





MAILING DATE: March 8, 2021

Daniel T. Vivian  
Administrator/Co Owner  
Monarch Meadows, LLC  
490 Coolspring Street  
Uniontown, Pennsylvania 15401

RE: Monarch Meadow  
License #: 449440

Dear Mr. Vivian:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Office of Long-term Living) review on 2/23/2021, 2/24/21 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

As the result of your home's recent request to adjust the use of the physical space, the Department has granted an approval for a revised license issued under the authority of 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). The approved capacity revision request is an increase from 32 to 49. The expiration date of the license remains unchanged.

Sincerely,  
Jon Kimberland

Enclosure  
Licensing Inspection Summary

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

**Facility Information**

Name: *MONARCH MEADOW* License #: *44944* License Expiration Date: *03/07/2022*  
 Address: *490 COOLSPRING STREET, UNIONTOWN, PA 15401*  
 County: *FAYETTE* Region: *WESTERN*

**Administrator**

Name: *Daniel Vivian* Phone: *8142887807* Email: *monarchmeadows@outlook.com*

**Legal Entity**

Name: *MONARCH MEADOW LLC*  
 Address: *490 COOLSPRING STREET, UNIONTOWN, PA, 15401*  
 Phone: *8142887807* Email: *VMNRLPT@AOL.COM*

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *11/20/1997* Issued By: *L & I*  
 Type: *Other* Date: *11/30/2020* Issued By: *North Union Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *28* Waking Staff: *21*

**Inspection**

Type: *Full* Notice: *Announced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *02/24/2021*

**Inspection Dates and Department Representative**

*02/23/2021 - On-Site: Scott Klein*  
*02/24/2021 - On-Site: Scott Klein*

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *32* Residents Served: *20*

**Secured Dementia Care Unit**

In Home: *No* Area: Capacity: Residents Served:

**Hospice**

Current Residents: *8*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *20*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *8* Have Physical Disability: *0*

## Inspections / Reviews

## 02/23/2021 - Full

Lead Inspector: *Scott Klein*Follow-Up Type: *POC Submission*Follow-Up Date: *03/04/2021*

## 3/5/2021 - POC Submission

Lead Reviewer: *Jon Kimberland*Follow-Up Type: *Document Submission*Follow-Up Date: *03/10/2021*

## 3/8/2021 - Document Submission

Lead Reviewer: *Jon Kimberland*Follow-Up Type: *Not Required*

## 17 - Record Confidentiality

### 1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

#### Description of Violation

*On 2/23/21 at approximately 11:50 a.m. in the home's front lobby the emergency preparedness plan binder is posted publicly and conspicuously and contains the license inspection summary dated 10/2/19. However, the license inspection summary dated 10/2/19 has the privacy coding page attached to include names and dates of death for resident #1 who passed away on date of death #1, resident #2 who passed away on date of death #2, resident #3 who passed away on date of death #3, and the names of resident #4, resident #5, and resident #6. The privacy coding page also lists the names of direct care staff person A, direct care staff person B, and ancillary staff person C.*

#### Plan of Correction

Accept

*As a result of violation, the before mentioned form was immediately removed from chart, and was shredded. The facility has created a form which will accompany any future inspection summaries in binder, this form will acknowledge that summary has been reviewed by Daniel T Vivian administrator/owner and Katie A Vivian RN, BSN, CIC, before posting it. This will hopefully eliminate any future violation pertaining to this regulation while adding some accountability.*

**Completion Date:** 03/04/2021

#### Document Submission

Implemented

*Please see attached document ( PDF 42 ) scroll down to the 11th document in file. This is the copy of the newly created Inspection Summary Acknowledgment form.*

## 25b - Contract Signatures

### 1. Requirements

2600.

