

Department of Human Services
Bureau of Human Service Licensing

April 12, 2021

██████████ DIRECTOR
MEADOWOOD CORPORATION
P.O.BOX 670, 3205 SKIPPACK PIKE
WORCESTER, PA 19490

RE: MEADOWOOD
P.O.BOX 670, 3205 SKIPPACK PIKE
WORCESTER, PA, 19490
LICENSE/COC#: 12787

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/22/2021, 02/23/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Claire Mendez

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: MEADOWOOD **License #:** 12787 **License Expiration Date:** 10/29/2021
Address: P.O. BOX 670, 3205 SKIPPACK PIKE, WORCESTER, PA 19490
County: MONTGOMERY **Region:** SOUTHEAST

Administrator

Name: [REDACTED] **Phone:** 6105841000 **Email:** [REDACTED]

Legal Entity

Name: MEADOWOOD CORPORATION
Address: P.O. BOX 670, 3205 SKIPPACK PIKE, WORCESTER, PA, 19490
Phone: 6105841000 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-1 **Date:** 10/20/1988 **Issued By:** L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 45 **Working Staff:** 34

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 02/23/2021

Inspection Dates and Department Representative

02/22/2021 - On-Site: [REDACTED]
02/23/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 76 **Residents Served:** 37

Secured Dementia Care Unit

In Home: Yes **Area:** Azalea **Capacity:** 12 **Residents Served:** 7

Hospice

Current Resident: 2

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 37
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 8 **Have Physical Disability:** 0

Inspections / Reviews

02/22/2021 - Full

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow-Up Date: *03/11/2021*

3/12/2021 POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/09/2021*

4/12/2021 - Document Submission

Lead Reviewer: [REDACTED] 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 02/22/2021 at 11:55 AM, four narcotic sign-out folders were unattended and accessible on the four med carts in front of the nurse station in Laurel side of the home.

Plan of Correction

Accept

1. Narcotic folders were immediately locked in respective medication carts.
2. Education provided to Nurses and Med Techs on secure private health information.
3. PCHA and/or designee will conduct visual random daily audits for 4 weeks. After 4 weeks, random audits for 2 months using audit tool and report at QAPI meeting (audit completion June 4)
4. Continued education through Relias module annually.
5. Results of monitoring will be reported at QAPI meeting.

Completion Date: 06/04/2021

Document Submission

Implemented

document attached

25a - Written Contract and Review

1. Requirements

2600.

- 25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

Resident #1, admitted [REDACTED], did not have a resident-home contract completed until 02/22/2021.

Plan of Correction

Accept

1. Addressed late contract signing.
2. Moving forward with the next Resident move-in, the Contract will be complete with signatures from Resident and/or POA and Meadowood Designee on the date of admission or within 24 hours.
3. Admissions Coordinator and PCHA will coordinate timely contract review with the resident and obtain signatures on the contract.
4. Revised admission checklist to include contract requirements.
5. Medical Records representative or designee will audit new admission records and report to PCHA for QAPI reporting.

Completion Date: 03/11/2021

Document Submission

Implemented

document attached

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 contracts, dated 02/17/2020 for resident #2 and 08/21/2020 for resident #3, were not signed by the resident.

Plan of Correction

Accept

1. Effective 3/3/21, the Admissions Coordinator will obtain a resident signature, initial or "X" to contract for future contracts. PCHA verified this was completed.
2. If Resident declines or is unable to sign, Admissions Coordinator or designee will document on the contract and two witnesses will verify.
3. PCHA or designee will review move-in checklist within 24 hours.
4. Medical Records representative or designee will audit new admission records and report to PCHA for QAPI reporting.

Completion Date: 03/11/2021

Document Submission

Implemented

document attached

41e - Signed Statement

1. Requirements

2600.

- 41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

The records for resident #2 and #3 did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Plan of Correction

Accept

1. Effective 3/3/21, the Admissions Coordinator will obtain a resident signature, initial or "X" to contract for future contracts. PCHA verified this was completed.
2. If Resident declines or is unable to sign, Admissions Coordinator or designee will document on the contract and two witnesses will verify.
3. PCHA or designee will review move-in checklist within 24 hours.
4. Medical Records representative or designee will audit new admission records and report to PCHA for QAPI reporting.

Completion Date: 03/11/2021

Document Submission

Implemented

document attached

82c - Locking Poisonous Materials

1. Requirements

2600.

82c - Locking Poisonous Materials (continued)

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

Sensodyne Pro-Enamel toothpaste, with a manufacture's label indicating "get medical help or contact a Poison Control Center if more than used for brushing is accidentally swallowed", was unlocked, unattended, and accessible to resident #3. Not all the residents of the home, including resident #3, have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept

1. Toothpaste was removed from the bathroom counter and locked in the bathroom cabinet.
2. Employees educated on product storage safety in a secure memory care community.
3. PCHA and/or designee will conduct visual random daily audits for 4 weeks. After 4 weeks, random audits for 2 months using audit tool. (audit completion June 4)
4. Once audit tool period is complete, the task will be added to PCC Point of Care documentation.
5. Continued education through Relias module.
6. Results of monitoring will be reported at QAPI meeting.

