

Department of Human Services  
Bureau of Human Service Licensing

March 9, 2021

██████████ PRESIDENT  
THE PARK HOME  
2160 WARRENSVILLE ROAD  
MONTOURSVILLE, PA 17754

RE: THE MEADOWS, A PERSONAL CARE  
COMMUNITY  
2160 WARRENSVILLE ROAD  
MONTOURSVILLE, PA, 17754  
LICENSE/COC#: 22596

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/22/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Michele Moskalczyk  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

**Name:** THE MEADOWS, A PERSONAL CARE COMMUNITY      **Licence #:** 22596      **Licence Expiration Date:** 06/25/2021  
**Address:** 2160 WARRENSVILLE ROAD, MONTOURSVILLE, PA 17754  
**County:** LYCOMING      **Region:** NORTHEAST

**Administrator**

**Name:** [REDACTED]      **Phone:** 5704334663      **Email:** [REDACTED]

**Legal Entity**

**Name:** THE PARK HOME  
**Address:** 2160 WARRENSVILLE ROAD, MONTOURSVILLE, PA, 17754  
**Phone:** 5704334663      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-2 LP      **Date:** 01/04/1995      **Issued By:** PA L&I

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 39      **Waking Staff:** 29

**Inspection**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Incident      **Exit Conference Date:** 10/22/2020

**Inspection Dates and Department Representative**

10/22/2020 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 64      **Residents Served:** 39

**Secured Dementia Care Unit**

<b>In Home:</b> No	<b>Area:</b>	<b>Capacity:</b>	<b>Residents Served:</b>
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**Hospice**

**Current Resident:** 0

**Number of Residents Who:**

<b>Receive Supplemental Security Income:</b> 0	<b>Are 60 Years of Age or Older:</b> 39
<b>Diagnosed with Mental Illness:</b> 0	<b>Diagnosed with Intellectual Disability:</b> 1
<b>Have Mobility Need:</b> 0	<b>Have Physical Disability:</b> 1

## Inspections / Reviews

10/22/2020 - Partial

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *12/03/2020*

12/4/2020 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *12/11/2020*

3/9/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 142a - Secure Medical Care

## 1. Requirements

2600.

- 142.a. The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

## Description of Violation

Resident #1 began to experience increased falls, pain in [REDACTED] lower back and legs as well as changes in [REDACTED] mobility. The resident began to exhibit physical changes 11.23.20 and the home did not send [REDACTED] to the hospital for a medical evaluation until [REDACTED]. The home did not seek medical attention in a timely fashion.

## Plan of Correction

Accept

Current procedure reviewed. All PCA Supervisors have been retrained on the protocol of seeking medical attention in a timely fashion for Residents' injuries. Administrator will review fall reports and assess the resident timely if not sent immediately to the Emergency Department. After administrator assesses the resident's condition, if needed, medical care will be sought at this time.

Completion Date: 12/03/2020

Update - 12/04/2020

Please send/attach proof of staff training completed.

## Document Submission

Implemented

PLEASE SEE ATTACHED

## 227d - Support Plan Medical/Dental

## 1. Requirements

2600.

- 227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

## Description of Violation

Resident #1 began to experience falls; lower pain in [REDACTED] back and lower extremities; a limp and increased mobility issues which were not updated in the resident's RASP dated 12/03/20.

## Plan of Correction

Accept

[REDACTED] RASP has been reviewed, updated and implemented. Reviewed protocol with the Personal Care Supervisor the necessity to update the RASP for each resident upon any resident change. Administrator and PC Supervisor will review all Resident needs and document as such on the RASP in a timely fashion.

Completion Date: 12/03/2020

## Document Submission

Implemented

PLEASE SEE ATTACHED