



SENT VIA EMAIL: memorymeadows321@gmail.com

MAILING DATE: December 23, 2020

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 #: 447050

Dear Ms. Ross:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on February 11, 2020, found violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). The enclosed Licensing Inspection Summary (LIS) specifies the violations.

On March 3, 2020; July 20, 2020 and August 26, 2020, via email, we requested that you complete a plan to correct the violations; to date, we have not received an acceptable plan to correct the violations. Therefore, we have attached a directed plan to correct the violations.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with Choose an item., must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you have any questions, please contact me at 412-720-6353.

Sincerely,

A handwritten signature in black ink, appearing to read "Janine Wenzig". The signature is written in a cursive, flowing style.

Janine Wenzig
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

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: *08/30/1993* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *10* Waking Staff: *8*

Inspection

Type: *Full* BHA Docket #: Notice: *Unannounced*
Reason: *Renewal*

Inspection Dates and Department Representative

02/11/2020 - On-Site: Josh Hoover

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* Are 60 Years of Age or Older: *7*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *3* Have Physical Disability: *0*

3c - Post Current License

Regulations

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The current licensing inspection summary. dated 2/19/2019, was not posted in a conspicuous and public place 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.)

Immediately – The administrator will post the current license inspection summary in a conspicuous and public place in the home. - JRW 9/23/20

Immediately – The administrator of designated staff person will monitor the home weekly to ensure the current license inspection summary and license are posted in a conspicuous and public place in the home. - JRW 9/23/20

Legal Entity Representative

Signature

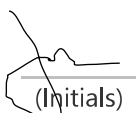
Printed Name and Title

Date

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(Date)

Plan of correction implementation status as of _____
(Date)

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(Initials)

- Implemented
- Not Implemented

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

The criminal background check for staff person A, hired 5/21/2019, was not completed until 2/2/2020.

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.)

Immediately - The administrator will create a tracking system for new hires to ensure the required criminal history checks are completed within the required timeframe. - JRW 9/23/20

Immediately - The administrator or designee will review all current staff records to ensure a criminal history background check has been completed. - JRW 9/23/20

Legal Entity Representative


Signature

Printed Name and Title

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64c - Annual Training

Regulations

2600.

64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

Staff person B, the administrator, completed 21 hours of annual training during the 2019 training year.

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.)

Staff person B, the administrator, will complete 3 hours of approved administrator annual training in addition to the 24 hours due for 2020 for a total of 27 hours. Documentation of successful completion of each training course will kept in the administrator's training record. - JRW 9/23/20

The administrator shall complete the annual training within 90 days from the date the suspension of the regulation is lifted. - JRW 12/1/20

Legal Entity Representative

Signature


Printed Name and Title

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65f - Training Topics

Regulations

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

Description of Violation

Direct care staff person C, hired 3/1/2016, did not receive training on Medication Self-Administration during the 2019 training year.

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.)

Staff person C will receive training in self-administration of medication as required in accordance with 2600.65f. Documentation will be kept. - JRW 9/23/20

The direct care staff shall complete the annual training within 90 days from the date the suspension of the regulation is lifted. -JRW 12/1/20

Immediately and at least quarterly thereafter - The administrator will monitor the annual training of all staff as part of the quality management review to ensure all staff persons receive training in all required topics in accordance with 2600.65f. Documentation will be kept. - JRW 9/23/20

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181c - Self-administration Assessment

Regulations

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

The assessment for resident #1, dated 4/6/2019, indicates that the resident is unable to self-administer medications; however, interviews indicate that resident #1 regularly administers his own Albuterol inhaler, as well as regularly testing his own blood glucose levels.

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.)

Immediately – A staff person of the home who is trained in administering medications under 2600.190a and 2600.190b will administer medications, including Albuterol, to resident #1, and all other residents who are assessed by his/her physician as unable to self-administer medications. - JRW 9/23/20

Immediately – The administrator will have each resident who desires to self-administer medications, including resident #1, evaluated by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders. Documentation will be kept. - JRW 9/23/20

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183b - Meds and Syringes Locked

Regulations

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

There were two Albuterol HFA inhalers unlocked and unattended in resident #1 bedroom. One was on the resident's nightstand and the other was on his dresser.

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.)

Immediately – The identified medications and creams will be placed in a locked area or container.

Immediately - All staff persons will be educated on the requirement that medications shall be kept in an area or container that is locked, including medications kept in residents' rooms.

Documentation of the training will be kept. - JRW 9/23/20

Immediately - A designated staff person will check the home daily to ensure all medications are stored in an area or container that is locked. - JRW 9/23/20

Immediately - The administrator will check the home at least weekly to ensure all medications are stored in an area or container that is locked. - JRW 9/23/20

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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

The glucometers for residents #1 and #2 were not correctly calibrated to the current date and time.

Resident #1 is ordered blood glucose monitoring twice daily. There were numerous discrepancies between resident #1's glucometer reading and what was recorded in the February 2020 Medication Administration Record (MAR), including the following:

| Date | Time of Reading | Glucometer | MAR |
|-----------|-----------------|------------|-----|
| 2/2/2020 | Dinner | No reading | 84 |
| 2/8/2020 | Dinner | No reading | 84 |
| 2/9/2020 | Dinner | 86 | 89 |
| 2/10/2020 | Dinner | 168 | 189 |
| 2/11/2020 | Breakfast | 130 | 180 |

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.)

Immediately – Glucometers for all residents will be calibrated to indicate the current date and time.

Glucometers will be reviewed by staff daily, when used, to ensure the current date and time is indicated. - JRW 9/23/20

Immediately – All staff persons who administer medications will be reeducated on ensuring the glucometer is calibrated to the current date and time and that glucometer readings need to be accurately recorded in the medication administration record (MAR). - JRW 9/23/20

Immediately – A designated staff person will monitor the MAR and glucometer readings daily to ensure blood glucose results are accurately recorded in the MAR. Documentation will be kept. - JRW 9/23/20

Immediately – The administrator will review the MAR for all residents, at least monthly, for accuracy and completion, to ensure the MAR includes all required information, including correct documentation of blood glucose readings. - JRW 9/23/20

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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

The assessment for resident #1, dated 4/6/2019, indicates that the resident has minimal mobility needs; however, resident #1 requires assistance for transferring, as indicated in his support plan, dated 4/6/2019.

Repeat Violation- 6/28/2019

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.)

Immediately - The administrator or designated person will complete a new assessment for resident #1 including an accurate indication of the resident's mobility needs. - JRW 9/23/20

Immediately - All staff persons completing assessments will be educated regarding the completion and accuracy of the document including the documentation of mobility needs, and keeping the document updated as a resident's condition changes. Documentation of the training will be kept. - JRW 9/23/20

By 10/31/2020 - The administrator or designated staff person will review the assessments of all current resident to ensure they are accurate and completed in full, including the mobility assessment. - JRW 9/23/20

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227c - Support Plan Revision

Regulations

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

The support plan for resident #1, dated 4/6/2019, does not indicate that the resident receives hospice services, or the types and frequency of services hospice provides. The resident began receiving hospice services on 9/13/2019.

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.)

Immediately - The support plan for resident #1 will be updated to include the resident's hospice service provider and the types and frequency of service provided by hospice. - JRW 9/23/20

Immediately - All staff persons who complete support plans will be educated regarding the completion and accuracy of the document including the documentation of each resident's care, needs and services, including hospice services. Documentation will be kept. - JRW 9/23/20

Immediately - The administrator or designee will review the support plans of all current residents to ensure a current, complete and accurate support plan is present in each record. Documentation will be kept. - JRW 9/23/20

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