

Department of Human Services
Bureau of Human Service Licensing

May 2, 2022

[REDACTED]

RE: MEADOWOOD
P.O.BOX 670, 3205 SKIPPACK PIKE
WORCESTER, PA, 19490
LICENSE/COC#: 12787

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/02/2022, 03/03/2022 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: *MEADOWOOD* License #: *12787* License Expiration: *10/29/2022*
Address: *P.O.BOX 670, 3205 SKIPPACK PIKE, WORCESTER, PA 19490*
County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

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

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *C-1* Date: *10/20/1988* Issued By: *Commonwealth of Pa*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *46* Waking Staff: *35*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *03/03/2022*

Inspection Dates and Department Representative

03/02/2022 - On-Site: [REDACTED]
03/03/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *76* Residents Served: *34*

Secured Dementia Care Unit

In Home: *Yes* Area: *Azalea* Capacity: *12* Residents Served: *12*

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *46*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *12* Have Physical Disability: *0*

Inspections / Reviews

03/02/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/03/2022*

Inspections / Reviews (*continued*)

04/05/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *05/01/2022*

05/02/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

65a - FS Orientation 1st Day

1. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, whose first day of work was [REDACTED], did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

Staff person B, whose first day of work was [REDACTED], did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

Staff person C, whose first day of work was [REDACTED] did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

Staff person D, whose first day of work was [REDACTED], did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

Plan of Correction**Accept**

1. Re-educate staff persons A, B, C, and D on first day of work general fire safety and emergency preparedness for

65a - FS Orientation 1st Day (continued)

the four employees cited.

- 2. Re-educate current employees to assure they have fire safety and emergency preparedness training by April 30
- 3. Checklist developed with education topics for first day.
- 3. Audit of new employees by Staff development by first 40 hours of work.
- 4. Random future audits and results reported at QAPI meetings

Completion Date: 04/30/2022

Document Submission

Implemented

Provide documentation of training.

Re-training was provided by Director of Maintenance and PCHA . See attachments

65b - Rights/Abuse 40 Hours

1. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- 1. Resident rights.
- 2. Emergency medical plan.
- 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
- 4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person A completed his/her 40th scheduled work hour on [REDACTED] However, this staff person did not complete training in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), reporting of reportable incidents and conditions.

Staff person B completed his/her 40th scheduled work hour on [REDACTED] However, this staff person did not complete training in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), reporting of reportable incidents and conditions.

Staff person C completed his/her 40th scheduled work hour on [REDACTED] However, this staff person did not complete training in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), reporting of reportable incidents and conditions.

Staff person D completed his/her 40th scheduled work hour on [REDACTED] . However, this staff person did not complete training in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), reporting of reportable incidents and conditions.

Plan of Correction

Accept

- 1. Re-educate staff persons A, B, C, and D on first 40 hours of work topics: Residents Rights, Emergency Medical Plan, Mandatory reporting of Abuse and Neglect, and Reportable Incidents and Conditions for the four employees cited.
- 2. Re-educate current employees to assure they have fire safety and emergency preparedness.

65b - Rights/Abuse 40 Hours (continued)

- 3. Checklist developed with education topics for first day.
- 3. Audit of new employees by Staff development by first 40 hours of work.
- 4. Random audits and results reported at QAPI meetings

Completion Date: 04/30/2022

Document Submission

Implemented

Provide documentation of training.

Re-training was provided by Director of Maintenance and PCHA. See attachments

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

On 3/3/22, during the medication cart audit, there were 6 loose pills found in the Yellow Cart.

- 1 small white round pill (found in 2nd drawer)
- 1 medium white round pill (found in 2nd drawer)
- 1 large white round pill (found in 3rd drawer)
- 1 medium yellow round pill (found in 2nd drawer)
- 1 Large orange round pill (found in 3rd drawer)
- 1 large white oval pill (found in 2nd drawer)

Plan of Correction

Accept

- 1. Audit of other medication carts showed no loose pills in drawers.
- 2. Education provided on shift checks of each cart and proper disposal of loose pills.
- 3. Sign off form for each cart for each shift to confirm med cart drawers are free of loose pills for each shift x 1 month.
- 4. Monthly checks of carts thereafter during med cart audits and also random checks by charge nurse or staff educator.
- 5. Report of compliance at QAPI team meeting.

Completion Date: 04/30/2022

Document Submission

Implemented

Sign off sheet completed certifying med cart drawers are free of loose pills.

Random checks during April proved compliance.

Reported findings of compliance at QAPI meeting 4/27/22.

Use of attached tool to continue through 4/30/22.

Monthly and random checks by charge nurse and staff educator. Findings will be reported at QAPI meetings for the remainder of the year.

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

Resident 1 was admitted to the home on [REDACTED]; however, the resident's preadmission screening form was completed on 1/10/22.

Plan of Correction

Accept

- 1. Audit of 5 most recent pre-screen forms showed completion was timely.
- 2. Education provided on regulation 224a
- 3. Review of Move-in checklist for pre-screen forms compliance will occur by Admin employee prior to move-in.
- 4. Monthly review by Administrator/designee
- 4. Report findings at QAPI team meeting.

Completion Date: 04/30/2022

Document Submission

Implemented

- 5 recent admission pre-screen forms reviewed for correct dates
- 5 corresponding new admission checklists reviewed
- Findings reported at QAPI on April 27 and will be reported at QAPI for remainder of the year.

231c - Preadmission Screening

1. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident 1 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]. However, resident 1's written cognitive preadmission screening was completed on [REDACTED]

Plan of Correction

Accept

- 1. Audit of 5 past cognitive preadmission screenings to Memory Care community showed completion was timely.
- 2. Education provided on regulation 231c.
- 3. Review of monthly pre-screen forms for secure dementia care information compliance will occur by Admin employee/designee
- 4. Report findings at QAPI team meeting.

Completion Date: 04/30/2022

Document Submission

Implemented

- Reviewed last 5 move-ins for memory care community.
- All memory care preadmission screens were completed timely.
- Findings reported at QAPI on April 27 and will be reported at QAPI for the remainder of the year.