

Department of Human Services
Bureau of Human Service Licensing

October 26, 2021

[REDACTED], ADMINISTRATOR
[REDACTED]
[REDACTED]

RE: THE MEADOWS MANOR
200 LAKE STREET
DALLAS, PA, 18612
LICENSE/COC#: 24365

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/31/2021 & 09/01/2021 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**

Facility Information

Name: *THE MEADOWS MANOR* License #: *24365* License Expiration Date: *09/20/2021*
Address: *200 LAKE STREET, DALLAS, PA 18612*
County: *LUZERNE* Region: *NORTHEAST*

Administrator

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

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *12/04/1996* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *3* Total Daily Staff: *37* Waking Staff: *28*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *09/01/2021*

Inspection Dates and Department Representative

08/31/2021 - On-Site: [REDACTED]
09/01/2021 - On-Site: [REDACTED]
09/01/2021 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *66* Residents Served: *31*

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: *31*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *3* Have Physical Disability: *0*

Inspections / Reviews

08/31/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *10/08/2021*

10/21/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *11/01/2021*

10/26/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

The blood glucose monitor for Resident #1 had a dried red substance smeared across the front of the screen that appeared to be blood.

Plan of Correction

Accept

Immediately, the inspector was provided a germicidal wipe to disinfect the machine. Our next steps included in servicing of all med techs on the policy regarding routine cleaning of glucometers which started on September 2nd, this policy includes wiping glucometers with a single use disposable germicidal wipe before and after each use. To ensure continued compliance with this policy, the Resident Care Manager has placed a sign off on the MAR's for the staff to document their use of a germicidal wipe prior to and after the use of a glucometer. The Resident Care Manager will audit the documentation and glucometers on a weekly basis to ensure continued compliance. Furthermore, the Administrator will perform surprise random inspections of the same. (In service records and copy of policy can be provided)

Directed Plan of Correction:

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Adm or Resident Care Manager will submit evidence of a recently completed audit and evidence of staff training.

Documentation should be sent in the Portal.

█, 10-21-21

Completion Date: 09/03/2021

Document Submission

Implemented

Please see Attachment #1 for requested documentation.

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 near the home's kitchen required excess force to open at time of inspection.

121a - Unobstructed Egress (*continued*)**Plan of Correction****Accept**

Our director of maintenance immediately addressed the issue on date of inspection. We also requested the assistance of door technician [REDACTED] to assist with the review and repair. [REDACTED] and [REDACTED] noted the hinge to be the issue and repaired the hinge thus correcting the problem by the afternoon on September 1st. The door remains in normal working order. The director of maintenance will now include full opening and closing of all emergency exit doors during his monthly inspections to ensure proper functioning and ongoing compliance.

Directed Plan of Correction:

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, evidence of a recently completed monthly inspection will be submitted as evidence of compliance.

Documentation should be sent in the Portal.

[REDACTED], 10-21-21

Completion Date: 09/01/2021

Document Submission**Implemented**

Please see attachment #2 for requested document.

141a - Medical Evaluation

1. Requirements

2600.

- 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.

Description of Violation

Resident #2's DME, dated [REDACTED] was not signed or dated by a qualified medical professional and therefore was incomplete.

141a - Medical Evaluation (continued)

Plan of Correction**Accept**

The resident was seen for [REDACTED] initial medical evaluation on 6/30/2021, however the physician did not return the form signed and completed as requested. Despite multiple attempts to obtain, efforts did not produce the signed and dated form. On September 2nd, Resident Care Manager called the physicians office directly to relay importance of document and necessity of its completion. RCM was able to speak directly to a nurse who assisted in its completion and it was faxed back to us on September 2nd completed in its entirety with signature bringing us into compliance. Moving forward to ensure continued compliance, the nursing leadership team has created a checklist form that includes pertinent information regarding admission and routine paperwork needed for residents. We have also developed a new follow up policy in regards to the Medical Evaluations. Copy of policy can be provided if needed but does include the following steps for completion.

- 1) DME will be sent to the appointment with the resident with a written request for completion, signature & date.
- 2) If not returned on the same date, form will be immediately faxed to the office.
- 3) If fax is not returned in 7 days, a direct call will be placed to the office.
- 4) If form is not returned after a period of 3 days, a second call will be placed to the office and our van driver will be given the form to take to the office person for completion.

Directed Plan of Correction:

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Adm or RCM will submit evidence of work completed in all of the above 4 action steps that have been recently completed either for a new admission or an annual DME for a resident that has lived in the community for a year or more.

The corrected/updated DME for resident # 2 will also be submitted as evidence of compliance.

Documentation should be sent in the Portal.

[REDACTED], 10-21-21

Completion Date: 09/02/2021

Document Submission**Implemented**

Please see attachment #3 for requested documents.

183d - Prescription Current

1. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident #3 is prescribed [REDACTED] as needed. The open date recorded on the medication was 5/4/21. This medication expires 90 days after opening; therefore, this medication was expired at time of inspection.

183d - Prescription Current (*continued*)**Plan of Correction****Accept**

On date of inspection, the Resident Care Manager reviewed reorder slips to the pharmacy and it was noted that the residents eye drops had been reordered and actually arrived that afternoon on the pharmacy delivery. (Proof of delivery can be provided). The expired drops were discarded and new ones stocked bringing us back into compliance on 9-1-2021.

