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

December 12, 2022

[redacted], ADMINISTRATOR
ECUMENICAL ENTERPRISES, INC.
200 LAKE STREET
DALLAS, PA, 18612

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 10/24/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[redacted]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *THE MEADOWS MANOR* **License #**: *24365* **License Expiration**: *09/20/2023*

Address: *200 LAKE STREET, DALLAS, PA 18612*

County: *LUZERNE* **Region**: *NORTHEAST*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *ECUMENICAL ENTERPRISES, INC.*

Address: *200 LAKE STREET, DALLAS, PA, 18612*

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *47* **Waking Staff**: *35*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal* **Exit Conference Date**: *10/24/2022*

Inspection Dates and Department Representative

10/24/2022 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *66* **Residents Served**: *46*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

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**: *1*

Have Mobility Need: *1* **Have Physical Disability**: *0*

Inspections / Reviews

10/24/2022 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *11/20/2022*

11/21/2022 - POC Submission

Submitted By: [redacted] **Date Submitted**: *12/09/2022*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *11/25/2022*

Inspections / Reviews *(continued)*

12/08/2022 POC Submission

Submitted By: [redacted] **Date Submitted:** *12/09/2022*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *12/12/2022*

12/12/2022 Document Submission

Submitted By: [redacted] **Date Submitted:** *12/09/2022*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

During the initial walkthrough of the home, a medication cart was observed on 2nd floor with a binder on top containing resident Medication Administration Records (MARs). The med tech assigned to the cart was not on the 2nd floor. This resulted in confidential resident medical information being accessible to unauthorized personnel.

Plan of Correction ***Accept [redacted] - 11/21/2022)***

During the walkthrough when the med cart was observed unattended, the PCHA took the medication cart with her to return to the nursing office when the med tech returned having escorted a resident to the dining room. It was immediately addressed with the med tech and corrected. On 11-1-2022 the entire staff of The Meadows Manor received an in-service regarding resident confidentiality. Furthermore, any person responsible for medication administration received a specific in-service regarding confidentiality and the medication cart on 11-3-2022. To ensure continued compliance, the PCHA, Resident Care Manger and any assigned Manager on Duty will complete random inspections of medication passes and report any issues to the PCHA for follow up.

**Attached:*

1) Record of Confidentiality Inservice for all staff members of The Manor.

2) Record of Med Tech Specific Confidentiality Inservice regarding Med Carts.

3) Updated Manager on Duty Report Sheet indicating the need for audits of med passes to ensure resident confidentiality and the Inservice including those who serve as Manager on Duty.

Licensee's Proposed Overall Completion Date: *11/17/2022*

Implemented [redacted] - 12/12/2022)

141a 1-10 Medical Evaluation Information

2. 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. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

141a 1 10 Medical Evaluation Information *(continued)*

Description of Violation

The Documentation of Medical Evaluation (DME) form for resident #1 dated [redacted] was missing the resident's weight. The DME form for resident #2 dated [redacted] was missing a list of prescribed medications.

Plan of Correction ***Accept ([redacted] - 11/21/2022)***

The DME for resident #1 (missing the weight) was resubmitted to the PCP for completion and new signature. This was obtained back completed in its entirety on [redacted]
The DME for resident #2 (missing medication list) was resubmitted to PCP for completion and new signature. This was obtained back completed in its entirety on [redacted]2.
DME audits were held with the PCHA, Resident Care Manager and LPN Supervisor on Wednesday 10/26/2022 to ensure that no other DME's were out of compliance.
To ensure on going compliance of the DME's being completed in their entirety, a new form was created that will require the check of two employees to review any Pre admission Screenings, DME's and RASPS to ensure their completion. These sign off sheets will be required prior to the completion and filing of any of these documents. The sign off accountability sheet will remain with the document for record.

**Attached:*
1) Resident #1's completed DME
2) Resident #2's completed DME
3) The new accountability form and the in servicing of those designated to complete it.

