

Department of Human Services  
Bureau of Human Service Licensing

October 1, 2021

[REDACTED], 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 [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/14/2021, 06/15/2021, 06/17/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

Name: *THE MEADOWS AT SHANNONDELL* License #: *12837* License Expiration Date: *03/31/2021*  
Address: *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: *07/15/2016* Issued By: *Lower Providence Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *167* Waking Staff: *125*

**Inspection**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *06/17/2021*

**Inspection Dates and Department Representative**

06/14/2021 - On-Site: [REDACTED]  
06/15/2021 - On-Site: [REDACTED]  
06/17/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *184* Residents Served: *113*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Avondale & Chatham "C" Wing* Capacity: *34* Residents Served: *26*

**Hospice**

Current Residents: *9*

Resident Demographic Data as of Inspection Dates (*continued*)

## Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 113

Diagnosed with Mental Illness: 3

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 54

Have Physical Disability: 0

## Inspections / Reviews

## 06/14/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *07/23/2021*

## 8/23/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *08/26/2021*

## 10/1/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 18 - Compliance With Laws

### 1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

#### Description of Violation

*Per the Care Facility Carbon Monoxide Alarms Standards Act of Jun. 23, 2016; Carbon Monoxide alarms must be installed in proximity of, but not less than 15 feet from any fossil-fuel burning device or appliance.*

*There was no Carbon Monoxide detector near the facility's kitchen which uses natural gas to fuel their equipment.*

#### Plan of Correction

**Directed**

*Carbon monoxide alarm ordered and will be installed upon arrival.*

*(DIRECTED)*

*The administrator or designated person will conduct weekly audits for 1 month of the carbon monoxide alarm to ensure the alarm is in compliance with the manufacture's instructions and monthly thereafter. ■ 8/23/21*

**Completion Date:** 08/27/2021

#### Document Submission

**Implemented**

*Carbon Monoxide alarm was installed on 9/23/21 - please note there was a delay installation due to Hurricane Ida and installation had to be rescheduled with the contractors.*

*Maintenance has started weekly audits of alarm and will continue through 10/23/21 and monthly thereafter.*

## 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 0 ■■■■■, for resident #1 was not signed by the resident.*

#### Plan of Correction

**Directed**

*Resident #1 contract not signed in accordance with current COVID infection control policy. Copy of policy provided during annual survey. Note: resident is alert and oriented x3 and was present for the signing of ■■■■■ contract to PC in 2019 and aware of all aspects of the contract.*

*Designee to meet with resident to review and sign contract.*

*As per routine process going forward, designee will ensure all resident contracts are signed in accordance with requirements.*

*(DIRECTED)*

*By 8/26/21 resident #1's signed contract will be submitted for Department review.*

*By 9/30/21: The administrator or designated person will complete an audit of all resident records to verify all required documents are signed. Audits will be kept for Department review. ■ 8/23/21*

**Completion Date:** 08/13/2021

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

*Resident #1's signed contract was uploaded with the POC on 7/23/21*

*All resident records were audited on 9/23/21 to verify all required documents are signed.*

## 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**

*Resident #1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.*

**Plan of Correction****Directed**

*Resident did not sign receipt of copy of resident rights during contract signing due to current COVID infection control policy. Copy of policy provided during survey. Note: resident is alert and oriented x3 and was present for the signing of [REDACTED] contract to PC in 2019 and aware of all aspects of the contract.*

*Designee to provide copy of resident rights to resident and obtain statement signature.*

*As per routine process going forward, designee will ensure all resident contracts are sign in accordance with requirements.*

*(DIRECTED)*

*By 8/26/21, a signed copy of resident #1's resident rights will be submitted for Department review.*

*By 9/30/21: The administrator or designated person will complete an audit of all resident records to verify all required documents are signed. Audits will be kept for Department review. [REDACTED] 8/23/21*

*Completion Date: 08/13/2021*

**Document Submission****Implemented**

*A signed copy of resident #1's resident rights was uploaded and submitted with POC on 7/23/21.*

*On 9/23/21 all resident records were audited to verify all required documents are signed.*

## 82c - Locking Poisonous Materials

**1. Requirements**

2600.

- 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.

82c - Locking Poisonous Materials *(continued)***Description of Violation**

A closet marked "CLEAN LINEN" on the Avondale secured dementia unit was unlocked, unattended and accessible to residents of the unit. Within the closet were 13 resident toiletry baskets that included several items marked "External Use Only" or . . . if ingested contact a physician or local poison control center right away. The residents of the secured unit have not been assessed as capable of recognizing and using poisons safely.

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

During survey, closing mechanism on door was adjusted to ensure proper security on the door.

Locations on memory care units and store poisonous materials were audited and found in compliance.

