



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]

October 30, 2018

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

October 30, 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 May 23, 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: 12837 - 05/23/2018 - Braswell, Natasha
 PCH Name: THE MEADOWS AT SHANNONDELL

1. REGULATION 55 Pa.Code §2600
 2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

On 5-12-18 resident # 1 rang the call bell for assistance with repositioning in the bed. Staff person A responded "What do you want?" "I was just in the room to change you!" Resident #1 then asked for assistance with repositioning in the bed and staff person A responded "Do it yourself!"

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.

1. All staff will receive renewed training as it relates to Resident Rights with a focus on dignity and respect. Target completion date of 6/30/18.
2. Administrator will monitor to ensure said training is completed timely and with signed understanding of same.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Ruthie Smolskine</i>	Date <i>6.12.18</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>6/12/18</i></u> (Date)	Plan of correction implementation status as of <u><i>7/22/18</i></u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (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