



Sent via e-mail dfreed@shannondell.com
Sent via e-mail rstubblebine@shannondell.com
June 19, 2019

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 April 10, 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.

Sincerely,

A handwritten signature in black ink that reads "Mia Johnson". The signature is written in a cursive, flowing style.

Mia Johnson
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report

Facility Information

Name: *THE MEADOWS AT SHANNONDELL*
 Address: *6000 SHANNONDELL DRIVE, AUDUBON, PA 19403*
 County: *MONTGOMERY* Region: *SOUTHEAST*

License Number: *128370*

Administrator

Name: *Ruthis Stubblebine* Phone: *6107285400* Email: *DFREED@SHANNONDELL.COM*

Legal Entity

Name: *SHANNONDELL INC*
 Address: *10000 SHANNONDELL DRIVE, PA, 19403*

Certificate(s) of Occupancy

Type: *I-2* Date: Issued By:

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *148* Waking Staff: *111*

Inspection

Type: *Partial* BHA Docket #: Notice: *Unannounced*
 Reason: *Complaint*

Inspection Date and Department Representative

04/10/2019 - On-Site: Dean Gray

Resident Demographic Data as of Inspection Date

General Information

License Capacity: *144* Residents Served: *112*

Secure Dementia Care Unit

In Home: *Yes* Area: *Avondale* Capacity: *34* Residents Served: *22*

Hospice

Current Residents: *13*

Number of Residents Who

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *111*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *36* Have Physical Disability: *1*

185a. Implement Storage Procedures

Regulations

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.

Description of Violation

Resident #1 is prescribed Dulcolax (Bisacodyl) 10 MG Rectal Suppository as needed. On 04/10/19 this medication was not available in the home.

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.)

2600.185a

1. Resident physician order for Dulcolax was prescribed on an as needed basis
2. Due to non usage of medication, physician was contacted on day of inspection; order for medication was discontinued on 4-10-19
3. All medication carts were audited by Unit Coordinator and Clinical Director for any other discrepancies
Within 30 days of this POC, all staff who administer medications will be trained on medication administration procedures. Documentation of training will be kept.
4. Medication carts will be audited on an ongoing basis
5. Administrator will ensure audits are completed

Legal Entity Representative

[Handwritten Signature]
Signature

Ruthie STUBBLEBINE
Printed Name and Title

5/11/19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 6/4/19
(Date)

Plan of correction implementation status as of 6/4/19
(Date)

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

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

187d Follow Prescriber's Order

Regulations

2600.187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 is prescribed Miralax (Polyethylene Glycol 3350) 17 grams dissolved in liquid by oral route every other day. However, on 04/10/19 the medication was not available.

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.)

2600.187d

1. Upon investigation, nurse on duty at the time of inspection, stated she provided resident w/ medication as prescribed by prescriber.
2. Medication had been reordered from the pharmacy with pending delivery
3. Medication carts were audited by Unit Coordinator and Clinical Director for accuracy
4. Ongoing audits of medication carts will be conducted Maintain audits for Department review. *MOJ*
5. Administrator will ensure cart audits are completed

Legal Entity Representative

Ruthie Stubbs
Signature

Ruthie Stubbs
Printed Name and Title

5/11/19
Date

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The above plan of correction is approved as of 6/4/19
(Date)

Plan of correction implementation status as of 6/4/19
(Date)

The above plan of correction was approved by *MOJ*
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- Fully Implemented
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- Not Implemented