



AUG 16 2018

Ms. Katie Schneider  
Administrator  
HAP Senior Care  
5130 Tuscarawas Road  
Beaver, Pennsylvania 15009

RE: Beaver Meadows  
Certificate #: 418010

Dear Ms. Schneider:

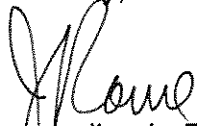
As a result of the Department's Bureau of Human Services Licensing annual inspection on May 8, 2018, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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,



Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary

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

PCH Name: BEAVER MEADOWS		License Number: 41801
Address: 5130 TUSCARAWAS ROAD, BEAVER, PA 15009		County: Beaver
Administrator: Katie Schneider		Region: WEST
Legal Entity Name: HAP SENIOR CARE		
Legal Entity Address: 5130 TUSCARAWAS ROAD, BEAVER, PA 15009		<b>RECEIVED</b>
Certificate(s) of Occupancy C-2 LP 11/12/2002 Department of L&I		JUL 25 2018 WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support:	Total Daily Staff: 78	Waking Staff: 59
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 05/08/2018: Flinner-Alman, Lisa; Hoover, Josh		
Off-Site Inspection Dates and Inspectors, if Applicable		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 83	Number of Residents who:	
Number of Residents Served: 62	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 62	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 16	
Number of Current Hospice Residents: 6	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 20		

*Katie Schneider*  
Administrator  
7/20/18

JUL 25 2018

Violation Report: 41801 - 06/08/2018 - Flinner-Alman, Lisa  
PCH Name: BEAVER MEADOWS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The fire drill record for the drill on 2/28/18 indicated that the drill occurred at 2:45 but did not indicate a.m. or p.m.

The fire drill record for the drill on 4/30/18 inaccurately indicated that only 39 residents evacuated of the 62 residents in the home during the time of the drill.

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.*

5/8/2018 Maintenance Technician confirmed that the fire drill occurred at 2:45 PM on 2/28/2018, although he had not documented that the drill was held in the afternoon. This information was corrected on the fire drill record that the drill was held in the afternoon. Upon interview with inspector, Maintenance Technician confirmed that all 62 residents were evacuated and accounted for during the drill on 4/30/2018. He inaccurately recorded that only the 39 residents on the effected unit were evacuated. Correction was made to fire drill record to accurately indicate the results of the drill and show that all 62 residents were evacuated.

7/16/2018 Maintenance Technician was educated by the Administrator on the importance of accurately recording fire drills. Education included compliance with Regulation 2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

7/17/2018 The Administrator or designee will monitor fire drill records monthly to ensure compliance and accuracy of Regulation 2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

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

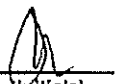
Signature of Legal Entity Representative (Required on EVERY Page) *Katie Schneider*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Katie Schneider, Administrator*      Date *7/20/18*

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

The above plan of correction is approved as of 8/9/18 (Date)

Plan of correction implementation status as of 8/9/18 (Date)

The above plan of correction was approved by  (Initials)

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

JUL 25 2018

Violation Report: 41801 - 05/08/2018 - Flinner-Alman, Lisa  
PCH Name: BEAVER MEADOWS

WEST REGION FIELD OFFICE  
Human Services Licensing

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 prescription for Siltussin DM indicates 30 ML orally every 4 hours as needed for cough; however, the label on the medication indicates 10 ML.

Resident 2's prescription for Levalbuterol neb 1.25 MG/3ML indicates inhale 1 mini neb via nebulizer orally 3 times daily; however, the medication label indicates 0.42 MG/3ML via nebulizer orally 4 times daily.

Resident 2's prescription for Asmanex 30 AER 220 MCG indicates inhale 1 puff orally twice daily; however, the medication label indicates inhale 2 puffs orally twice daily.

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.

5/8/2018 The Supervisor attached a "Direction Change Please Refer to Chart" sticker onto the pharmacy label to alert staff that the direction changed and that the pharmacy label was not accurate and to refer to the chart.

5/8/2018 All pharmacy labels were checked by Supervisor to ensure compliance with Regulation 55 Pa Code 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 prescriber

See Page 3A of 3

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

Signature of Legal Entity Representative (Required on EVERY Page) *Katie Schneider*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Katie Schneider, Administrator* Date *7/20/18*

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May-July 2018 All personal care staff were educated by the Administrator on Regulation 55 Pa Code 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 prescriber

Med Techs and LPNs will review label upon receiving new prescriptions from pharmacy to ensure accuracy before stocking in the medication cart.

See Page 3B

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6/1/2018 The Nursing Care Supervisor or designee will monitor monthly at random to ensure compliance with Regulation 55 Pa Code 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 prescriber

6/1/2018 Diamond Pharmacy will monitor quarterly to ensure compliance with Regulation 55 Pa Code 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 prescriber

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