

Department of Human Services
Bureau of Human Service Licensing

August 27, 2021

[REDACTED], PRES
[REDACTED]
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/20/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]
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* License #: *22596* License 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

[REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *01/04/1993* Issued By: *L&I*

Staffing Hours

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

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *05/20/2021*

Inspection Dates and Department Representative

05/20/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *64* Residents Served: *28*

Secured Dementia Care Unit

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

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *28*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

05/20/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *07/02/2021*

7/26/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *08/05/2021*

8/25/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *08/27/2021*

8/27/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

132d - Evacuation

1. Requirements

2600.

- 132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home's maximum safe evacuation time is 6 minutes according to the fire safety inspection letter dated 04/26/2019. On 11/26/2019 a fire drill was conducted at 4:21pm. According to the fire drill log, the evacuation took 6 minutes and 37 seconds.

Plan of Correction

Accept

Maintenance Supervisor will review and continue with our monthly fire drills to ensure compliance with our six minute window for evacuation to a fire safe area.

Completion Date: 07/01/2021

Update - 07/26/2021

Within 10 days of receipt of this plan of correction:

The administrator or designee shall ensure that ALL residents evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

The administrator shall monitor the fire drill logs monthly, X's 6 months for ongoing compliance.

7-26-2021 - MM

Document Submission

Not Implemented

Administrator contacted fire safety expert. Fire drill with fire safety expert and local fire company scheduled for week of 8/9/2021. Reason it wasn't completed earlier is due to the COVID restrictions.

Will send follow up paperwork once completed.

Update - 08/25/2021

Please attach a copy of your Fire Safety Letter. 8-25-2021 - [REDACTED]

Document Submission

Implemented

Administrator contacted fire safety expert. Fire drill with fire safety expert and local fire company scheduled for week of 8/9/2021. Reason it wasn't completed earlier is due to the COVID restrictions.

Will send follow up paperwork once completed.

Update - 08/27/2021

132d letter Received. 8-27-2021 - [REDACTED]

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

141a 1-10 Medical Evaluation Information (*continued*)

- 141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

The Documentation of Medical Evaluation (DME) form for resident #1 was missing the following information: weight, pulse, temperature, and blood pressure.

Plan of Correction**Accept**

If the DME comes back from the doctor's office not filled in with the vital signs, the office will be called to see if they were done. If not, we will take a set of vital signs that day and complete the DME.

Completion Date: 07/01/2021

Update - 07/26/2021

The administrator will ensure that physicians perform all of the required actions during medical evaluations. The actions will be documented on form DME. Attachments will be added to form DME as needed to ensure that all actions are documented. The administrator shall monitor for ongoing compliance.

Document Submission**Implemented**

Administrator will be checking EACH DME once completed by physician(s) and will ensure that all actions are complete.

144b - Policy on Smoking

1. Requirements

2600.

144.b. The home rules shall specify whether the home is designated as smoking or nonsmoking.

Description of Violation

The home rules in the resident contracts indicate that smoking is not allowed on the grounds of the property. The home has an outdoor gazebo in the rear yard where employees are permitted to smoke. The home's policy on smoking does not indicate that an outdoor smoking area is provided.

Plan of Correction**Accept**

Will enforce the current Non Smoking Policy. Will monitor staff compliance.

Completion Date: 07/30/2021

Update - 07/26/2021

Within 10 day of receipt of this plan of correction:

The administrator shall retrain staff and resident on the current smoking policy.

Please send/Attach proof of staff/resident training regarding the homes current smoking policy.

7-26-2021 - MM

144b - Policy on Smoking (*continued*)**Document Submission****Implemented**

Contract and Employee Policy Book were revised to include smoking in the gazebo for Residents, Guests, and Staff. Staff completed training on our new policy. Letter given to residents, staff, and mailed to family/friends. Documents included.