- 25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

#### Description of Violation

*The resident-home contract, dated 1/21/21, for resident #7 was not signed by the administrator, a designee, or the resident.*

*The resident-home contract, dated 5/10/2020, for resident #8 was not signed by the resident.*

#### Plan of Correction

Accept

*As a result of the before mentioned violation, there has been the following changes to present and future resident charts. The facility has edited the checklist at the beginning of every resident chart to include the following: 1. Resident contract signed by all parties, 2. The reason why resident did not sign, 3. The amount of attempts to get resident to sign, 3. Support Plan signed by resident, 4. Reason why resident did not sign ( box checked ). We believe by adding this to our review checklist at the beginning of the resident chart, that these items will be checked off as they are completed and thus prevent any future violation of this regulation.*

**Completion Date:** 03/04/2021

25b - Contract Signatures (*continued*)**Document Submission****Implemented**

*Please see attached document ( PDF 42 ), scroll down to the 14th and 15th document in file. This is the newly edited Resident File Checklist, on the 15th page you will see the new items are circled.*

## 65c - Ancillary Staff Orientation

**1. Requirements**

2600.

65.c. Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.

**Description of Violation**

*Ancillary staff person D, whose first day of work was 12/21/2020, did not have a general orientation to his specific job functions.*

*Repeat Violation 10/2/19*

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

*As a result of the before mentioned violation, the facility has made the following changes to employee files. The facility has created a checklist of what needs to be in a employee file, this includes the training for ancillary staff within the first 40 scheduled working hours. This form will be in the front of every employee file, to avoid future violations of this particular regulation. Upon hiring future employees management will check off all appropriate boxes to complete the initial employee file.*

**Completion Date:** 03/04/2021

**Document Submission****Implemented**

*Please see attached document ( PDF 42 ), scroll down to documents 6-10. On the 7th page in last box of page, you will see circled a checkbox which includes- "Ancillary Staff Persons Shall Have A General Orientation To Their Specific Job Functions As It Relates To Their Position Prior To Working In That Capacity". This box will needed checked off in the process of completing a new employee file.*

## 103f - Refrigerator/Freezer Temps

**1. Requirements**

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

**Description of Violation**

*On 2/23/21 at approximately 11:37 a.m. in the decorations and food cupboard room, the thermometer in the Frigidaire upright freezer is not operational.*

*On 2/23/21 at approximately 11:40 a.m. in the decorations and food cupboard room, the thermometer in the freezer portion of the Frigidaire combination refrigerator and freezer is not operational.*

103f - Refrigerator/Freezer Temps (*continued*)**Plan of Correction****Accept**

*As a result of the before mentioned violation the facility has taken the following steps to prevent violation from happening again in the future. The facility has got rid of the two freezers, and has bought a new commercial freezer to take their place. There is a digital thermometer on the outside of the new freezer, this will prevent temperature from dropping when opening freezer to check thermometer. In addition to new freezer, facility has also in-serviced all staff on the proper temperature for freezers and fridges. We hope with these changes, we can prevent future violations of this regulation.*

**Completion Date:** 03/04/2021

**Document Submission****Implemented**

*Please see attached file named Freezer #1 and Freezer #2. This is two pictures showing our new freezer and also the external digital temperature. If you also look at the attached document ( PDF 42 ), scroll down to 3rd and 4th document. This is the record of training ( In-Service ) for staff concerning the fridge and freezer temps.*

## 107c - Food/Water 3 Day Supply

**1. Requirements**

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

**Description of Violation**

*On 2/23/21, the home served 20 residents, requiring 60 gallons of emergency drinking water. However, the home had only 35 gallons of water on hand. The home does not have a contract with a local bottled water supplier that includes the amount of water to be delivered, a guarantee that the water will be delivered immediately upon request, 24-hours-per-day, and a guarantee that the water will be delivered as a priority even in the event of a regional general emergency.*

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

*Due to the before mentioned violation, the facility has taken the following steps to prevent another occurrence. The facility has reached out to its already contracted drinking water distributor to get their committal on providing facility with a guarantee 3 day water supply within a 24 hour period. This will ensure that facility and its residents always have a 3 day supply of healthy drinking water. Facility also immediately notified their drinking water distributor for a delivery of water, and was supplied with an additional 55 gal of water to add to it's already 35 gal of water on hand. With the addition of the agreement with water distributor and the additional water on hand, it is the facilities belief that it will prevent future violations of this regulation.*

