
 (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: 12787 - 09/11/2017 - Gray, Dean
 PCH Name: MEADOWOOD

1. REGULATION 65 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

The readings for resident #3's glucometer do not match the readings recorded in the resident's medication administration record (MAR). The glucometer listed only three readings for the month of September; however, the MAR had five readings recorded. No other glucometer's are used in the personal care or secured dementia units.

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.

Nurses re-educated on 2600.185(a) at December 2017 and January 2018 staff meetings. Medication cart audits will continue at least once monthly and will include MAR and glucometer comparisons for the entire month X 3 months. Staff performing audit will also ensure glucometers are properly labeled for the resident.

After 3 months, medication cart audits will include a one week comparison of MAR and glucometer readings. Audit records are reviewed by the administrator. Audit findings will be reviewed at monthly QA meetings.

SEE ATTACHMENTS

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) *TARA EVANEA RN, Director of Personal Care* Date *1/5/18*

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 (Date)

Plan of correction Implementation status as of *1/29/18*
 (Date)

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

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 12787 - 09/11/2017 - Gray, Dean
 PCH Name: MEADOWOOD

1. REGULATION 55 Pa.Code §2600
 2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

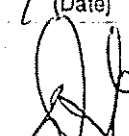
2a. DESCRIPTION OF VIOLATION

- Resident #1 has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.
- Resident #2 has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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.

All resident contracts/charts have been audited and corrected by January 15, 2018.
 Staff (nursing and admission) have been re-educated on 2600.191 at December 2017 and January 2018 staff meetings.
 All contracts/move in charts are reviewed by the administrator or designee for compliance at move in.
 All contracts/charts will be audited again in 3 months to ensure compliance. Audit findings will be reported at monthly QA meetings.

SEE ATTACHMENTS

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
TARA EVERHARTEN, Director of Personnel			1/5/18
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of		Plan of correction implementation status as of	
1/29/18 (Date)		1/29/18 (Date)	
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 (Initials)			