



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 23 2018

Ms. Linda Kanarr
Chief Executive Officer/Administrator
Ecumenical Enterprises, Inc.
200 Lake Street
Dallas, Pennsylvania 18612

RE: The Meadows Manor
License #243650

Dear Ms. Kanarr:

As a result of the Department's Bureau of Human Services Licensing annual inspection on July 10, 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, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 24365 - 07/10/2018 - O'Halre, Anne
 PCH Name: THE MEADOWS MANOR

1. REGULATION 55 Pa.Code §2600

2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION

On 5/26/18, the home reported that resident # 1 accidently pulled the home's fire alarm. The incident report stated that "no residents needed to be evacuated." Residents failed to evacuate when the fire alarm sounded. All residents must evacuate either to a fire safe area or outside the building.

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.

Upon conclusion of inspection, Administrator & Maintenance Staff met to review facility fire safety policy and update to reflect the importance of evacuation procedures when alarm is sounded.

All staff were re-inserviced on evacuation procedures for when an alarm is sounded and provided a copy of the updated fire safety policy.

The Administrator will work with Maintenance Staff for on-going compliance with all staff members through orientation and fire drill procedures.

See attachment #1 (In-Service Record) and attachment # 2 (Fire Safety Policy)

The administrator shall monitor and be responsible for ongoing compliance

8/20/18

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Melissa L. Margotta</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	
Melissa L. Margotta, Administrator		8/16/18	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>8/20/18</u> (Date)		Plan of correction implementation status as of <u>8/20/18</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: 24365 - 07/10/2018 - O'Haire, Anne
 PCH Name: THE MEADOWS MANOR

1. REGULATION 56 Pa.Code §2600
 2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION
 Resident # 2, Date of Admission 4/2/18, did not have an initial medical evaluation completed within 60 days prior to admission or 30 days after 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.

Together with the home's Resident Care Coordinator, the Administrator will ensure compliance with the residents medical evaluation and all other state required forms.

Upon conclusion of inspection, the Administrator completed an audit of residents records to ensure compliance with the residents medical evaluation.

Resident records will be audited on a quarterly basis by the Administrator & Resident Care Coordinator and record will be kept of the same to ensure ongoing compliance.

The Administrator will review a new resident record within 30 days of admission to ensure the resident medical evaluation is completed 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) *Melissa L Margotta*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Melissa L. Margotta, Administrator	Date 8/16/18
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Violation Report: 24365 - 07/10/2018 - O'Haire, Anne
PCH Name: THE MEADOWS MANOR

1. REGULATION 55 Pa.Code §2600
 2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
 During the medication audit, one unidentified loose white pill was found lying in the bottom of a drawer in the second-floor medication cart.

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.

The facility had designed and implemented the use of a medication cart audit tool (see attachment #3) that is now completed on a weekly basis to ensure ongoing compliance with stored prescription medication, over the counter medication and CAM.

Designated staff member's were instructed on its use and assigned its timely completion by Resident Care Coordinator.

Staff were instructed to immediately communicate with the Resident Care Coordinator in regards to the audits.

Resident Care Coordinator will monitor designated staff and ensure audit is completed for ongoing compliance.

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Violation Report: 24365 - 07/10/2018 - O'Haire, Anne
 PCH Name: THE MEADOWS MANOR

1. REGULATION 55 Pa.Code §2600

2600.163(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION

Resident #3's Novolog was opened on 05-30-18. According to the manufactures specifications, this medication expires 30 days after being opened.

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.

Plan of correction for this violation will be addressed in the same fashion as the previous violation with the implementation of the med cart audit tool to ensure ongoing compliance.
 (See attachment #3)

The identified medications will be discarded. In the future, the home will not keep expired or discontinued medications in the home.

The administrator shall monitor and be responsible for ongoing compliance.

M
 8/20/18

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Melissa L. Margotta, Administrator	8/16/18

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Violation Report: 24365 - 07/10/2018 - O'Haire, Anne
 PCH Name: THE MEADOWS MANOR

1. REGULATION 55 Pa.Code §2600
 2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION
 Resident #4's RASP dated 3/26/18, did not include the resident's need for a one person assist to transfer. The RASP incorrectly notes the resident is only in need of verbal cueing.

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.

Plan of correction for this violation will include aspects of previously noted POC. As stated in previous plan of correction, resident records will now be audited on a quarterly basis by Administrator and Resident Care Coordinator. Copies of the same will be kept.

Upon conclusion of inspection, Resident Care Coordinator notified staff of importance of communication in regards to residents changing needs & education of the addendum sheets to the RASP.

The Administrator met with quality management team and planned a staff wide inservice on the DHS required documents that will take place on 9/6/18 to ensure all staff are trained on the importance of the RASP and for continued compliance.

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