**Completion Date:** 03/04/2021

**Document Submission****Implemented**

*Please see the attached document ( PDF 42 ), scroll down to the 12th document in this file. This is a copy of the agreement between our water distributor and the facility. You will notice the agreement is signed and dated by Administrator and a water company Representative.*

## 187a - Medication Record

**1. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

6. Dose.

## 187a - Medication Record (continued)

**Description of Violation**

Resident #8 is ordered Novolog Inj Flexpen "Test blood sugar 3 times a day before meals and inject sub-Q per sliding scale: <70= Initiate Hyperglycemic protocol; 70-130=0U; 131-180=2U; 181-240=4U; 241-300=6U; 301-350=8U; 351-400=10U; >400= Call MD. On 2/11/21 resident #8 had a blood sugar reading of 240, and was administered Novolog insulin. However, the medication administration record does not document the dosage administered.

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

As a result of the before mentioned violation, the facility has taken the following steps to prevent the violation from occurring in the future. The facility has in-serviced all Med Tech's at the facility on regulation 187a, pointing out the importance of number 6. The facility has also added a reminder on med cart and in med room, explaining the importance of recording the dose of all medications administered in the Emar. It is the facilities goal after changes have been implemented, it will prevent future violations of this particular regulation.

Completion Date: 03/04/2021

**Document Submission****Implemented**

Please see attached file ( PDF 42 ), scroll down to the 3rd and 13th documents in this file. This is the record of training ( In-Service ) for all staff relating to 2600.187 a ( 6 ) Doses, there is also a copy of the reminder which is now posted two places. There are three other files attached named posting #1, posting #2, and posting #3. These are pictures of all three places where reminders were placed. There is also a copy of reminder in file attached ( PDF 42 ) 13th document down.

## 187c - Refusal of Medication

**1. Requirements**

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

**Description of Violation**

Resident #8 is ordered Novolog Inj Flexpen "Test blood sugar 3 times a day before meals and inject sub-Q per sliding scale: <70= Initiate Hyperglycemic protocol; 70-130=0U; 131-180=2U; 181-240=4U; 241-300=6U; 301-350=8U; 351-400=10U; >400= Call MD. On 2/2/21 at approximately 7:30 a.m. and 2/9/21 at approximately 7:30 a.m., resident #8 refused the medication. However, resident #8's medication administration record indicates the medication was "WITHHELD PER DR/RN ORDERS."

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

As a result of the violation mentioned above, the facility has taken the following steps to prevent from happening in the future. The facility has in-serviced all Med Tech's on regulation 2600.187c. in relation to documenting proper exception in Emar. Staff were also directed to include a note with the exception, this it to validate exception in Emar. In addition to in-service, facility has also added reminder on med cart and in med room, to ensure all exceptions are noted and properly inputted in Emar. In addition to the before mentioned corrections, the facility also reached out to their medical provider to provide them with an order, which states to notify Dr. if resident refuses medication three consecutive times. This order will be placed in all residents medical charts, and will prevent staff from having to contact Dr. after every refusal of a medication. With these steps, it is the facilities goal to prevent any future violation pertaining to this particular regulation.

Completion Date: 03/04/2021

**187c - Refusal of Medication (continued)****Document Submission****Implemented**

*Please see attached document ( PDF 42 ), scroll down to the 1st, 2nd, and 13th document in this file. This is the script from our Nurse Practitioner ordering to contact her after 3 consecutive medication refusals, the 2nd document is a record of training ( In-Service ) from all Med Tech's, and finally the 13th document is a copy of the reminder which is now posted on med cart and on wall in med room. You can also view three pictures of newly posted reminders, they are all named appropriately ( posting #1, #2, #3.*