Licensee's Proposed Overall Completion Date: *11/17/2022*

Implemented [redacted] - 12/12/2022)

182b - Prescription Medication

3. Requirements

2600.
182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

1. A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
2. A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
3. A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.

Description of Violation

Staff person A's most current med tech annual practicum training was completed [redacted]. Staff person A's annual practicum training was due to be completed [redacted] but only 1 medication administration observation was completed by the due date.

Plan of Correction ***Accept ([redacted] - 11/21/2022)***

Staff person A's last medication administration observation was completed on date of inspection bringing us back into compliance on 10/24/2022.

On Tuesday [redacted] an audit was held of med tech training records with PCHA, Administrative Assistant and Resident Care Manager to ensure no other compliance issues presented.

182b - Prescription Medication (continued)

We have instituted a calendar that shows each month and the med tech requirement if applicable. This will now be maintained by both the PCHA and Resident Care Manager and reviewed on the 1st of each month so that appropriate actions are taken to ensure compliance.

**Attached:*
1) Staff Person A's completed Med Tech Training Record
2) Med Tech Training Record and Calendar

Licensee's Proposed Overall Completion Date: *11/17/2022*

Implemented ([redacted] - 12/12/2022)

183e - Storing Medications

4. Requirements

2600.
183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Insulin pens belonging to the following residents were not dated and initialed by staff when opened for use: Resident #3's [redacted] pen and Resident #4's [redacted] insulin pen.

Plan of Correction ***Accept ([redacted] - 11/21/2022)***

On Monday [redacted] the insulin pens for Resident #3 & #4 were discarded and new pens labeled, bagged and placed back in the medication cart. On the same date, the other insulin pens were audited to ensure no issues were present.

On [redacted] an inservice was held with all med techs and nurses to review the inspection finding. On [redacted] visual reminders were added to the cart as a daily reminder to label and bag insulin pens. On [redacted] new sign off sheets were instituted for all med techs to preform a double check of compliance of their carts after preforming narcotic counts. These sign off sheets will include that the med tech ensure they have bagged and labeled any opened insulin pens on their shift.

The Resident Care Manager will be auditing this during their shifts and also during weekly cart audits the PCHA will perform bi-weekly random audits of the carts to ensure continued compliance.

**Attached:*
1) Inservice training record – Insulin Pens
2) New sign off sheet
3) Photo of visual added reminder

Licensee's Proposed Overall Completion Date: *11/17/2022*

Implemented ([redacted] - 12/12/2022)

187d - Follow Prescriber's Orders

5. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 requires insulin administered 3 times daily with a sliding scale. On [redacted] the [redacted] blood glucose reading found in the resident's glucometer was [redacted] which required [redacted] units of insulin. The MAR indicates the blood glucose reading at this time was recorded as [redacted] with [redacted] of insulin administered.
Resident #5 requires insulin administered 3 times daily with a sliding scale. On [redacted] and [redacted] the MAR indicates that no blood glucose readings were completed due to the resident not having any test strips.
Resident #3 has an order for [redacted] to be held if the systolic blood pressure (SBP) is less than [redacted]. On [redacted] at [redacted] resident #3's SBP was [redacted] and the MAR indicates the medication was administered.

Plan of Correction ***Accept [redacted] - 11/21/2022)***

Resident #2 – On [redacted] the individual whom documented the incorrect glucometer reading received an administrative communication regarding the incident. For the next 30 days this individual will be responsible to have a fellow med tech double check her glucometer reading and documentation. The second med tech will be required to sign with this staff member on the MAR. The Resident Care Manager will monitor during her weekly glucometer checks to ensure compliance. The Administrator will preform random bi-weekly audits to ensure continuing compliance. In addition, a new documentation sheet is included in the MARs to allow for all documentation taken on a glucometer (scanned or finger sticked) to be placed in one spot for ease of record.
**Attached:*
1) The administrative Communication to the employee responsible

Resident # 5 – A new policy was created regarding the ordering of any test strips. The med techs were in serviced on the new policy on [redacted] This policy will require the med tech document the ordering of the test strips on an internal communication form that will be submitted to the Resident Care Manager for follow up and to ensure the test strips arrive as anticipated. Should any issues arise, we will have better communication to address prior to a resident being out of a supply. Test strips will be checked during the Resident Care Manager's weekly glucometer checks.
**Attached*
1) The new policy
2) The Inservice record regarding the ordering of test strips.

