



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAY 03 2018

Ms. Denise Ross  
Owner  
Ross Memory Meadows, ALF, LLC  
325 Godfrey Road  
Leechburg, Pennsylvania 15656

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

Dear Ms. Ross:

As a result of the Department of Human Services' Licensing annual licensing inspection on February 20, 2018, 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: MEMORY MEADOWS PERSONAL CARE HOME		License Number: 44705
Address: 321 GODFREY ROAD, LEECHBURG, PA 15658		County: Armstrong
Administrator: Carrie LeWay		Region: WEST
Legal Entity Name: ROSS' MEMORY MEADOWS ASSISTED LIVING FACILITY LLC		
Legal Entity Address: 153 SUSQUEHANNA DRIVE, FRANKLIN, PA 16323		
Certificate(s) of Occupancy SP 08/30/1993 Dept L & I		RECEIVED  MAR 19 2018  WEST VIRGINIA DEPT. OF HEALTH Human Services Division
Staffing Hours		
Resident Support: 0	Total Daily Staff: 7	Waking Staff: 5
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 02/20/2018: Barry, Courtney		
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: 8 Number of Residents Served: 6 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served In Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 2 Number of Hospice Residents in past year: 4	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 6 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 1 Have a Physical Disability: 0	

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MAR 19 2018

Violation Report: 44705 - 02/20/2018 - Barry, Courtney  
PCH Name: MEMORY MEADOWS PERSONAL CARE HOME

DEPARTMENT OF SENIORS AND ASSISTIVE SERVICES

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

The resident privacy coding document, including the names of multiple residents, including residents #1 and #2, was attached to the licensing inspection summary (LIS), dated 2/22/17, and posted in a binder on the shelf in the living room.

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.*

Regulation 2600.17

The home will assure Residents records shall remain confidential and, except in emergencies, may not be made accessible to anyone other than the resident, the residents designated person if any, staff persons for the purpose of providing services to the resident, agents of the department and the long term care ombudsman without the written consent of the resident, the residents POA, health care proxy, designated person or by court disclosure.

The Resident privacy coding document, including the names of multiple residents, has been removed from the posted licensing inspection summary which is in a binder for public review.

The Administrator will remove any privacy coding from LIS to include residents before placing in the binder for public review for all future inspections.

Corrected: 2/20/2018

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

Signature of Legal Entity Representative (Required on EVERY Page) *Carrie Heway*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Carrie Heway*      Date *2/15/18*

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

The above plan of correction is approved as of 3/21/18 (Date)

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

Plan of correction implementation status as of 3/20/18 (Date)

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

Violation Report: 44705 - 02/20/2018 - Barry, Courtney  
 PCH Name: MEMORY MEADOWS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The Influenza Awareness Act, enacted 11/21/16, requires influenza information to be posted in a public place in the facility year-round. There was no information posted in the home in accordance with The Influenza Awareness Act.

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.*

Regulation 2600.18

A home shall comply with all Federal, State and local laws, ordinances and regulations.

The Influenza Awareness Act enacted 11/21/16, requires influenza information to be posted in a public place in the facility year-round.

The home has posted the influenza poster and information regarding the flu from The CDC website and flufreepa.com. The posting will remain up year round.

The Administrator will update posting annually if warranted.

Corrected 2/20/18

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Carrie Leway*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Carrie Leway</i>	Date <i>3/15/18</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><i>3/21/18</i></u> (Date)	Plan of correction implementation status as of <u><i>3/21/18</i></u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44705 - 02/20/2018 - Barry, Courtney  
PCH Name: MEMORY MEADOWS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2800  
2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

At approximately 1:00 p.m., the water temperature at the double sink in the main bathroom measured 124.7 degrees Fahrenheit and 123.8 degrees Fahrenheit.

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.*

Regulation 2600.89

Hot water temperatures in areas accessible to the resident may not exceed 120 F.