Verification of proper functioning of locking mechanism will be added to maintenance PM schedule.

Completion Date: 08/13/2021

**Document Submission****Implemented**

ongoing verification of proper functioning done by maintenance

## 101j7 - Lighting/Operable Lamp

**1. Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

**Description of Violation**

Resident room #123 on the Berwyck B wing does not have access to a source of light that can be turned on/off at bedside.

**Plan of Correction****Directed**

Resident in room #123 was in the process of moving belongings in when room was audited by surveyor. All belongings were not yet in room.

At completion of room setup by movers and family, the resident indicated that he does not want a bedside lamp. Support plan updated in accordance with his preferences.

(DIRECTED)

This administrator can apply for a waiver for this regulation for resident in room #123. While the waiver is being reviewed by the Department an operable bedside lamp or source of lighting will be provided in bedroom #123. ■  
8/23/21

Completion Date: 08/13/2021

**Document Submission****Implemented**

Discussed beside lamp with resident in room #123. ■ said ■ would allow ■ family to provide a bedside lamp. ■ brought in a bedside lamp that is properly functioning on 8/25/21. Temporary lamp was provided to resident in the meantime. No waiver needed.

## 185a - Implement Storage Procedures

**1. Requirements**

2600.

**185a - Implement Storage Procedures (continued)**

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**

On 06/17/21, a "treatment cart" containing medical equipment and treatment items such as topicals, was unlocked, unattended and accessible to anyone present on the 4th floor of the rehab building a/k/a "The Inn".

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

Unlocked treatment card locked immediately after discovery during survey.

Nursing staff will be re-educated on proper storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Completion Date: 08/13/2021

**Document Submission****Implemented**

All nurses were in-serviced on above on 7/29/21

**187d - Follow Prescriber's Orders****1. Requirements**

2600.

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

**Description of Violation**

Resident #2 is prescribed [REDACTED]; 8:00 am, 7:00 pm. However, it was discovered during the medication audit that this medication was not available in the home. The home put in an order with priority delivery to receive the medication by the 7:00 pm administration. However the medication will not arrive until 8:30 pm. Staff stated the 8:00 am administration was completed as ordered.

Resident #3 is prescribed [REDACTED]

[REDACTED] This order has a start date of 05/21/21 at 1:45 pm. On 06/17/21, it was discovered during the medication audit that the home is administering [REDACTED] - [REDACTED] at 8:30 am and 8:30 pm to the resident based on a prescriber's order dated 04/15/21.

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

Resident #2 - as per normal procedure, resident medications are requested to be delivered STAT when necessary. Medication was administered upon receipt. Provider aware of delay in delivery.

Resident #3 - baseline audit completed by nursing leadership to check medication carts for discontinued medication.

Medication carts will be audited on a routine basis for compliance.

Nursing staff will be educated on the process of reordering medications when needed, and disposing of discontinued medications.

Completion Date: 08/13/2021

**Document Submission****Implemented**

All nurses were educated on above on 7/29/21.

All baseline medication carts were audited by 8/12/21 and ongoing audits of carts will continue

## 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 #1, admitted [REDACTED] has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error. The home could not provide signed documentation.

**Plan of Correction****Directed**

Resident did not sign receipt of education of [REDACTED] right to refuse medication during contract signing due to current COVID infection control policy. Copy of policy provided during survey. Note: resident is alert and oriented x3 and was present for the signing of [REDACTED] contract to PC in 2019 and aware of all aspects of the contract.

Designee to educate resident on his right to refuse medications and obtain signature.

As per routine process going forward, designee will ensure all resident contracts are sign in accordance with requirements.

(DIRECTED)

By 8/26/21, a signed copy of the right to refuse medication from resident #1 will be submitted for Department review.

By 9/30/21: The administrator or designated person will complete an audit of all resident records to verify all required documents are signed. Audits will be kept for Department review. [REDACTED] 8/23/21

Completion Date: 08/13/2021

**Document Submission****Implemented**

a signed copy of the right to refuse medication from resident #1 was uploaded and submitted with POC on 7/23/21

Audit completed of all resident records to verify all required documents are signed.

## 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.

233c - Key-Locking Devices *(continued)***Description of Repeat Violation**

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

*Repeat Violation: 06/17/2019*

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

*Locks on doors to enter and exit memory care units automatically unlock in a fire emergency. Signs are present at each door with instructions to enter and exit. There are also pull stations at each door with instructions on how to unlock doors when needed.*

*For all non-emergency operation of doors to memory care units, existing sign will be modified and new sign installed with directions to operate the device.*

**Completion Date:** *08/13/2021*

**Document Submission****Implemented**

*signs placed as discussed*