



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 01 2019

Ms. Tracy Roman
Executive Director
Phoebe Richard and Health Care Center
108 South Main Street
Richlandtown, Pennsylvania 18955

RE: Meadow Glen at Phoebe Richland
License #: 142250

Dear Ms. Roman:

As a result of the Department's Bureau of Human Services Licensing annual inspection on February 11, 2019 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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.

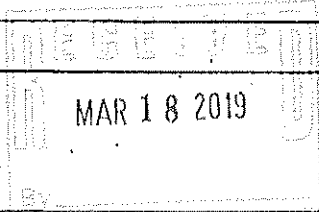
Sincerely,

A handwritten signature in black ink, appearing to read 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
Violation Report

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

PCH Name: MEADOW GLEN AT PHOEBE RICHLAND		License Number: 14225
Address: 108 SOUTH MAIN STREET, RICHLANDTOWN, PA 18955		County: Bucks
Adminlstrator: Jennifer Simmers		Region: SOUTHEAST
Legal Entity Name: PHOEBE RICHLAND HEALTH CARE CENTER		
Legal Entity Address: 108 SOUTH MAIN STREET, RICHLANDTOWN, PA 18955		
Certificate(s) of Occupancy 1-2 11/30/2015 Richlandtown Borough		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 106	Working Staff: 80
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 02/11/2019: Swisher, Michele; Gillespie, Denise		
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: 180 ✓	Number of Residents who:	
Number of Residents Served: 74 ✓	Receive Supplemental Security Income: 0 ✓	
Secured Dementia Care Unit In Home: Yes	Are 60 Years of Age or Older: 74 ✓	
Area: 1st Floor	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable: 18 ✓	Have an Intellectual Disability: 1 ✓	
Number of Residents Served in Secured Dementia Care Unit, if applicable: 18	Have a Mobility Need: 32 ✓	
Number of Current Hospice Residents: 2 ✓	Have a Physical Disability: 7 ✓	
Number of Hospice Residents in past year: 18 ✓		

Violation Report: 14225 - 02/11/2019 - Swisher, Michele
 PCH Name: MEADOW GLEN AT PHOEBE RICHLAND

1. REGULATION 56 Pa.Code §2600
 2600.28(e) - In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P.S. §§ 10226.101 - 10226.107). The home shall keep documentation of the refund in the resident's record.

2a. DESCRIPTION OF VIOLATION
 Resident 1, died on 2/14/2018. The home did not refund the resident's previously paid rent to the resident's estate until 3/27/2018.
 Resident 2, died on 3/29/2018. The home did not refund the resident's previously paid rent to the resident's estate until 5/25/2018.
 Resident 3, died on 7/31/2018. The home did not refund the resident's previously paid rent to the resident's estate until 11/6/2018.

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.

Please see attached POC.

The Administrator or a designee will create a checklist/tracking document to prompt the need for an immediate compliance to the cited reg. when a resident passes. 4/1/19

AAA

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Jennifer Summers PCHA*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jennifer Summers PCHA* Date *3/18/19*

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

The above plan of correction is approved as of <u>4/1/19</u> (Date)	Plan of correction implementation status as of <u>4/1/19</u> (Date)
The above plan of correction was approved by <u>AAA</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

Refunds from accounts receivable to deceased/discharged residents:

The refund shall be issued within 30 days of discharge or transfer.

In order to ensure that this occurs, the accounts receivable report will be checked weekly by the financial counselor. All refunds will be requested by the financial counselor within one week of resident's passing or their discharge from the facility. The facility payment coordinator will monitor the progress of the check requests with the Accounts Payable department to ensure that they are released timely.

Target Date: Immediately

3/18/19 Jennifer Summers, RHA
Jennifer Summers

Violation Report: 14225 - 02/11/2019 - Swisher, Michele
 PCH Name: MEADOW GLEN AT PHOEBE RICHLAND

1. REGULATION 65 Pa.Code §2600
 2800.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION
 The last drill conducted during sleeping hours was on 01/16/2018.

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.

3/10/19
 Administrator and Director of Environmental Services created a calendar for 2019 fire drills including drills scheduled during sleeping hours.
 On 3/15/19 a fire drill was completed at 5:09 am. report is attached. Next scheduled sleeping hour fire drill is scheduled for August 2019

Administrator or designee will review completed fire drill forms monthly to ensure continual compliance. 4/1/19

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Jennifer Summick PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jennifer Summick PCHA</i>	Date <i>3/10/19</i>
--	---------------------

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

The above plan of correction is approved as of <u>4/1/19</u> (Date)	Plan of correction implementation status as of <u>4/1/19</u> (Date)
The above plan of correction was approved by <u>A.A.A</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