During licensing inspection, the water temperature in the main bathroom measured 124.7 and 123.8 degrees Fahrenheit when measured by the inspector. The administrator measured the water temperature using two different facility thermometers and water temperature measured 117 degrees Fahrenheit during same inspection.

The thermostat to the hot water tank has been decreased by five degrees.

The facility will purchase a digital thermometer identical too or like what the inspectors use for future measurements. The Administrator or designated person will check water temperatures at various times of the day daily for 30 days and then weekly thereafter to maintain water temperatures below 120 degrees Fahrenheit.

Water temperatures will be reviewed during legal entities visits and reviewed at Quality Management meetings.

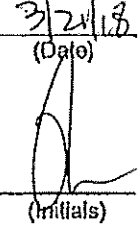
Corrected 2/2/18

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

Signature of Legal Entity Representative (Required on EVERY Page) *Carrie Heway*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Carrie Heway*      Date *3/15/18*

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

The above plan of correction is approved as of <u>3/2/18</u> (Date)   (Initials)	Plan of correction implementation status as of <u>3/2/18</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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MAR 19 2018

Violation Report: 44705 - 02/20/2018 - Barry, Courtney  
PCH Name: MEMORY MEADOWS PERSONAL CARE HOME

1. REGULATION 56 Pa.Code §2600  
2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION

The home currently serves 6 residents requiring a minimum of 18 gallons of drinking water for a 3-day emergency supply. The home does not store any emergency drinking water on-site.

The home has a contract, dated 1/25/18, for water delivery; however, the contract does not include the following:

- The amount of water to be delivered.
  - A guarantee that the water will be delivered as a priority even in the event of a regional emergency.
- general

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.*

Regulation 2600.107 (c)

The home shall maintain at least a 3-day water supply of nonperishable food and drinking water for residents.

The home currently keeps eight 5-gallon jugs of water on site at all times which allows for 16 extra gallons of water than the regulation requires for eight residents the 3 extra 5 gallon jugs are used for the water cooler (usually replace 1-2 a month). Water is currently delivered weekly every Thursday as needed. The contract with the water delivery is in the event of an emergency and part of the facility emergency plan for events that would last more than three days and the convenience of having enough water for cooking etc. as 3 gallons per person is not very much water. The contract agrees to deliver additional water such as a tanker with water if needed well exceeding the regulation for bottled water of 3 gallons per resident.

The home had 6 5-gallon jugs of water on site at the time of inspection. To assure a 3 day supply of water is maintained the home will order water weekly as needed to continue to meet this regulation.

Corrected 2/20/18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Carrie Keway*

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

Carrie Keway

Date 3/15/18

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The above plan of correction is approved as of 3/15/18  
(Date)

Plan of correction implementation status as of 3/21/18  
(Date)

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

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

MAR 19 2018

Violation Report: 44705 - 02/20/2018 - Barry, Courney  
PCH Name: MEMORY MEADOWS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION  
Resident #3 was admitted on [redacted] 17; however, the medical evaluation was completed on [redacted] 17.

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.*

Regulation 2600.141 a

A resident shall have a medical evaluation by a physician, physicians assistant, or certified registered nurse practitioner documented on a form specified by the department, within 60 days prior to admission or within 30days after admission.

Resident #3 was admitted on [redacted] 17 but was evaluated on [redacted] 17 and DME completed on [redacted] 17. Resident was seen and a new DME completed on 3/3/18.

The Administrator has audited all resident charts to be sure Medical evaluations have been completed 30 days prior or 30 days of admission to include bot evaluation and completion dates.

To assure completion of medical evaluations within 30 days prior or 30 days post admission the Administrator and or designee will audit all new admission charts at 15 and 30 days post admission to be certain the Medical Evaluations have been completed within 30 days prior to or within 30 days of admission.

Audits will be reviewed for completion upon owner visitations and discussed at Quality Management meetings.

