



MAILING DATE: October 31, 2019

Ms. Denise Ross
Owner
Ross Memory Meadows, ALF, LLC
153 Susquehanna Drive
Franklin, Pennsylvania 16323

RE: Memory Meadows Personal Care Home
321 Godfrey Road
Leechburg, Pennsylvania 15656
License COC #: 447050

Dear Ms. Ross:

As a result of the Department's Bureau of Human Services Licensing inspection on June 28, 2019, of the above facility, the citations 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 "Jody Garvey". The signature is written in a cursive style.

Jody Garvey
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report

RECEIVED

10/24/19

Western Region Field Office
Bureau of Human Services Licensing

Facility Information

Name: *MEMORY MEADOWS PERSONAL CARE HOME*

Address: *321 GODFREY ROAD, LEECHBURG, PA 15656*

County: *ARMSTRONG*

Region: *WESTERN*

License Number: *44705*

Administrator

Name: *Carrie Leway*

Phone: *4129569215*

Email: *MEMORYMEADOWS321@GMAIL.COM*

Legal Entity

Name: *ROSS' MEMORY MEADOWS ASSISTED LIVING FACILITY LLC*

Address: *153 SUSQUEHANNA DRIVE, FRANKLIN, PA, 16323*

Certificate(s) of Occupancy

Type: *C-3 SP*

Date:

Issued By:

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *9*

Waking Staff: *7*

Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Complaint*

Inspection Dates and Department Representative

06/28/2019 - On-Site: Desmond Grace

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *8*

Residents Served: *7*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Diagnosed with Mental Illness: *0*

Have Mobility Need: *2*

Are 60 Years of Age or Older: *7*

Diagnosed with Intellectual Disability: *0*

Have Physical Disability: *2*

06/28/2019

1 of 8

103f - Refrigerator/Freezer Temps

Regulations

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

At 10:20 a.m., there was no thermometer in the freezer compartment of the refrigerator/ freezer in the main kitchen.

At 10:30 a.m., there was no thermometer in the chest freezer located in the all-purpose room.

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.)

2600.103

A thermometer was placed inside the tall freezer in kitchen.

Thermometer was found under the bread in the chest freezer located in all purpose room. The administrator or designee will monitor refrigerator and freezer to assure thermometers are present and in plain sight. Result of audits will be discussed at staff and quality management meetings. Staff education and disciplinary action will be given as necessary.

Staff education will include the importance of ensuring the proper refrigerator and freezer temperatures as specified in §2600.103(f) and will be conducted within 30 days of receipt of these plans of corrections.

10/24/19

Corrected: Day of Inspection 6-28-2019

The administrator or designated staff person will check all refrigerators and freezers in the home on a daily basis to ensure that thermometers are present and that food items are stored at proper temperatures.

10/24/19

Legal Entity Representative

Signature: Carrie LeWay

Printed Name and Title: Carrie LeWay - Administrator Date: 10-10-19

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

The above plan of correction is approved as of 10/24/19 (Date)

Plan of correction implementation status as of 10/24/19 (Date)

The above plan of correction was approved by (Initials)

- Plan of correction implementation status: Fully Implemented, Partially Implemented - Adequate Progress, Partially Implemented - Inadequate Progress, Not Implemented

141a - Medical Evaluation

Regulations

2600.

141.a. 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.

Description of Violation

Resident #1 was admitted to the home on 1/14/18; however, the resident's initial medical evaluation was not completed until 8/20/18.

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.)

2600.141.a. Cited in Error: States that medical evaluation was not done till 8-20-8 (which is status change marked). Was not the Initial. The medical evaluation that is dated 1-4-2018 is Initial medical evaluation. Staff was educated to notice these mistakes during the exit interview if Administrator is unavailable.

Within 30 days of receipt of these plans of correction, the administrator or designated staff person will review medical evaluations for all residents in the home to ensure that the medical evaluations are present in the resident's records and were completed timely and accurately. 10/24/19

Within 30 days of receipt of these plans of correction, all staff responsible for resident records will be educated on ensuring that medical evaluations are completed within timeframes specified in §2600.141(a). Staff will also be educated on the required content of resident records as specified in §2600.252(1)-(25) and providing records upon request to agents of the Department as specified in a §2600.5(a)(1). 10/24/19

Legal Entity Representative

Signature: *Carmel Heway*

Printed Name and Title: *Carmel Heway - Administrator* Date: *10-10-19*

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

The above plan of correction is approved as of

10/24/19 (Date)

Plan of correction implementation status as of

10/24/19 (Date)

The above plan of correction was approved by

(Initials) *JH*

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

162c - Menus Posted

Regulations

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.

Description of Violation

At 10:35 a.m., the home's menu for the week ending 6/30/19 was posted in the home. However, the menu for the next week beginning on 7/1/19 was not posted.

