

Department of Human Services  
Bureau of Human Service Licensing

March 22, 2021

██████████ EXECUTIVE DIRECTOR  
SHANNONDELL INC  
10000 SHANNONDELL DRIVE  
AUDUBON, PA 19403

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

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/03/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Shawn Parker

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 AT SHANNONDELL      **Licen e #:** 12837      **Licen e Expiration Date:** 03/31/2021  
**Addr e :** 6000 SHANNONDELL DRIVE, AUDUBON, PA 19403  
**County:** MONTGOMERY      **Region:** SOUTHEAST

**Administrator**

**Name:** [REDACTED]      **Phone:** 6107285400      **Email:** [REDACTED]

**Legal Entity**

**Name:** SHANNONDELL INC  
**Address:** 10000 SHANNONDELL DRIVE, AUDUBON, PA, 19403  
**Phone:** 6107285400      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

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

**Staffing Hours**

**Re ident Support Staff:** 0      **Total Daily Staff:** 173      **Waking Staff:** 130

**Inspection**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Incident      **Exit Conference Date:** 02/03/2021

**Inspection Dates and Department Representative**

02/03/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 184      **Residents Served:** 122

**Secured Dementia Care Unit**

**In Home:** Yes      **Area:** Avondale & Chatham C **Capacity:** 34      **Residents Served:** 27

**Hospice**

**Current Residents:** 6

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 122  
**Diagnosed with Mental Illness:** 7      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 51      **Have Physical Disability:** 51

**Inspections / Reviews**

02/03/2021 Partial

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 02/26/2021

Inspections / Reviews *(continued)*

2/26/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *Document Submission*

Follow-Up Date: *03/05/2021*

3/22/2021 Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 15a - Resident Abuse Report

**1. Requirements**

2600.

- 15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701 10225.707) and 6 Pa. Code § 15.21 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

**Description of Violation**

*On January 10, 2021, the home became aware of possible staff to resident abuse. The home failed to file an Act 13 report of the suspected abuse to the Area Agency on Aging in accordance with the Older Adults Protective Services Act.*

**Plan of Correction****Accept**

*An Act 13 report was filed on February 2, 2021. The Personal Care Administrator will ensure that an Act 13 report is filed timely for any future incidents that require such filing.*

**Completion Date:** 02/25/2021

**Document Submission****Implemented**

*On 2/26/21, the copy of the act reporting was uploaded on this site.*

## 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**

*The support assessment plan for resident #1, dated 2/5/2020, states the resident has a history of hallucinations. The resident's support assessment plan does not document how this need will be met or what services will be provided.*

**Plan of Correction****Accept**

*Resident #1's support plan will be updated to accurately capture the residents current needs related to hallucination history. The clinical team will audit all Resident support plans that include a history of and/or current need of hallucinations and ensure that they will have these needs managed. The results of this audit will be reported to the facility QA committee and routine audits will be completed in the future to ensure that support plans including history of or current hallucinations are completely accurately.*

**Completion Date:** 03/12/2021

**Document Submission****Implemented**

*Resident #1's support plan has been updated and the audit was completed as stated in our Plan of correction*