



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 31 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 annual inspection on June 11 and 12, 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 "Rowe".

Jacqueline L. Rowe
Director

Enclosure
License 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: RUTHELLA STUBBLEBINE		Region: SOUTHEAST
Legal Entity Name: SHANNONDELL INC		
Legal Entity Address: 10000 SHANNONDELL DRIVE, AUDUBON, PA 19403		
Certificate(s) of Occupancy		
Other 11/28/2005 PA DEPT OF HEALTH	Other 12/12/2005 LOWER PROVIDENCE TWNSHP	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 133	Waking Staff: 100
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 06/11/2018: Thomas, Tahesia; Freeman, Sabrina 06/12/2018: Thomas, Tahesia; 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 who:	
Number of Residents Served: 94	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: Yes	Are 60 Years of Age or Older: 94	
Area: AVONDALE and CHATHAM C WING	Have Mental Illness: 0	
Secured Dementia Unit Capacity, If Applicable: 34	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, If applicable: 25	Have a Mobility Need: 39	
Number of Current Hospice Residents: 8	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 17		

Violation Report: 12837 - 06/11/2018 - Thomas, Tahesia
 PCH Name: THE MEADOWS AT SHANNONDELL

1. REGULATION 55 Pa.Code §2600
 2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION
 The home requested staff member A's criminal background on 09/07/17, which was after the hire date of 09/05/17.

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.

2600.51

1. Staff member "A" had criminal background check completed two days after hire date and visible in staff member's personnel file
2. All staff will have the required Criminal background check completed, results received, and placed in staff personnel file, before the first date of hire.
3. Human Resources Department will conduct routine audits to ensure that Criminal Background Checks are completed before first date of hire.
4. Administrator will routinely audit Human Resources to ensure total compliance with Regulation 2600.51 as it relates to the Older Adult Protective Services Act - *Audits to be maintained per Department Review (M)*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Ruthie Sousslebine, PCHA</i>	Date <i>7.4.18 / 7.19.18</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>7/19/18</u> (Date)	Plan of correction implementation status as of <u>7/20/18</u> (Date)
The above plan of correction was approved by <u><i>(M)</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

Violation Report: 12837 - 06/11/2018 - Thomas, Tahesia
 PCH Name: THE MEADOWS AT SHANNONDELL

1. REGULATION 55 Pa.Code §2600
 2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION
 The home's menu for Chatham C Wing was not posted in a conspicuous and public place in the home.

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.

2600.162

- Menu designated for Chatham "C" was immediately posted while inspectors were on site during inspection.
- A two week menu will be posted continuously with a continual rotation of same correlating to the day and month.
- Dining Director will educate dining staff as to the timing of placing menu's for accuracy as well as ensure posting of same.
- Administrator will do random audits of posted menus to ensure the accuracy of dates
Duty Staff will be trained within 30 days of receipt of approved plan of correction. All audits will be maintained per department review RW

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Ruthie Strubbs-Rue, PCHA</i>	Date <i>7.4.18 / 7.19.18</i>
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The above plan of correction is approved as of <i>7/19/18</i> (Date)	Plan of correction implementation status as of <i>7/20/18</i> (Date)
The above plan of correction was approved by <i>RW</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 - 06/11/2018 - Thomas, Tahesia
 PCH Name: THE MEADOWS AT SHANNONDELL

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

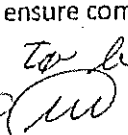
On June 12, 2018, glucometers for resident # 1 and resident # 2 were not calibrated with the correct date and time.

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.

2600.185

1. Resident #1 and Resident #2 had glucometer dates and times immediately corrected through proper calibration while inspectors were still on site
2. All individual resident glucometers audited for correct dates and times
3. All individual resident glucometers will be audited daily to ensure proper calibration of date and time.
4. Licensed nursing staff will be educated on the importance and need to have scheduled glucometer audits completed
5. Administrator will randomly check audit logs to ensure compliance

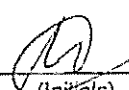
all trainings and audits to be maintained for department review 

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Ruthie Southerland, PCHA</i>	Date <i>7.4.18 / 7.11.18</i>
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The above plan of correction is approved as of <u>7/19/18</u> (Date)	Plan of correction implementation status as of <u>7/20/18</u> (Date)
The above plan of correction was approved by  (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 - 06/11/2018 - Thomas, Tahesia
 PCH Name: THE MEADOWS AT SHANNONDELL

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

On resident # 3's MAR, there was a new order for Acetaminophen 650 mg suppositories (every 6 hours as needed for pain and fever). However, the MAR reflected the old order Acetaminophen 650 mg suppositories (every 4 hours as needed for pain and fever).

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.