Completion Date: 06/04/2021

Document Submission

Implemented

document attached

89b - Hot Water Temperature

1. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 02/23/2021 at 09:50 AM, the hot water temperature at the bathroom sink in resident room # [redacted] and # [redacted] measured 122.1 and 122.7 degrees Fahrenheit, respectively.

89b - Hot Water Temperature *(continued)***Plan of Correction****Accept**

1. At the time of finding the elevated temperatures, Maintenance staff immediately investigated and realigned the setting to the appropriate temperature range.
 2. After the temps reached proper levels, the electronic mixing valve was cleaned, realigned, and recalibrated to assure further accuracy.
 3. Daily temperature checks were made starting February 24 through March 5, 2021 daily by Maintenance to assure =< 120 degrees in random rooms/areas.
 4. Automatic work orders will be generated by Worxhub CMMS for weekly testing. Meadowood Security will conduct weekly water temperature testing in random rooms/areas in the Health Center to assure accuracy.
 5. A written log of rooms checked, and temperatures found will be maintained. These records will be maintained in a binder in the Security office.
- Completion date: March 5, 2021
6. Results of monitoring will be reported at QAPI meeting.

Completion Date: 03/05/2021

Document Submission**Implemented**

document attached

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

There was no thermometer in the ice-cream freezer in the satellite kitchen and in the freezer of the social kitchen refrigerator.

Plan of Correction**Accept**

1. Thermometers were immediately placed in identified freezers by Dining Manager on 02/23/21.
2. The Checklist has been updated to include checking all refrigeration and freezers for thermometers. 3/5/2021
3. The manager and/or designee will monitor daily as well.
4. Results of monitoring will be reported at QAPI meeting.

Completion Date: 03/05/2021

Document Submission**Implemented**

document attached

183e - Storing Medications

1. Requirements

2600.

- 183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

183e - Storing Medications (*continued*)**Description of Violation**

On 02/23/2021, there was an opened tube of Refresh eye ointment prescribed for resident #4 in the SDCU med cart. According to the manufacturer's instructions, it should be discarded 90 days after opening. There was no open date on the tube.

Plan of Correction**Accept**

1. *The opened tube of Refresh eye ointment was removed from the cart.*
2. *Staff Educator educated med techs and nurses on proper dating of any opened prescriptions/OTC.*
3. *Weekly med cart audit x 4 weeks, then monthly after.*
4. *Staff Educator will randomly audit the med cart audits thereafter.*
5. *Results of monitoring will be reported at QAPI meeting.*

Completion Date: 04/05/2021

Document Submission**Implemented**

document attached

185a - Implement Storage Procedures

1. Requirements

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 numbers on resident #5's glucometer and the blood glucose log did not match on 02/16/2021 at 01:18 PM. The glucometer read 165 while the log said 146. The same resident's blood glucose log entry for 02/15/2021 at 04:30 PM said 137, which was not on her labeled glucometer but was found on one of three unlabeled glucometers found in the bottom drawer of the 1st med cart in front of the nurse station. These unlabeled glucometers belong to resident #5.

Plan of Correction**Accept**

1. *Resident #5 glucometers in bottom of cart were immediately removed.*
2. *Med Techs and Nurses educated on proper glucometer labeling/logging glucose level.*
3. *Weekly med cart audit x 4 weeks, then monthly after.*
4. *Staff Educator will randomly audit the med cart audits, thereafter.*
5. *Results of monitoring will be reported at QAPI meeting.*

Completion Date: 04/05/2021

Document Submission**Implemented**

document attached

2. Requirements

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

Resident #6 is prescribed Ipratropium Albuterol as needed. On 02/23/2021, this medication was not available in the home.

185a - Implement Storage Procedures (*continued*)**Plan of Correction****Accept**

1. Prescription was discontinued due to non-use.
2. Education for non-use prescriptions provided to Med Techs and Nurses.
3. Med Techs and Nurses to conduct weekly med cart audit x 4 weeks, then monthly after.
4. Staff Educator will randomly audit the eMAR, thereafter.
5. Results of monitoring will be reported at QAPI meeting.

Completion Date: 04/05/2021

Document Submission**Implemented**

document attached

187b - Date/Time of Medication Admin.

1. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #5 is prescribed insulin injection at bedtime daily. Resident #5's February medication administration record does not include the initials of the staff person who administered this medication on 02/05/2021.