Moving forward, all eye drops will have a sticker placed that indicate "opened on"; "discard by"; and initialed by staff. In-servicing of all med techs has occurred on the implementation of the new labels. (Inservicing documentation can be provided.) The Resident Care Manager will ensure continued compliance with the same during on-going bi-weekly med cart audits and daily med passes. We have also instituted quarterly audits by our partner pharmacy. The first audit was completed on 9/21/21 to ensure oversight and continued compliance.

Directed Plan of Correction:

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the home will submit proof of delivery on the day of the renewal inspection as evidence of compliance.

In addition, the home will submit the supporting paperwork copies to support the Home's plan in the steps outlines above to reduce or eliminate this violation from re-occurring. Please also submit a copy of a RECENTLY COMPLETED Audit by the Pharmacy as evidence of compliance.

Documentation should be sent in the Portal.

█, 10-21-21

Completion Date: 09/01/2021

Document Submission**Implemented**

Please see attachment #4 for requested documentation.

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

Resident #3 is prescribed Systane Solution eye drops as needed. This PRN medication was not available at time of inspection.

185a - Implement Storage Procedures (continued)

Plan of Correction

Accept

This violation POC is encompassed within the above violation 183.d. The implementation of the stickers and increased frequency of the med cart audits will ensure continued compliance.

Directed Plan of Correction:

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, please send in a copy of the stickers to be placed in use, Also submit any signature sheets from staff training that was conducted for med techs and licensed staff.

Documentation should be sent in the Portal.

█, 10-21-21

Completion Date: 09/01/2021

Document Submission

Implemented

Please also refer to attachment #4 for copy of the sticker that appears on the front page of the in-service sheet. Inservice record is also attached to #4.

187a - Medication Record

1. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

The following residents' medication records are missing diagnoses for the listed medications, as required by this regulation:

- Resident #4: █
- Resident #5: █
- Resident #6: █
- Resident #7: █

Resident #7 is prescribed █ administered nightly but to be held if the resident's systolic blood pressure <100 or heart rate <60. On 8/30/21 at 9pm, the resident's medication record does not have a blood pressure reading or heart rate reading and it was not initialed to indicate that the medication was administered/held.

187a - Medication Record (*continued*)**Plan of Correction****Accept**

Upon discovery of the missing diagnosis on the printed MARS, the Resident Care Manager reviewed each MAR and hand wrote in the correlating diagnosis bringing the MARS into compliance on date of inspection. Our partner pharmacy was notified of the error and provided copies of the MARS that the RCM had updated. The RCM or Administrator will review the MARS upon delivery each month to ensure continued compliance in regards to diagnosis.

Upon discovery of the missing documentation in regards to Resident #7; a policy and procedure has been developed (can be provided) that offers accountability and an immediate overview for each shift's documentation. All Med Techs/LPN's are now required to sign off and review the MARS at the end of each shift. This review will occur by a co-worker ensuring that no documentation was missed and everything is complete and accurate. The RCM will ensure continued compliance through scheduled med cart audits and furthermore, the administrator will conduct random inspections.

Directed Plan of Correction:

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, please provide a copy of the updated P&P related to this inspection. Also please provide a set of copies for the MARS that were updated for the residents listed in the description of the violation to demonstrate compliance for that monthly MAR going forward following in the MAR after the renewal date of the inspection.

Please also provide a copy of a RECENTLY COMPLETED Med Cart Audit with findings and actions taken, if warranted to demonstrate compliance.

Documentation should be sent in the Portal.

█, 10-21-21

Completion Date: 09/10/2021

Document Submission**Implemented**

Please see attachment #5 for copies of all MAR's, the updated P&P and med cart audit.

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

187d - Follow Prescriber's Orders (*continued*)**Description of Violation**

Resident #6 is prescribed [REDACTED], to be held if resident's systolic blood pressure is <100 or heart rate is <60. On 8/22/21 at 9pm the resident's blood pressure was recorded as 132/78 and the resident's pulse was recorded as 84. Per the resident's medication record, this medication was held despite the resident not meeting the aforementioned holding parameters.

Plan of Correction**Accept**

On September 2nd, we reported the incident to the department found during the onsite inspection on 9/1/21; PCP and family were notified. The med tech involved in the incident was immediately in-serviced on the occurrence on 9/2/2021. We made the decision to review the education of all med techs through the use of a written quiz to ensure their knowledge and compliance on the use of BP Parameters and Pulse readings in regards to administering or holding an associated medication. (In service Record and quiz can be provided). The RCM will maintain an ongoing list of any residents that have BP/Pulse parameters. The RCM will conduct weekly audits of BP & Pulse documentation to ensure ongoing compliance. The Administrator will also conduct random documentation inspections.

Directed Plan of Correction:

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, please send in the staff sign in sheets and an overview of synopsis of the training materials. Please also submit a copy of a recently completed audit sheet as evidence of compliance, including findings and actions taken if warranted.

Documentation should be sent in the Portal.

[REDACTED], 10-21-21

Completion Date: 09/13/2021

Document Submission**Implemented**

Please see attachment #6 for requested documentation.