



pennsylvania
DEPARTMENT OF HUMAN SERVICES

September 25, 2019

Ms. Stephanie Messler
Director of Personal Care
Meadowood Corporation
P.O. Box 670
3205 Skippack Pike
Worcester, Pennsylvania 19490

RE: Meadowood
License #: 127870

Dear Ms. Messler:

As a result of the Department's Bureau of Human Services Licensing inspection on July 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, appearing to read "Ayus Adelanwa".

Ayus Adelanwa
Workload Manager

Enclosure
Violation Report

Violation Report

Facility Information

Name: MEADOWOOD

License Number: 12787

Address: P O BOX 670 3205 SKIPPACK PIKE, WORCESTER, PA 19490

County: MONTGOMERY

Region: SOUTHEAST

Administrator

Name: Stephanie Messler

Phone: 6105841000

Email: smessler@MWOOD.ORG

Legal Entity

Name: MEADOWOOD CORPORATION

Address: P O BOX 670 3205 SKIPPACK PIKE, WORCESTER, PA, 19490

Certificate(s) of Occupancy

Type: C-1

Date:

Issued By:

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 55

Waking Staff: 41

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Incident

Inspection Dates and Department Representative

07/10/2019 - On-Site: Michele Swisher

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 76

Residents Served: 43

Secured Dementia Care Unit

In Home: Yes

Area: Laurel

Capacity: 12

Residents Served: 12

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 43

Diagnosed with Mental Illness: 6

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 12

Have Physical Disability: 4

23a - Activities of Daily Living Assistance

Regulations

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment and support plan, dated 4/4/19, for resident #1, indicates the resident requires assistance with toileting. On 6/23/19, the resident requested assistance to use the toilet. Agency staff person A did provide this assistance as required.

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.)

On receiving this POC, the administrator or a designee will re-train all staff on the care of all residents, as stipulated in their respective assessments; and ensure that all staff are comfortable in carrying out ADL responsibilities and thus meet the cited regulatory requirements. The training and coaching rendered to staff will be documented. 9/23/19

AAA

See attached

Legal Entity Representative

Stephanie Messler
Signature

Stephanie Messler, RMA
Printed Name and Title

8-27-19
Date

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

The above plan of correction is approved as of 9/23/19
(Date)

Plan of correction implementation status as of 9/23/19
(Date)

The above plan of correction was approved by AAA
(Initials)

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

23a. Activities of Daily Living Assistance

Regulation 23a

A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment and support plan, dated 4/4/19, for resident #1, indicates the resident requires assistance with toileting. On 6/23/19, the resident requested assistance to use the toilet. Agency staff person A did not provide this assistance as required.

POC

1. Immediate action taken: Investigation began and initial report submitted to DHS.
2. What specific change will be made: Agency Orientation Team developed to provide orientation and utilize education binder for new agency employees.
3. What implementation has been made to assure the violation does not occur again: Agency Orientation Team members are responsible for orienting the agency staff who is assigned to their area. A QAPI project will be developed to audit agency binder to verify staff have been oriented to their resident assignment prior to starting shift and will be reported to the facility QAPI committee to determine need for additional actions and or monitoring.
4. What training will be provided to staff: Agency Orientation Team educated on location of Agency Orientation information binder, which will include a list of education review items and sign off sheet.
5. Supporting documentation: QAPI form and orientation check list

42c - Treatment of Residents

Regulations

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On 6/23/19, resident #1 requested assistance to use the restroom. Agency staff person A responded by going to resident #1's bedroom. Staff person A refused to help the resident use the restroom and told resident to "just go in your pants. I'll clean you up later." Staff person A then left the residents room without providing assistance.

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.)

Within 20 days of receiving this POC, the Administrator will ensure that all staffs are re-trained on Abuse/Neglect/Residents rights by a third-party trainer. For the next consecutive two weeks period, the Administrator or a designee will provide oversight to staff during the ADL care of resident #1. Going forward, the Administrator or a designee will conduct an unannounced check on staff during the ADL care of residents to ensure ongoing compliance. The training and coaching offered to staff will be documented. 9/23/19

A.A.A

The Administrator stated that staff person A is an Agency staff, and the responsible agency has been informed that staff person A is prohibited from working a the facility. 9/23/19

A.A.A

See attached

Legal Entity Representative

Stephanie Messler
Signature

Stephanie Messler, RHA
Printed Name and Title

8-27-19
Date

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(Date)

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(Date)

The above plan of correction was approved by A.A.A
(Initials)

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

42c Treatment of Residents

A resident shall be treated with dignity and respect.

Description of Violation

On 6/23/19, resident #1 requested assistance to use the restroom. Agency staff person A responded by going to resident #1's bedroom. Staff person A refused to help the resident use the restroom and told resident to "just go in your pants. I'll clean you up later." Staff person A then left the residents room without providing assistance.