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.c. A new menu board was placed on the wall with all the weeks dated to go with what menu week it is. The administrator or designee will monitor the date/week list to make sure it's up to date. Result of audits will be discussed at staff and quality management meetings. Staff education and disciplinary action will be given as necessary.

Corrected: 7-18-2019

Legal Entity Representative

Carnie Leway

Signature

Carnie Leway - Administrator 10-10-19

Printed Name and Title

Date

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

The above plan of correction is approved as of

10/24/19
(Date)

Plan of correction implementation status as of

10/24/19
(Date)

The above plan of correction was approved by

CL
(Initials)

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

225a - Assessment 15 Days

Regulations

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #2's assessment, dated 7/11/18, indicates that the resident has no problem with behavioral or cognitive needs in the areas of irritability, agitation, and aggression. However, multiple staff interviews indicated that the resident yells, hits staff, and throws items in the home when asked to shower or do something she does not want to do.

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.a. Resident #2 was discharged to a skilled facility on 8-27-2019. All residents' assessments have been checked for significant change in condition. Assessments will be checked at time of condition changed. Staff was educated on letting Administrator aware of any significant changes on residents

Corrected on 10-4-2019

At least monthly, the administrator or designated staff person will review all resident assessments for any significant changes and update the assessment and support plan accordingly. *[Signature]* 10/24/19

Legal Entity Representative

Carrie Keway
Signature

Carrie Keway - Administrator 10/10/19
Printed Name and Title Date

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

The above plan of correction is approved as of 10/24/19
(Date)

Plan of correction implementation status as of 10/24/19
(Date)

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

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

225c - Additional Assessment

Regulations

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.

Description of Violation

Resident #1's annual assessment, dated 1/22/19, does not assess the resident's needs related to bladder management and bowel management. The assessment portion of the form is blank in these areas. The resident's assessment also indicates that the resident is independent in transferring in and out of bed/chair, ambulation and turning and positioning. However, the resident requires total assistance in these areas.

Regulations

2600.

225.c. The resident shall have additional assessments as follows:

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #1 receives care in the home in addition to hospice services for a 2" in diameter coccyx staged pressure wound. Staff interviews on 6/28/19 indicated that the resident has had the wound for a couple of months and staff have been given directions for positioning the resident and caring for the wound. The resident also receives hospices services and assistance with wound care. However, the resident's assessment dated 1/22/19 does not address the pressure wound.

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 date by which the steps will be completed.)

Legal Entity Representative

Carrie Laway
Signature

Carrie Laway - Administrator 10-10-1
Printed Name and Title Date

225c - Additional Assessment (continued)

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

The above plan of correction is approved as of 10/24/19 (Date)

Plan of correction implementation status as of 10/24/19 (Date)

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

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

2600.225.c A new assessment was completed on resident #1 for significant changes. Hospice information added with phone number and admission date. Wound Care was stated on page 6 and 11. Treatment as ordered by the Dr. Staff was educated on letting Administrator aware of any significant change. All Residents assessments have been checked for significant changes in condition. Assessments will be changed at the time of significant changes. Staff was educated on letting Administrator aware of any significant changes on residents.

Corrected on 7-2-2018

Within 10 days of receipt of these plans of correction, then monthly thereafter, the administrator or designated staff person will review all current resident assessments for completion and accuracy to include: complete and correct assessments of personal care needs and degree, that all diagnoses are assessed and there is plan to meet the residents needs and that care and services provided by Hospice or any other agencies are included and specific to what services will be provided by those agencies and what services will be provided by the home. [Signature] 10/24/19

Within 30 days of receipt of these plans of correction, all staff responsible for completing resident assessments will be educated on the importance of ensuring that assessment forms are completed and accurate. [Signature] 10/24/19

226a - Mobility Assessment

Regulations

2600.

226.a. The resident shall be assessed for mobility needs as part of the resident's assessment.

Description of Violation

Resident #1's assessment dated 1/22/19 indicates that the resident has moderate mobility needs. However, the resident is bed bound and requires total assistance for mobility in the case of an emergency.

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.)

2600.226.a. A new assessment was completed on resident #1 for significant changes. All Residents assessments have been checked for significant changes in condition. Assessments will be changed at the time of significant changes. Staff was educated on letting Administrator aware of any significant changes on residents.

Corrected: 7-2-2019

Within 10 days of receipt of these plans of correction, then monthly thereafter, the administrator or designated staff person will review all current and newly completed assessments to ensure all assessments include an accurate mobility assessment. 10/24/19

Within 30 days of receipt of these plans of correction, all staff persons responsible for direct care or completing resident assessments will be educated on properly assessing residents for mobility and the procedure for reporting inaccurate mobility assessments to the appropriate staff person for correction. 10/24/19

Legal Entity Representative

Carrie Heway
Signature

Carrie Heway - Administrator 10-10-19
Printed Name and Title Date

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

The above plan of correction is approved as of 10/24/19
(Date)

Plan of correction implementation status as of 10/24/19
(Date)

The above plan of correction was approved by
(Initials)

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