

Department of Human Services  
Bureau of Human Service Licensing

October 7, 2021

[REDACTED]  
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 07/08/2021 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: *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: *11/28/2005* Issued By: *PA Department of Health*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *168* Waking Staff: *126*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint* Exit Conference Date: *07/08/2021*

**Inspection Dates and Department Representative**

07/08/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *184* Residents Served: *111*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *SDCU* Capacity: *34* Residents Served: *26*

**Hospice**

Current Residents: *10*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *111*  
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *57* Have Physical Disability: *0*

**Inspections / Reviews**

**07/08/2021 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/13/2021*

Inspections / Reviews (*continued*)

8/13/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *09/06/2021*

10/7/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

225a - Assessment 15 Days

1. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department’s assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident # 1’s assessment, dated [REDACTED], does not include the frequent changes in the Resident #1’s blood sugar readings, what signs and symptoms to monitor for that indicate and additional blood sugar reading is needed.

Plan of Correction

Accept

Existing assessment for resident #1 was updated on [REDACTED] to include signs and symptoms to monitor for that indicate an additional blood glucose reading is needed.

Existing support plans of diabetic residents requiring accu checks will be updated to include signs and symptoms to monitor for that indicate an additional blood glucose reading is needed.

Completion Date: 09/03/2021

Document Submission

Implemented

Resident #1 support plan was updated on [REDACTED]. (attached to POC)

All existing support plans of diabetic residents requiring accu checks were updated including the above. All updated support plans were complete by 9/3/21.