



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 25 2018

Mr. Jeffery B. Sims
President
The Park Home
2160 Warrentsville Road
Montoursville, Pennsylvania 17754

RE: The Meadows, A Personal Care Community
License #: 225960

Dear Mr. Sims:

As a result of the Department's Bureau of Human Services Licensing annual inspection on April 13, 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.

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: 22596 - 04/13/2018 - Dumas, Gerald
 PCH Name: THE MEADOWS A PERSONAL CARE COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.54(a) - Direct care staff persons shall have the following qualifications:
 (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
 (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
 (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION
 Direct care staff persons A (Date of Hire 8/8/17) and B (Date of Hire 2/16/18), did not have a high school diploma, G.E.D., or active registry status on the PA nurse aide registry. Staff persons A and B were retained beyond the 30 day provisional hiring period pending receipt of the education document required by the regulation.

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.

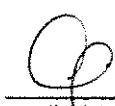
Staff persons A+B charts are complete with their high school diplomas. All other staff members charts were audited. All had high school diplomas included.
Administrator will do quarterly audits to ensure on going compliance.
See form included.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Kelly A Wike / Kelly A Monahan*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kelly A Wike* Date *5/28/18*

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

The above plan of correction is approved as of <u>6-5-18</u> (Date) The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>6-5-18</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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Violation Report: 22596 - 04/13/2018 - Dumas, Gerald
 PCH Name: THE MEADOWS A PERSONAL CARE COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

The land line phones in resident bedrooms 403 and 303 did not have the following numbers posted : local hospital, police department , fire department, ambulance, poison control, EMS and personal care home licensing .

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.

Rooms 403 and 303 telephones were corrected immediately. An audit of the entire facility was conducted. All phones had the emergency numbers posted.

Housekeeping will monitor weekly when cleaning room. Administrator will conduct quarterly audits to ensure ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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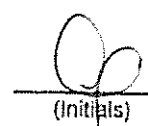
Signature of Legal Entity Representative (Required on EVERY Page)	<i>Kelly A Wike</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Kelly A Wike</i>	<i>5/28/18</i>

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 (Date)

Plan of correction implementation status as of 6-5-18
 (Date)

The above plan of correction was approved by 
 (Initials)

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

Violation Report: 22596 - 04/13/2018 - Dumas, Gerald
 PCH Name: THE MEADOWS A PERSONAL CARE COMMUNITY

1. REGULATION 55 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 freezer compartment of the home's kitchenette refrigerator, indicated a reading of 15 degrees Fahrenheit on the date 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.

Current policy & procedure was reviewed. The policy remains valid. Night shift is responsible for monitoring temperatures in refrigerators & freezers. Staff were re-educated on the importance of temperature ranges. If ranges are wrong, a maintenance slip is completed & follow up. When night shift supervisor gives administrator the shift log, temperatures are included.

The Administrator will oversee, including info presented to Maintenance when required, to ensure ongoing compliance. *[Signature]*

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Kelly A Wike*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kelly A Wike* Date *5/29/18*

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The above plan of correction is approved as of 5-18
 (Date)

Plan of correction implementation status as of 5-18
 (Date)

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

- Fully Implemented
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- Partially Implemented - Inadequate Progress
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Violation Report: 22596 - 04/13/2018 - Dumas, Gerald
 PCH Name: THE MEADOWS A PERSONAL CARE COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident # 1's blood glucose test readings on his/ her glucometer and his Medication Administration Record (MAR's) had documentation errors on the following dates and times.

04-06-18 at 7:51 PM the glucometer indicated a blood glucose reading of 205 and the MAR's documented 204 as a blood glucose reading.

04-09-18 at 7:47 AM the glucometer indicated a blood glucose reading of 225 and the MAR's documented 216.

04-11-18 at 11:10 AM the glucometer indicated a blood glucose reading of 129 and MAR's documented 123.

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.

Policy and procedure was reviewed + remains current. All PCA were re-educated on the importance of accurate documentation. Shift supervisor is responsible for auditing glucometer against MAR daily to ensure ongoing compliance - Administrator will oversee to ensure ongoing compliance. CD

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Kelly A Wilke*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kelly A Wilke* Date *5/28/18*

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 (Date)

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

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Violation Report: 22596 - 04/13/2018 - Dumas, Gerald
 PCH Name: THE MEADOWS A PERSONAL CARE COMMUNITY

1. REGULATION 55 Pa.Code 52600
 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
 Resident # 2's Preadmission form dated 09-01-17 did not indicate if the home was able to meet the resident's 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.

Policy & procedures was reviewed & remains current. All residents charts were audited & all preadmission screens were complete.
 Administrator will audit charts quarterly to ensure ongoing compliance.
 A secondary review of all admission documents prior to filing in the resident record will also ^{help to} ensure compliance. *Op*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Kelly A Wike*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kelly A Wike</i>	Date <i>5/28/18</i>
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