Resident # 3 – On [redacted] this medication error was reported to the department. The med tech associated with this administration received an administrative communication regarding the incident and inspection findings. It was required of this individual to complete 4 medication observations with Resident Care Manager (completed on: 10/27; 11/3; 11/10 and 11/15) and for a period of 30-days they will require the signature of an additional staff member on duty in regards to any BP medications prior to administration to ensure accuracy. All med techs were provided a written documentation test to ensure the understanding of BP parameters and medication administration.
The Resident Care Manager will review the documentation during any of their shifts and also will complete weekly BP monitoring audit sheets when completing weekly cart audits. The Administrator will conduct random bi-weekly audits for continued compliance.
**Attached*
1) Administrative communication with staff member

187d - Follow Prescriber's Orders (continued)

2) Med Observations completed in conjunction with administrative communication

3) Documentation Tests regarding BP parameters for all med techs

Licensee's Proposed Overall Completion Date: *11/17/2022*

Implemented [redacted] - 12/12/2022)

227d - Support Plan Medical/Dental

6. 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

Resident #1's support plan dated [redacted] was incomplete. Page 10 indicates the resident's degree of need for short term memory and long term memory are both "B". The blocks for the description of the need and the plan to meet the need were not completed.

Plan of Correction ***Accept [redacted] - 12/08/2022)***

On 10/25/2022 Resident #1's RASP was updated to reflect the need and plan to meet the need on page 10 for both short term and long-term memory. The LPN Supervisor completed page 10 including the need and also the plan to meet the need for both short term and long term memory for the resident. This action was completed on 10/25/2022. To maintain continued compliance the form created that is referred to in Violation #2 "Documentation Review and Supervisory Sign Off" will also be utilized to address this violation. The form will allow the oversight of an additional administrative staff member to review the RASP's prior to their final institution. The two individuals who sign as verifcation the document is completed in it's entierity will be responsible for ongoing compliance.

**Attached*

1) Resident #1's updated and completed RASP.

Licensee's Proposed Overall Completion Date: *11/21/2022*

Implemented [redacted] - 12/12/2022)

251b - Record Entries Legible

7. Requirements

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

The home used correction fluid (Whiteout) on the following resident records:

Resident #1's Pharmacy preference sheet dated 5/24/22: resident's name written over whiteout.

Resident #1's Support plan dated [redacted] page 6: whiteout in the "plan to meet needs" block.

251b - Record Entries Legible (continued)

Resident #6's DME dated [redacted]: whiteout on [redacted] dose instructions.
Resident #6's support plan dated [redacted]: whiteout used on page one, the date assessment finalized.

Plan of Correction ***Accept ([redacted] - 12/08/2022)***

On 10/25/22 all resident's forms associated with this violation were redone. This was completed by the Administrative Assistant for Resident #1's pharmacy preference sheet and by the LPN Supervisor for the remaining 3 residents. On 10/25/2022 any administrative employee who documents resident records were in serviced on the findings during the inspection in regards to white out and instructed that white out is not to be used on any resident record. The form referenced in Violation #2 & Violation #6 will also be utilized to ensure that no form/documentation in a resident record presents with white out on it. The two individuals who sign as verifcation the document does not have white out used anywhere on it will be responsible for ongoing compliance.

**Attached*
1) In service training record

Licensee's Proposed Overall Completion Date: *11/21/2022*

Implemented ([redacted] - 12/12/2022)