Corrected 3/12/18

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

Signature of Legal Entity Representative (Required on EVERY Page) Carrie Lowmy

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Carrie Lowmy      Date 3/15/18

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The above plan of correction is approved as of 3/21/18 (Date)

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

Plan of correction implementation status as of 3/21/18 (Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

Violation Report: 44705 - 02/20/2018 - Barry, Courtney  
PCH Name: MEMORY MEADOWS PERSONAL CARE HOME

**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 has not successfully completed complete a Department-approved medications administration course or passed the Department's performance-based competency test; however, staff person A administered medications to multiple residents, including resident #2's medications at the following dates and times:  
\*2/1/18, 2/7/18, and 2/19/18 at 12:00 p.m. and 6:00 p.m.: Tramadol 50mg  
\*2/1/18, 2/4/18, and 2/6/18 at 8:00 p.m.: Zolpidem 10mg

Staff person B has not successfully completed complete a Department-approved medications administration course or passed the Department's performance-based competency test; however, staff person B administered medications to multiple residents, including resident #2's medications at the following dates and times:  
\*2/3/18, 2/4/18, and 2/10/18 at 12:00 p.m. and 2/13/18, 2/15/18, and 2/16/18 at 6:00 p.m.: Tramadol 50mg  
\*2/8/18, 2/9/18, and 2/13/18 at 8:00 p.m.: Zolpidem 10mg

The medication administration program annual practicum requires 1 medication administration record (MAR) review and 1 medication administration observation every 6 months. Direct staff person C, the administrator, did not complete any MAR review or observations in the calendar year 2017. Staff person C administered medications to multiple residents, including resident #2's medications at the following dates and times:  
\*2/5/18, 2/6/18, and 2/8/18 at 12:00 p.m. and 2/4/18, 2/14/18, and 2/17/18 at 6:00 p.m.: Tramadol 50mg  
\*2/5/18, 2/7/18, and 2/14/18 at 8:00 p.m.: Zolpidem 10mg

**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.*

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
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<p>The above plan of correction is approved as of <u>2/20/18</u> (Date)</p> <p>The above plan of correction was approved by <u>[Signature]</u> (Initials)</p>	<p>Plan of correction implementation status as of _____ (Date)</p> <p><input type="checkbox"/> Fully Implemented</p> <p><input type="checkbox"/> Partially Implemented - Adequate Progress</p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
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Violation Report: 44705 - 02/20/2018 - Barry, Courtney  
PCH Name: MEMORY MEADOWS PERSONAL CARE HOME

1. REGULATION 65 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 has not successfully completed complete a Department-approved medications administration course or passed the Department's performance-based competency test; however, staff person A administered medications to multiple residents, including resident #2's medications at the following dates and times:

- \*2/1/18, 2/7/18, and 2/19/18 at 12:00 p.m. and 8:00 p.m.: Tramadol 50mg
- \*2/1/18, 2/4/18, and 2/6/18 at 8:00 p.m.: Zolpidem 10mg

See Page 7A  
for complete violation  
3/22/18

Staff person B has not successfully completed complete a Department-approved medications administration course or passed the Department's performance-based competency test; however, staff person B administered medications to multiple residents at various times. Staff person C did not receive required MAR and TAR reviews or observations.

- \*2/3/18 Regulation 2600.190
- \*2/8/18

Staff person A and C have not completed a Department approved medication course or passed the Department's performance-based competency test however have administered medications to multiple residents at various times. Staff person C did not receive required MAR and TAR reviews or observations.

The facility hired a contracted medication tech who has completed the Department approved medication course and who has passed the Department's performance-based competencies to administer medications.

Staff person C has been enrolled to take the Train the Trainer Course (see attached payment and online class).

All staff who administer medications will receive the Department approved medication course that includes passing the department's performance-based competency test prior to administering medications.

Staff person C will be responsible for Medication Training of employees and for MAR and TAR observations as required by regulation.

Completion Date: 5/22/18

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Denise Ross*      Date: *3/15/18*

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

The above plan of correction is approved as of *3/21/18* (Date)

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

Plan of correction implementation status as of *3/26/18* (Date)

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