

Department of Human Services
Bureau of Human Service Licensing

October 14, 2020

DANIEL FREED, VICE PRESIDENT OF HEALTH SERVICES
SHANNONDELL INC
10000 SHANNONDELL DRIVE
AUDUBON, PA 19403

RE: THE MEADOWS AT SHANNONDELL
6000 SHANNONDELL DRIVE
AUDUBON, PA, 19403
LICENSE/COC#: 12837

Dear Mr. Freed,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/27/2020, 08/28/2020, 08/31/2020, 09/01/2020, 09/02/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Mia Johnson

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC**

Facility Information

Name: *THE MEADOWS AT SHANNONDELL* License #: *12837* License Expiration Date: *03/31/2021*
 Address: *6000 SHANNONDELL DRIVE, AUDUBON, PA 19403*
 County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

Name: *Kimberly Goodall, MS, NHA* Phone: *6107285400* Email:
kgoodall@shannondell.com,

Legal Entity

Name: *SHANNONDELL INC*
 Address: *10000 SHANNONDELL DRIVE, AUDUBON, PA, 19403*
 Phone: *6107285400* Email: *DFREED@SHANNONDELL.COM*

Certificate(s) of Occupancy

Type: *I-2* Date: *11/28/2005* Issued By: *PA Department of Health*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *178* Waking Staff: *134*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *09/02/2020*

Inspection Dates and Department Representative

08/27/2020 - Off-Site: Dean Gray
08/28/2020 - Off-Site: Dean Gray
08/31/2020 - Off-Site: Dean Gray
09/01/2020 - Off-Site: Dean Gray
09/02/2020 - Off-Site: Dean Gray

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *184* Residents Served: *124*

Secured Dementia Care Unit

In Home: *Yes* Area: *Avondale* Capacity: *34* Residents Served: *24*

Hospice

Current Residents: *n/a*

Resident Demographic Data as of Inspection Dates (*continued*)

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 124

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 54

Have Physical Disability: 0

Inspections / Reviews**08/27/2020 - Partial**Lead Inspector: *Dean Gray*Follow-Up Type: *POC Submission*Follow-Up Date: *10/08/2020***10/7/2020 - POC Submission**Lead Reviewer: *Mia Johnson*Follow-Up Type: *Document Submission*Follow-Up Date: *10/10/2020***10/14/2020 - Document Submission**Lead Reviewer: *Mia Johnson*Follow-Up Type: *Not Required*

15b - Supervisor Plan

1. Requirements

2600.

- 15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On 08/25/20, at 3:40 pm, resident #1 reported that the person who helped her in the morning, staff person A, punched her in the back over the previous weekend. The home suspended the alleged perpetrator but brought her back to work on 08/27/2020 before the Department had completed an investigation into this incident.

Plan of Correction**Accept**

1. The facility investigation concluded on 8/26/2020 and employee was reinstated on 8/27/2020. However, on 8/28/2020, immediately upon notification that the Department had not completed their investigation into the incident, the employee was suspended once again. She was then not reinstated until the Department concluded their investigation.

2. Facility policies and procedures for managing staff persons related to allegations of abuse were reviewed and updated.

3. All investigations going forward will be reviewed by the Administrator to ensure compliance with the requirement that alleged perpetrators do not return to work until approved by the Department.

4. All investigations will be reviewed by the QA Committee for compliance with requirements.

Completion Date: 10/08/2020

Document Submission**Implemented**

Facility Policy and Procedures were reviewed and updated regarding managing staff persons during allegations. See attached.

54a - Direct Care Staff

1. Requirements

2600.

- 54.a. Direct care staff persons shall have the following qualifications:
1. Be 18 years of age or older, except as permitted in subsection (b).
 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
 3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

Direct care staff person B, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

54a - Direct Care Staff (continued)

Plan of Correction**Accept**

1. The Direct Care Staff Person B is enrolled in a GED program however her paperwork does not indicate the date of completion. Employee was terminated pending submission of required paperwork indicating the date of anticipated graduation from the GED program.

2. All new hire employee files were audited to ensure compliance with the requirement.

3. Facility HR team was in-serviced on the documents required for employees working as Direct Care Staff while enrolled in classes to obtain a GED.

4. Facility Administrator/Designee will review the applications of any prospective employees that are enrolled in GED programs to ensure compliance with the requirements.

5. All new hire files will be reviewed by the QA Committee to ensure compliance with this requirement.

Completion Date: 10/08/2020

Document Submission**Implemented**

Facility HR team training on direct care staff educational requirements was completed. Please see attached document.

Facility audit of new hire files was completed and corrective action taken as appropriate. Please see attached.

65d - Initial Direct Care Training

1. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:
 - i. Safe management techniques.
 - ii. ADLs and IADLs
 - iii. Personal hygiene.
 - iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
 - v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - vi. Implementation of the initial assessment, annual assessment and support plan.
 - vii. Nutrition, food handling and sanitation.
 - viii. Recreation, socialization, community resources, social services and activities in the community.
 - ix. Gerontology.
 - x. Staff person supervision, if applicable.
 - xi. Care and needs of residents with special emphasis on the residents being served in the home.
 - xii. Safety management and hazard prevention.
 - xiii. Universal precautions.
 - xiv. The requirements of this chapter.
 - xv. Infection control.

65d - Initial Direct Care Training (*continued*)

- xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

Description of Violation

Direct care staff person B, hired on 07/06/2020, began providing unsupervised ADL services on 07/06/2020. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test until 08/28/2020.

Plan of Correction**Accept**

- 1. Employee completed the required Department-approved training and competency test on 8/28/2020.*
- 2. All 2020 newly hired employee files for active direct care staff were audited to confirm that the Department approved direct care training course and competency test certificates were filed. Employees with missing certificates were required to take and/or retake the training course and competency test.*
- 3. Facility on-boarding team was in-serviced on the Department requirement for direct care staff to complete and pass the Department approved direct care training course and competency test prior to providing unsupervised ADL care.*
- 4. Facility Administrator/Designee will track and monitor the training for all new hires to ensure direct care staff complete both the Department required course and competency test prior to providing unsupervised ADL care.*
- 5. All new hire files will be reviewed by the QA Committee to ensure compliance with this requirement.*

Completion Date: 10/08/2020

Document Submission**Implemented**

Facility HR team training on Department approved training and competency test was completed. Please see attached document.

Facility audit of new hire files for Department approved training and competency test was completed and corrective action taken as appropriate. Please see attached.