

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

March 15, 2023

[REDACTED]
SHANNONDELL INC
[REDACTED]

RE: THE MEADOWS AT SHANNONDELL
6000 SHANNONDELL DRIVE
AUDUBON, PA, 19403
LICENSE/COC#: 12837

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/05/2022 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]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: THE MEADOWS AT SHANNONDELL License #: 12837 License Expiration: 03/31/2023
Address: 6000 SHANNONDELL DRIVE, AUDUBON, PA 19403
County: MONTGOMERY Region: SOUTHEAST

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: SHANNONDELL INC
Address: [Redacted]
Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: Total Daily Staff: 201 Waking Staff: 151

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Monitoring Exit Conference Date: 12/05/2022

Inspection Dates and Department Representative

12/05/2022 On Site [Redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 184 Residents Served: 145

Secured Dementia Care Unit

In Home: Yes Area: Capacity: 34 Residents Served: 34
Avondale&Chatham C Hall

Hospice

Current Residents: xx

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 145
Diagnosed with Mental Illness: 3 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 56 Have Physical Disability: 0

Inspections / Reviews

12/05/2022 - Partial

Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 12/24/2022

12/23/2022 - POC Submission

Submitted By: [Redacted] Date Submitted: 02/28/2023
Reviewer: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 12/28/2022

Inspections / Reviews (*continued*)

01/06/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/28/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 03/06/2023

03/15/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/28/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

183e - Storing Medications

1. 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

On [REDACTED]/[REDACTED]/2022 at [REDACTED] PM, [REDACTED] prescribed for resident #1 was in the home's [REDACTED] medication cart without an open/discard after date. According to the manufacturer's instructions, the pen should be used within 42 days after the open date.

Plan of Correction

Accept [REDACTED] - 01/06/2023)

Upon notification from surveyor that insulin pen was not labeled, the nurse labeled the pen immediately. The nurse on duty on [REDACTED] 22 when the surveyor identified the unlabeled pen, was on duty the evening before and had opened the box/pen [REDACTED] labeled it under the supervision of the DON at that time.

DON, ADON or Unit Manager will educate nurses and med techs on proper procedure to date insulin pens by 1/31/22.

DON, ADON or Unit Manager will complete baseline audit of insulin pens to check for proper labeling and kept on file for review by 2/13/23.

DON, ADON or Unit Manager will perform weekly audits of insulin pens to be completed the week of 2/20/23 and 2/27/23.

DON, ADON or Unit Manager will perform monthly audits starting in March for 6 months on selected med cart's insulin pens and audits will be kept on file for review.

Licensee's Proposed Overall Completion Date: 02/28/2023

Implemented [REDACTED] - 03/15/2023)

185a - Implement Storage Procedures

2. 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 #2's glucometer was not calibrated to correct time. On [REDACTED]/[REDACTED]/2022 at [REDACTED] AM, the resident's glucometer displayed [REDACTED] AM.

Plan of Correction

Accept [REDACTED] - 01/06/2023)

Upon notification from surveyor that Resident #2's glucometer was not calibrated to correct time, the nurse calibrated the glucometer. The DON calibrated the glucometer upon receipt of the LIS on [REDACTED]/22. It then needed to be calibrated again on [REDACTED]/22 by the ADON.

DON, ADON or Unit Manager will educate nurses and med techs on proper procedure to calibrate glucometers by 1/31/23.

185a - Implement Storage Procedures (continued)

DON, ADON or Unit Manager will complete baseline audit of glucometers to check for proper calibration and keep on file for review by 2/14/23.

DON, ADON or Unit Manager will perform monthly audits on selected glucometers starting in March for 6 months to check for calibration and audits will be kept on file for review.

Licensee's Proposed Overall Completion Date: 02/28/2023

Implemented [REDACTED] - 03/15/2023)

187b Date/Time of Medication Admin.

3. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #3 is prescribed [REDACTED] every 6 hours as needed. The resident's November and December medication administration records (MAR) do not include the initials of the staff person who administered it on [REDACTED]/2022 at [REDACTED] AM and at [REDACTED] PM and on [REDACTED] 2022 at [REDACTED] AM.

Plan of Correction

Accept [REDACTED] 01/06/2023)

To note: Administration of [REDACTED] on [REDACTED]/22 was corrected on MAR, however, that administration date was prior to the implementation date of the previous POC. Implementation date was [REDACTED] 22.

Upon notification from surveyor that [REDACTED] administration on [REDACTED]/22 was missing on the MAR, MAR was corrected by the nurse who signed that dose out in the [REDACTED] Log, under the supervision of the ADON.

DON, ADON or Unit Manager will educate nurses and med techs on proper documentation in [REDACTED] book as well as MAR for all PRN administration of medication by 1/31/23. This in-service will include instructions on how to update the MAR when necessary if documentation is missed when the medication is signed out in the [REDACTED] book.

DON, ADON or Unit Manager will complete monthly audits starting in February for 6 months for accuracy of documentation of PRN medication on the MAR and keep on file for review.

Licensee's Proposed Overall Completion Date: 02/28/2023

Implemented [REDACTED] - 03/15/2023)

251b Record Entries Legible

4. 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

Resident #3 is prescribed [REDACTED] every 6 hours as needed. On the [REDACTED] log for the resident's [REDACTED] the entry between [REDACTED]/2022 and [REDACTED]/2022 was crossed out without proper notations and the date and time of the 2nd entry for [REDACTED]/2022 was written over.

251b - Record Entries Legible (continued)

Plan of Correction

Accept (CM 01/06/2023)

DON, ADON or Unit Manager will educate nurses and med techs on proper documentation/notations in medical record when an error occurs by 1/31/23.

DON, ADON or Unit Manager will complete a baseline audit of documentation to check for documentation accuracy when an error occurs by 2/28/23.

DON, ADON or Unit Manager will complete monthly audits starting in March for 6 months of selected medical records to check for accuracy of documentation when an error occurs.

Licensee's Proposed Overall Completion Date: 02/28/2023

Implemented (█ - 03/15/2023)