Plan of Correction**Accept**

1. Verified with the nurse the insulin was given.
2. Education for nurses/med techs provided for completion of eMARs
3. Med Techs and Nurses will use the safety behavior self-check method of STAR (STOP, THINK, ACT, REVIEW) at each shift.
4. Medical Records representative will audit 5 random eMARs weekly x 4 weeks.
5. Random peer review eMAR audit and med pass conducted by Staff Educator.
6. Results of monitoring will be reported at QAPI meeting.

Completion Date: 04/05/2021

Document Submission**Implemented**

document attached

187d - Follow Prescriber's Orders

1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #6 is prescribed Amiodarone, Sertraline, Vitamin B 12, Vitamin D, Trazodone, and etc. in the morning. However, resident #6 was not administered these medications on 02/06/2021. The same resident is prescribed Remeron at 21:00 daily but the resident was not administered this med on 02/07, 17, and 19/2021.

187d - Follow Prescriber's Orders (continued)

Plan of Correction

Accept

- 1. Reviewed with med tech who worked that shift and verified medications were given. Education on proper sign-out procedures.
- 2. Education for nurses/med techs provided for completion of eMARs
- 3. Med Techs and Nurses will use safety behavior self-check method of STAR (STOP, THINK, ACT, REVIEW) at each shift.
- 4. Medical Records representative will audit 5 random eMARs weekly x 4 weeks.
- 5. Random peer review eMAR audit and med pass conducted by Staff Educator.
- 6. Results of monitoring will be reported at QAPI meeting.

Completion Date: 04/05/2021

Document Submission

Implemented

document attached

191 - Resident Right to Refuse

1. Requirements

2600.

- 191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #2 and #3, admitted [redacted] and [redacted], have not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction

Accept

- 1. Residents #2 and #3 received a list of Residents' rights.
- 2. Effective 3/3/21, a new move-in signed a contract, which included Residents Rights and complaint procedures.
- 3. PCHA or designee will review Admission Checklist within 24 hours of move-in.
- 3. Medical Records representative or designee will audit new admission records and report to PCHA for QAPI reporting.

Completion Date: 03/03/2021

Document Submission

Implemented

document attached

224a - Preadmission Screen Form

1. Requirements

2600.

- 224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #1's preadmission screening form, dated 02/19/2021, is incomplete and inaccurate. It does not include the resident's ADL and IADL needs and the resident's ability to use poisonous materials. The resident self-administers her meds but the form says she cannot self-administer.

224a - Preadmission Screen Form (*continued*)**Plan of Correction****Accept**

1. Pre-screen completed to accurately reflect care needs.
2. Future move-in pre-screens will be reviewed by PCHA or designee for accuracy on day of move-in and added to check list.
2. Medical Records representative will audit new records to ensure accurate completion.
3. Results of monitoring will be reported at QAPI meeting.

Completion Date: 02/23/2021**Document Submission****Implemented**

document attached

2. Requirements

2600.

- 224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #3 was admitted to the home on [REDACTED]; however, the resident's preadmission screening form was missing the date screening completed.

Plan of Correction**Accept**

1. The pre-screen for Resident #3 was reviewed and completed accurately.
2. PCHA reviewed pre-screens from the last 3 move-ins to check for completion.
2. Future move-in pre-screens will be reviewed by PCHA or designee for completion on day of move-in.
2. Medical Records representative will audit new records to ensure accurate completion.
3. Results of monitoring will be reported at QAPI meeting.

Completion Date: 03/11/2021**Document Submission****Implemented**

document attached

231b - Medical Evaluation

1. Requirements

2600.

- 231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident #3 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]; however, the resident's medical evaluation was not completed.

Plan of Correction**Accept**

1. New DME was completed for Resident #3.
2. Future in-house transfers to the secure memory care community will receive a new DME.
3. Medical Records representative or Personal Care designee will audit new records for accuracy.
4. Results of monitoring will be reported at QAPI meeting.

Completion Date: 03/05/2021

231b - Medical Evaluation *(continued)***Document Submission****Implemented***document attached*

231c - Preadmission Screening

1. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #3 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]. However, the resident's written cognitive preadmission screening was not completed.

Plan of Correction**Accept**

1. Pre-screen completed for resident #3 who moved to memory care from in-house personal care unit.
2. Review of current pre-screens for memory care for completion.
3. Medical Records representative or designee will review pre-screens for new admissions completion.
4. Results of monitoring will be reported at QAPI meeting.

Completion Date: 03/08/2021

Document Submission**Implemented***document attached*

233c - Key-Locking Devices

1. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the home's locking mechanism are not conspicuously posted near the door to the Secure Dementia Care Unit (SDCU).

Plan of Correction**Accept**

1. Code was immediately placed at the door entrance.
2. PCHA and/or designee will conduct visual random daily audits for 4 weeks. After 4 weeks, random audits for 2 months using audit tool.
3. Results of monitoring will be reported at QAPI meeting.

Completion Date: 06/04/2021

Document Submission**Implemented***document attached*