POC

1. Immediate action taken: Agency employee removed from future shifts and DHS report submitted. Investigation included interview with resident and employees to gather information and agency supervisor contacted to request statement from Agency staff person A. (Note: The resident was provided care from another staff member and was confirmed at DHS surveyor site visit)
2. What specific change will be made: Agency Orientation binder will show that Agency staff receives Residents Rights education/understanding of information as part of orientation prior to beginning shift and signed off by Agency Orientation team member and new Agency staff.
3. What implementation has been made to assure the violation does not occur again: A QAPI project will be developed to audit agency binder to verify staff have been oriented to include residents rights and reported to the facility QAPI committee to determine need for additional actions and or monitoring.
4. What training will be provided to staff: Agency Orientation Team educated on location of Agency Orientation information binder, which will include a list of education review items and sign off sheet.
5. Supporting documents attached: QAPI project form, Agency Orientation checklist

51 - Criminal Background Check

Regulations

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A, who is an agency staff person, did not have a criminal background check completed prior to their first day of work which was on 6/22/19.

Staff person B, who is an agency staff person, did not have a criminal background check completed prior to their first day of work which was on 6/23/19.

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.)

Both staff persons A & B have completed the required background check. The Administrator has developed a checklist to track and ensure the completion of the required document. 9/23/19

A.A.A

See Attached

Legal Entity Representative

Stephanie Messer
Signature

Stephanie Messer, RHA
Printed Name and Title

8-27-19
Date

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

The above plan of correction is approved as of 9/23/19 (Date) Plan of correction implementation status as of 9/23/19 (Date)

The above plan of correction was approved by A.A.A. (Initials) Fully Implemented Partially Implemented - Adequate Progress Partially Implemented - Inadequate Progress Not Implemented

51 Criminal Background Check

Regulation: 51

Criminal History Checks – Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective services act.

Description of Violation

Staff person A, who is an agency staff person, did not have a criminal background check completed prior to their first day of work which was on 6/22/19.

Staff person B, who is an agency staff person, did not have a criminal background check completed prior to their day of work which was 6/23/19.

POC

1. Immediate action taken: Audit of agency staff binders. No Agency staff member to begin a shift without itemized orientation.
2. What specific change will be made: Agency employee may not begin work without verification of a criminal history check.
3. What implementation has been made to assure the violation does not occur again: Audit of binder checklist to verify agency employees have been oriented to include criminal background check. A QAPI project will be developed to audit agency binder to verify staff have been oriented and to include criminal background checks which will be reported to the facility QAPI committee to determine need for additional actions and or monitoring.
4. What training will be provided to staff: Agency Orientation Team will utilize orientation binder. Team member will orient the Agency staff member assigned to their work area, to include criminal background check on all new Agency staff.
5. Supporting documents attached: Agency binder checklist, sign off form to verify complete itemized orientation.

65a - FS Orientation 1st Day

Regulations

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, whose first day of work was 6/22/19, did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

Staff person B, whose first day of work was 6/23/19, did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

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.)

Per the Administrator, both staff persons A & B are agency staff. Staff person A has been prohibited from working at the home. Staff person B is not currently assigned to work at the facility. Staff person B will need to complete the required trainings as stipulated in the cited reg. before any future work schedule at the home. Admin has developed a checklist to verify completion of employee's regulatory required training prior to start of work. 9/23/19

See attachment

Legal Entity Representative

AAA

Stephanie Messler
Signature

Stephanie Messler, RHA
Printed Name and Title

8-27-19
Date

65a - FS Orientation 1st Day (continued)

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(Date)

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(Date)

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(Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

65a- FS Orientation 1st Day

Regulation 65a

Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes: evacuation procedures, staff duties and responsibilities during fire drills, designated meeting place outside the building or within fire-safe area, smoking safety procedures, location/use of fire extinguishers, smoke detectors/alarms, telephone use and notification of emergency services.

Description of Violation:

Staff persons A and B, prior to first day of work, did not receive orientation on the following topics: evacuation procedures, staff duties/responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

POC

1. Immediate action taken: Review of agency binder to audit orientation status
2. What specific change will be made: Agency employee may not begin shift until orientation to fire safety/evacuation is complete
3. What implementation has been made to assure the violation does not occur again: Development of Agency Orientation team. Audit of binder checklist to verify agency employees have had their orientation. A QAPI project will be developed to audit agency binder to verify staff have been oriented to fire safety/evacuation procedures prior to starting shift and will be reported to the facility QAPI committee to determine need for additional actions and or monitoring.
4. What training will be provided to staff: Agency Orientation Team will utilize orientation binder. Agency Orientation Team member will orient the new Agency staff member assigned to their work area, to include fire safety/evacuation procedures for new Agency staff.
5. Supporting documents attached: Agency binder checklist, Agency orientation checklist.