



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**December 11, 2018**

Ms. Tara Everhart  
Administrator  
Meadowood Corporation  
P.O Box 670  
3205 Skippack Pike  
Worcester, Pennsylvania 19490

RE: Meadowood  
License #: 127870

Dear Ms. Everhart:

As a result of the Department's Bureau of Human Services Licensing inspection on August 28, 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.

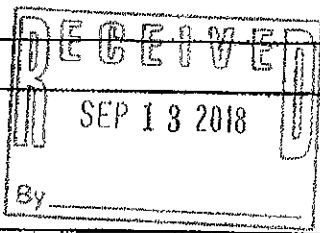
Sincerely,

A handwritten signature in black ink, appearing to read "Ayus Adelanwa".

Ayus Adelanwa  
Workload Manager BHSL HQ

Enclosure  
Licensing Inspection Summary

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

PCH Name: MEADOWOOD		License Number: 12787
Address: P O BOX 670 3205 SKIPPACK PIKE, WORCESTER, PA 19490		County: Montgomery
Administrator: Tara Everhart		Region: SOUTHEAST
Legal Entity Name: MEADOWOOD CORPORATION		
Legal Entity Address: P.O.BOX 670 3205 SKIPPACK PIKE, WORCESTER, PA 19490		
Certificate(s) of Occupancy C-1 10/20/1988 Comm. of PA DOH		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 84	Waking Staff: 83
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 08/28/2018: Swisher, Michele		
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: 76	Number of Residents who:	
Number of Residents Served: 48	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit In Home: Yes	Are 60 Years of Age or Older: 48	
Area: Azelea House	Have Mental Illness: 0	
Secured Dementia Unit Capacity, If Applicable: 12	Have an Intellectual Disability: 0	
Number of Residents Served In Secured Dementia Care Unit, If applicable: 12	Have a Mobility Need: 36	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 1		

Violation Report: 12787 - 08/28/2018 - Swisher, Michele  
 PCH Name: MEADOWOOD

1. REGULATION 65 Pa.Code §2600

2600.186(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

The homes Hearing Aid policy revised on 1/16/2008 states the 11p-7a or 7a-3p shift in the AM will place hearing aids in residents ears and document on MAR, and 3p-11p shift at bedtime will remove hearing aides, store in identified containers and place in med cart and document on MAR. Prior to 7/12/18 placement and removal of hearing aides was not documented on Resident 3's MAR. The home was not following procedure for the safe storage, distribution and use of medical equipment.

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.

7/12/2018 issue was noted; correction made for all SDU residents with hearing aids to have hearing aids collected at bedtime and secured in med cart. Orders transferred from caregiver assignment sheets to MAR to follow facility procedure.

9/11/2018 policy reviewed and updated by Policy and Procedure Committee.

To ensure on going compliance, resident's support plan/MAR will be reviewed at support plan meetings by nurse or designee. \*policy attached

Administrator to re-train staff on hearing-aid policy. Administrator to conduct routine checks on residents to ensure compliance with hearing-aid policy and document the same monthly.  
 AA

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Tara E. Evans RN DAPC*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

Tara Evans RN Director of Personal Care

Date 9/13/18

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

The above plan of correction is approved as of

9/13/18  
 (Date)

Plan of correction implementation status as of

12/18/18  
 (Date)

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

The above plan of correction was approved by

*AA*  
 (Initials)

Violation Report: 12787 - 08/28/2018 - Swisher, Michele  
 PCH Name: MEADOWOOD

**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 1's assessment and support plan dated 8/21/18 does not address or identify a plan for residents long term memory needs, ability to use and avoid poisonous materials need and social or recreational needs.

Resident 2's assessment and support plan, dated 8/6/18 indicates the resident has a need for assistance with managing health care. The resident's support plan does not document how this need will be met.

Resident 2's assessment and support plan dated 8/6/18 does not list any of the resident 2's medical diagnosis and does not document the plan to meet those medical 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.*

Resident 1 and 2 support plans audited by Director of Personal Care; reviewed and completed to ensure compliance.

Day shift nurse and Director of Life Enrichment educated on proper completion of support plans on 9/10/2018. *See attached*

To ensure ongoing compliance; Director of Personal Care will audit all support plans by 9/30/2018, any noted trends will be noted and reviewed at QAPI meeting.

Upon completion of all support plans, day shift nurse will have document reviewed by Director of Personal Care or designee prior to support plan meeting.

Director of Personal Care or designee will continue to audit completed support plans and new admission support plans X 3months.

*Documentation of the review be kept in OA.*

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Tara Everhart RN Director of Personal Care* Date *9/13/18*

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

The above plan of correction is approved as of *9/13/18*  
 (Date)

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

Plan of correction implementation status as of *9/13/18*  
 (Date)

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