



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]
September 9, 2022

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

RE: The Meadows at Shannondell
6000 Shannondell Drive
Audubon, Pennsylvania 19403
License #: 12837

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on November 19, 2021 of the above facility, we have determined that your submitted plan of correction is not fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]

[REDACTED]

Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

Facility Information

Name: THE MEADOWS AT SHANNONDELL **License #:** 12837 **License Expiration:**
Address: 6000 SHANNONDELL DRIVE, AUDUBON, PA 19403
County: MONTGOMERY **Region:** SOUTHEAST

Administrator

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

Legal Entity

Name: [REDACTED]
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: I-2 **Date:** 11/28/2005 **Issued By:** PA Dept. of Health

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 199 **Waking Staff:** 149

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 11/19/2021

Inspection Dates and Department Representative

11/19/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 184 **Residents Served:** 138

Secured Dementia Care Unit

In Home: Yes **Area:** Memory Care **Capacity:** 34 **Residents Served:** 33

Hospice

Current Residents: 13

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 138
Diagnosed with Mental Illness: 2 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 61 **Have Physical Disability:** 0

Inspections / Reviews

11/19/2021 - Partial

Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 12/20/2021

12/21/2021 POC Submission

Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 01/15/2022

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted]/21 at [redacted] pm, Resident #1 fell, requiring emergency services and treatment and admission to the hospital. The home did not report this incident to the department until [redacted]/21 at [redacted] pm.

Plan of Correction

Accept

The administrator or designee will send all reportable incident forms to the department within the 24-hour timeframe. During the survey, the administrator was made aware that the report for Resident #1 should have been submitted as an initial, and then followed-up with a final report once a diagnosis was confirmed by the hospital. Moving forward, the administrator or designee will submit an initial report and then final report (if needed prior to the 24* timeframe) rather than waiting for necessary medical information pertaining to the resident's status.

Completion Date: 01/07/2022 Licensee's Proposed Date of POC Implementation

Not Implemented 9/9/22 CM

227d - Support Plan Medical/Dental

1. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident #2, dated [redacted]/21, indicates the resident has a need for fall risk management. The resident's support plan, dated [redacted]/21 does not document how this need will be met.

Plan of Correction

Accept

1. Resident #2 support plan was updated on [redacted]/21 to reflect a need for fall risk management and how that need will be met (see attached). 2. Audit of support plans will be completed by administrator or designee to check for accuracy of fall risk and intervention information in the plan. Moving forward, all initial support plans will reflect if a resident has a history of falls and how their need for fall risk management will be met.

Completion Date: 01/10/2022 Licensee's Proposed Date of POC Implementation

Not Implemented 9/9/22 CM