

Department of Human Services
Bureau of Human Service Licensing

January 28, 2022

[REDACTED], OWNER
[REDACTED]
[REDACTED]

RE: MEMORY MEADOWS PERSONAL
CARE HOME
321 GODFREY ROAD
LEECHBURG, PA, 15656
LICENSE/COC#: 44705

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/23/2021 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: *MEMORY MEADOWS PERSONAL CARE HOME* License #: *44705* License Expiration: *11/16/2021*
Address: *321 GODFREY ROAD, LEECHBURG, PA 15656*
County: *ARMSTRONG* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *C-3 SP* Date: *08/30/1993* Issued By: *Dept L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *7* Waking Staff: *5*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *08/23/2021*

Inspection Dates and Department Representative

08/23/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *8* Residents Served: *5*

Secured Dementia Care Unit

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

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *5*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *2* Have Physical Disability: *0*

Inspections / Reviews

08/23/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/07/2021*

Inspections / Reviews (*continued*)

10/27/2021 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *11/03/2021*

11/03/2021 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *12/02/2021*

01/28/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

26b - Quality Management Plan Content

1. Requirements

2600.

26.b. The quality management plan shall address the periodic review and evaluation of the following:

1. The reportable incident and condition reporting procedures.
2. Complaint procedures.
3. Staff person training.

Description of Violation

The home's quality management plan, dated January 2020, did not address reportable incident and condition reporting procedures, complaint procedures, and staff person training.

Plan of Correction

Accept

Monthly meetings have been scheduled with the administrator and staff members. Staff meeting was held on 10/23/21 with discussion of inspection findings, how to correct and how to prevent further violations. Binder was shown to each employee. During the monthly meeting we will discuss any and all reportable incidents, complaint procedure and any special staff training needed at that time. Each employee has signed the complaint procedure that the facility has in place and is in there employee record.

Document Submission

Implemented

Staff training sign in and discussion subject on sheet.

92 - Windows

1. Requirements

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

Resident #1's window screen has a hole in the center measuring approximately 6" by 6".

Plan of Correction

Accept

The screen in resident #1 has been replaced with a new screen. Administrator will check every screen monthly to make sure all are in good repair with no holes. Staff has been educated on 10/23/21 about looking and being aware of any holes or damage to any window screen. Monthly calendar in place for staff to sign off when all screens are checked.

Document Submission

Implemented

Screen was been replaced picture, Calendar of staff sign off monthly.

101e - Ceiling Height

1. Requirements

2600.

- 101.e. Ceiling height in each bedroom must be an average of at least 7 feet.

Description of Violation

On 5/12/16, the Department granted a waiver for 55 Pa. Code Chapter 2600.101e which indicates: "Prior to admission to the home, each resident must be informed that the bedroom ceiling height in bedrooms #1, 3, 4, and 5 does not meet regulatory requirements. Prior to admission, each resident must sign a written agreement that he/she acknowledges

101e - Ceiling Height (continued)

that regulatory ceiling height requirements are not met but that he/she chooses to live in the bedroom."

Resident #1, admitted to the home on [REDACTED], resides in room #3; however, there is no documentation of a written agreement that he/she acknowledges that regulatory ceiling height requirements are not met but that he/she chooses to live in the bedroom.

Resident#2, admitted to the home on [REDACTED] resides in room #5; however, there is no documentation of a written agreement that he/she acknowledges that regulatory ceiling height requirements are not met but that he/she chooses to live in the bedroom.

Plan of Correction

Accept

The waiver that was issued on 5/12/16 has been signed by all residents and designated person living in room # 1,3,4 and 5 and put in residents charts. The waiver has been added to the contract to be signed at admission. Staff was educated on 10/23/21 on checking residents chart for the signed waiver before any move is made by a resident to another room.

Document Submission

Implemented

3 Waivers signed by Residents that are in Waivered ceiling height rooms

121a - Unobstructed Egress

1. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

The emergency exit door which leads to the front of the facility from the living room is obstructed by a large reclining chair in the living room and by large boxes of adult briefs and an outdoor Connect Four game, measuring approximately 3' by 4', on the exterior front porch.

Plan of Correction

Accept

The recliner was moved right away. The porch has been cleaned of all boxes of briefs and etc. The connect four game has been moved to the other side of porch. The staff was educated on 10/23/21 on the importance of keeping all door ways cleared of anything preventing emergency access. Daily shift task list was updated to do fire exits, make sure porches are not obstructed with anything that could prevent exiting and door checks every shift.

Document Submission

Implemented

Photos of recliner moved and nothing blocking the exit. Photo of porch with all boxes, kids toys and game removed or organized.

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

The preadmission screening for resident #3, admitted on [REDACTED], is undated; therefore, it could not be determined if the document was completed within 30 days prior to admission.

224a - Preadmission Screen Form (continued)

Plan of Correction

Accept

The preadmission screen for Resident #3 was dated with a note stating late because of missing original date. Staff was educated on pre admission screenings 10/23/21. Administrator has checked all pre admission screenings for dates. Administrator will do monthly checks on all residents paper work to make sure its all completed. Calendar was started so administrator can audit all residents charts for dates and signatures monthly.

Document Submission

Implemented

Late entry dated during inspection

227g -Support Plan Signatures

1. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #1's annual support plan, dated [REDACTED], does not indicate the dates the assessor and the resident signed the support plan.

Resident #4's initial support plan, dated [REDACTED], is not signed by the assessor and the resident, and does not indicate if the resident was unable to participate, declined to participate, refused to sign or was unable to sign.

Plan of Correction

Accept

The assessor and resident # 1 have signed the support plan. Staff was educated on 10/23/21 how support plans need to be signed by assessor, resident and designated person at the time support plan is completed. Administrator has checked all support plans to make sure all are signed, dated by assessor, resident and designated person. Administrator will do monthly checks on all residents paper work to make sure its all completed. Calendar was started so administrator can audit all residents charts for dates and signatures monthly.

Document Submission

Implemented

Late entry dated during inspection.