2600.187 (a)

1. Resident #3 had recent timing of medication changed from every 4 hours as needed to every 6 hours as needed. Correction was made immediately by placing "directions changed, refer to chart sticker" on medication label during the inspection with inspectors on site.
2. Licensed nurses will be re-educated as to correct procedural steps required, when a physician prescribes a change to any medication, that reflects the accuracy of said change.
3. Clinical Director will in-service licensed nurses to ensure education and compliance. Target completion date of education will be July 30, 2018.
4. Administrator will complete audit of education as another means of follow through
all audits and training to be maintained per Department Review

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Ruthie Stubblebine*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Ruthie Stubblebine, PCNA* Date *7-4-18 / 7-19-18*

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The above plan of correction is approved as of *7/19/18*
 (Date)

Plan of correction Implementation status as of *7/20/18*
 (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 - 06/11/2018 - Thomas, Tahesia
 PCH Name: THE MEADOWS AT SHANNONDELL

1. REGULATION 55 Pa.Code §2600
 2600.225(c) - The resident shall have additional assessments as follows:
 (1) Annually.
 (2) If the condition of the resident significantly changes prior to the annual assessment.
 (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION
 The most recent assessment for resident # 4 was completed on November 1, 2016. The home did not complete an annual assessment due in November 2017.

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.

2600.225 (c)

1. Assessment for Resident #4 had been completed in November 2017, however, was not placed in the resident file.
2. Annual assessment (RASP) as well as any significant change that prompts a new assessment, will be completed and immediately placed in resident record after all proper signatures are received.
3. Administrator will keep and maintain a tickler file to have ongoing indicator of assessments needing completion with due date/s; Administrator will complete assessments when due.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Ruthie Sublette, PCHTA</i>	Date <i>7-4-18 / 7-19-18</i>
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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 - 06/11/2018 - Thomas, Tahesia
 PCH Name: THE MEADOWS AT SHANNONDELL

1. REGULATION 55 Pa.Code §2600

2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident # 3, admitted to the SDCU on 01/17/18, had a medical evaluation (01/10/18) that did not document the resident's diagnosis of dementia or need for SDCU 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.

2600.231 (b)

1. Resident #3 DME completed on 1/10/18, had diagnosis of Dementia included.
2. DME of 1/10/18 was brought in to compliance by having physician make correction by checking off box indicating need for living accommodations to be in the SDCU
3. All current SDCU residents will have DME's audited for accuracy with a target date of July 15, 2018 for completion.
4. Administrator will review all new residents DME who are moving to the SDCU for correct completion of same, prior to be placing into resident record.

all notes to be maintained for Departmental review.

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative <small>(Required on EVERY Page)</small>	<i>Ruthie Sussler</i>
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Printed Name and Title of Legal Entity Representative <small>(Required on EVERY Page)</small>	Date
<i>Ruthie Sussler</i>	<i>7.4.18 / 7.19.18</i>

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The above plan of correction is approved as of <u>2/19/18</u> <small>(Date)</small>	Plan of correction implementation status as of <u>4/20/18</u> <small>(Date)</small>
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The above plan of correction was approved by <u><i>RS</i></u> <small>(Initials)</small>	<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: 12837 - 06/11/2018 - Thomas, Tahesia PCH Name: THE MEADOWS AT SHANNONDELL	
1. REGULATION 55 Pa.Code §2600 2600.231(e) - Each resident record shall have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.	
2a. DESCRIPTION OF VIOLATION - Resident # 3 was admitted to the SDCU on 01/17/18. The home has no documentation that the resident and the resident's designated person have not objected to the admission. - Resident # 5 was admitted to the SDCU on 03/14/18. The home has no documentation that the resident and the resident's designated person have not objected to the admission. - Resident # 6 was admitted to the SDCU on 03/13/18. The home has no documentation that the resident and the resident's designated person have not objected to the admission.	
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.	
2600.231 (e)	
<ol style="list-style-type: none"> 1. Resident #3, #5, and #6 agreement states they "desire" to live in the room of choice as identified in the agreement. 2. An addendum indicating resident/responsible party, have no objection to resident residing in "Secure Dementia Care Unit" will be implemented. 2. All residents/responsible party residing in the Secure Memory Care community will have an addendum signed stating they agree to reside in same. Target completion date of July 31, 2018. 3. All new residents/responsible party moving in to the Secure Memory Care community will sign the addendum prior to taking occupancy during the move in process. 4. Administrator will audit the resident file/s to ensure that all residents moving in to the Secure Memory Care Community, will have the "non-objection" document signed and in file at all times. <i>all audits to be maintained for Departmental review AD,</i> 	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Ruthie Subletie</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Ruthie Subletie, PCAA</i>	Date <i>7.4.18 / 7.19.18</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <i>7/19/18</i> (Date)	Plan of correction implementation status as of <i>7/20/18</i> (Date)
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