



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]

December 18, 2018

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
December 18, 2018

Mr. Daniel E. Freed
Vice President of Health Services
Shannondell, Inc.
10000 Shannondell Drive
Audubon, Pennsylvania 19403

RE: The Meadows at Shannondell
6000 Shannondell Drive
Audubon, Pennsylvania 19403
License #: 128370

Dear Mr. Freed:

As a result of the Department's Bureau of Human Services Licensing inspection on April 11, 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.

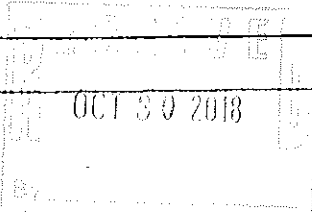
All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

Patricia Adams
Regional Licensing Director

Enclosure
Licensing Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: THE MEADOWS AT SHANNONDELL		License Number: 12837
Address: 6000 SHANNONDELL DRIVE, AUDUBON, PA 19403		County: Montgomery
Administrator: Ruthie Stubblebine		Region: SOUTHEAST
Legal Entity Name: SHANNONDELL INC		
Legal Entity Address: 10000 SHANNONDELL DRIVE, AUDUBON, PA 19403		
Certificate(s) of Occupancy I-2 07/15/2016 Lower Providence Township		
Staffing Hours		
Resident Support: 89	Total Daily Staff: 211	Waking Staff: 158
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 04/11/2018: Freeman, Sabrina		
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: 144 Number of Residents Served: 89 Secured Dementia Care Unit in Home: Yes Area: Lower level Secured Dementia Unit Capacity, if Applicable: 34 Number of Residents Served in Secured Dementia Care Unit, if applicable: 18 Number of Current Hospice Residents: 4 Number of Hospice Residents in past year: 12		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 89 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 33 Have a Physical Disability: 0

Violation Report: 12837 - 04/11/2018 - Freeman, Sabrina
 PCH Name: THE MEADOWS AT SHANNONDELL

1. REGULATION 55 Pa.Code §2600
 2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION
 On 3/23/18, staff persons B, C and D heard staff person A threaten residents # 2 and #3 with physical abuse in two separate incidents. The home did not report until 3/27/18 the allegations to the local area agency on aging or the State Department of Aging.

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.

2600.15(a)

1. Staff persons B, C, and D were met with and counseled as to their immediate role when observing or hearing "suspected abuse" of any kind.
2. In-service completed with staff employed at the time of episode with a focus on timely reporting and the process for same
3. Administrator will immediately notify the local Area Agency on Aging via protocol

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Ruthie Strassler, Admin.</i>	Date <i>10.30.18</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <i>12/12/18</i> (Date)	Plan of correction implementation status as of <i>12/12/18</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: 12837 - 04/11/2018 - Freeman, Sabrina
 PCH Name: THE MEADOWS AT SHANNONDELL

1. REGULATION 55 Pa.Code §2600

2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2a. DESCRIPTION OF VIOLATION

On 3/23/18, an allegation of abuse was made against staff person A regarding resident #2 and #3. The home did not develop and implement a plan of supervision or suspend staff person A.

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.

2600.15 (b)

1. Staff person A was in fact immediately suspended from her position upon Administrator becoming aware of episode.
2. Administrator will, upon being notified of any suspected abuse matters, in any and all reported episodes, immediately suspend staff member in question until a complete and thorough investigation has been conducted both by the Department of Human Services and internally by the community.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Ruthie Soussale Bire

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Ruthie Soussale Bire, Administrator

Date

10/30/18

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The above plan of correction is approved as of

12/12/18
(Date)

Plan of correction implementation status as of

01/21/18
(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: 12837 - 04/11/2018 - Freeman, Sabrina
 PCH Name: THE MEADOWS AT SHANNONDELL

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 3/23/18, staff person B heard staff person A state to resident #2, "you better not or I'm going to punch you." The home did not submit an incident report to the Department until 3/28/18. Later that evening, staff person B overheard staff person A say to resident #3 "I wish you would. I'll punch the shit out of you." The home did not submit an incident report to the Department until 3/28/18.

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.

2600.16 (c)

1. Written report to Department of Human Services was submitted in its entirety on 3-27-18 as evidenced by the date on actual report, not 3-28-18 as indicated in LIS. It is felt report was submitted timely, within the 24 hour period of Administrator being made aware of the episode.
2. Administrator, along with Clinical Director, conducted in-servicing and education to staff employed at the time, with a focus on proper and timely reporting.
3. Administrator will conduct ongoing impromptu as well as scheduled education to staff as it relates to the timeliness of reporting.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Russie Sussler

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

Russie Sussler, Administrator

Date *6/30/18*

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The above plan of correction is approved as of *12/12/18*
 (Date)

Plan of correction implementation status as of *12/12/18*
 (Date)

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

- Fully Implemented
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Violation Report: 12837 - 04/11/2018 - Freeman, Sabrina
 PCH Name: THE MEADOWS AT SHANNONDELL

1. REGULATION 65 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

On 3/23/18, staff person B heard staff person A say to resident #2 "you better not or I'm going to punch you." Later that evening staff persons B, C and D heard staff person A say to resident #3 "I wish you would. I'll punch the shit out of you."

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.

2600.42 (b)

1. Staff member A was suspended from her position immediately upon Administrator being informed of episode, pending investigation by the Department of Human Services and the community
2. Re-training and education was conducted for staff persons pertaining to Resident Rights with a focus on "neglect, intimidation, physical and verbal abuse, mistreatment, subjection to corporal punishment and any other forms of discipline".
3. Administrator will ensure that all staff persons receive training on Resident Rights upon hire, annually, and at intervals as indicated throughout the year.

Resident rights training will be reviewed monthly for a period of at least 6 months. Documentation will be maintained for Department review

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kushie Susalevic, Administrator</i>	Date <i>10/30/18</i>
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Violation Report: 12837 - 04/11/2018 - Freeman, Sabrina
 PCH Name: THE MEADOWS AT SHANNONDELL

1. REGULATION 56 Pa.Code §2600
 2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION
 On 4/11/18, resident #1 reported staff person A was rough, brisk and forceful during care. Resident #1 was removed from staff person's assignment list previously for an allegation of rough treatment during care.

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.

2600.42 (c)

1. There is no documentation or knowledge of reporting by resident #1 that staff member A was "rough, brisk and forceful during care".
2. Upon visit from the Department of Human Services on 4-11-18 to community, it was reported to Administrator upon receipt of Plan of Correction received on 10-22-18, resident #1 shared with inspector the above stated information. Administrator became aware of same on 10-22-18.
3. Administrator will, at any time when informed of suspected abuse of any kind, report to the proper Department/s within the designated timeframe.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Ruthie Susalski, Administrator</i>	Date <i>10/30/18</i>
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