

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

September 12, 2023

[REDACTED], VICE PRESIDENT OF HEALTH SERVICES
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 06/21/2023 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: 03/31/2024
 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]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 206 Waking Staff: 155

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 06/21/2023

Inspection Dates and Department Representative

06/21/2023 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 184 Residents Served: 154

Secured Dementia Care Unit

In Home: Yes Area: Avondale Capacity: 34 Residents Served: 29

Hospice

Current Residents: 14

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 153
 Diagnosed with Mental Illness: 5 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 52 Have Physical Disability: 0

Inspections / Reviews

06/21/2023 Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/17/2023

07/19/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 09/08/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/24/2023

Inspections / Reviews (*continued*)

08/28/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/08/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/08/2023

09/12/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/08/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

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] Resident #1 rang the call bell for assistance at [REDACTED], following a fall and did not receive assistance until [REDACTED] from Staff Member A. On [REDACTED] Resident #2 rang the call bell for assistance with a bed pan at [REDACTED] and did not receive assistance until [REDACTED]. Resident #2 was completely soaked through. Resident #2 cannot transfer to and from bed without assistance and is continent of bladder with a bed pan being provided by staff at [REDACTED] and [REDACTED]. The home was aware of this allegation of neglect on [REDACTED]. The home did not report this to the department.

Plan of Correction

Accept [REDACTED] - 08/28/2023)

1. Staff Member A's last day worked was on [REDACTED]. On [REDACTED] the facility became aware of the incident that Resident #1 and Resident #2 were without assistance, Staff Member A was notified of their termination on 05/24/2023.
2. Beginning on or around [REDACTED] 3, The DON/ADON/or Designee will conduct rounds on a weekly basis to ensure call bells are being responded to properly. This will continue for 3 months and randomly thereafter.
3. The DON/ADON/or Designee will in-service staff on the importance of incident reporting and what distinguishes a reportable incident. This in-servicing will include the direct care nursing staff and housekeeping staff and will be completed by 8/8/2023.
4. The Administrator will review the policy for reportable incidents will be reviewed with the DON and ADON's to ensure compliance for any future incidents. This is a one time review and will be completed by 8/8.

Licensee's Proposed Overall Completion Date: 08/08/2023

Implemented [REDACTED] - 09/12/2023)

42b - Abuse

2. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On the night of [REDACTED] Resident #1 rang their call bell at [REDACTED] for assistance following a fall. This Resident did not receive assistance from a staff person until [REDACTED]. Resident #3 looked in the hallways for a staff person during this timeframe and could not find anyone present on the floor. Resident #3 put Resident #1 on a fall mat and a blanket over Resident #1 while waiting for Staff Member A to come and provide assistance. Resident #1 was assessed by Staff Member A to have a skin tear and was not offered to go to the hospital by Staff Member A. Resident #1 did not report any injuries following the fall. Resident #2 is unable to transfer to and from bed but is continent of bladder with the use of a bed pan. Staff Member A was to provide a bed pan at [REDACTED] and [REDACTED] on [REDACTED] into [REDACTED] unless Resident #2 rang for the bed pan sooner. On [REDACTED] into [REDACTED] Resident #2 rang the call bell at about [REDACTED] and did not receive assistance from Staff Member A until [REDACTED]. This Resident was completely soaked through. Resident #2 did not have any skin breakdown as a result.

42b Abuse (continued)

Plan of Correction

Accept ([REDACTED] - 08/28/2023)

1. Staff Member A's last day worked was on [REDACTED]. On [REDACTED] the facility became aware of the incident that Resident #1 and Resident #2 were without assistance, Staff Member A was notified of their termination on [REDACTED].
2. The DON/ADON/or Designee will in service staff on the abuse policy. This in servicing will include the direct care nursing staff and housekeeping staff and will be completed by [REDACTED].
3. The DON or designee will monitor for compliance through direct conversations with the residents on an ongoing basis.

Licensee's Proposed Overall Completion Date: 08/08/2023

Implemented [REDACTED] - 09/12/2023)

42p - Restraints

3. Requirements

2600.

42.p. A resident shall be free from restraints.

Description of Violation

On [REDACTED] Staff Member B placed a cloth in the mouth of Resident # 4 to prevent Resident #4 from biting Staff Member B while transferring Resident # 4. Resident # 4 had no injuries as a result of this.

Plan of Correction

Accept ([REDACTED] - 08/28/2023)

1. Meadows at Shannondell is a restraint free facility and does not condone the use of restraints.
2. Staff Member B was suspended and taken off the schedule on [REDACTED]. The Nurse Practitioner examined Resident #4 on [REDACTED], and [REDACTED] and Psychiatry examined Resident #4 on [REDACTED], and [REDACTED] to ensure resident was not harmed physically, mentally, or emotionally during the incident.
3. Management's decision to allow Staff Member B to return to work occurred [REDACTED] contingent on Staff Member B training course related to dementia care, these courses were completed on [REDACTED] & [REDACTED]. These courses are part of the facility Education program, contained in our Educational platform Relias Learning.
4. Once Staff Member B returned to work, the DON monitored Staff Member B for 3 consecutive 12 hour shifts on [REDACTED] and was moved to another unit based on guidance given from the Department.
5. The DON conducted individual meetings with Staff Member B [REDACTED] to follow up and address any concerns Staff Member B has prior to returning to Memory Care assignment.
6. Beginning on or around [REDACTED], the DON/ADON/or Designee will conduct weekly rounds to ensure residents are free from restraints for 3 months and randomly thereafter to be completed.
7. All staff will be in serviced on restraint expectations. This in servicing will include the direct care nursing staff and housekeeping staff and will be completed by [REDACTED].
8. Beginning on or around [REDACTED] the DON or designee will audit residents to ensure that the restraint policy is being followed and that residents are free from restraints. This will be completed through observations.

Licensee's Proposed Overall Completion Date: 08/08/2023

42p - Restraints (continued)

Implemented () - 09/12/2023)

201 - Positive Interventions

4. Requirements

2600.

201. Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

Description of Violation

Resident #4 often bites staff when staff members try to provide care to Resident #4. The home has not implemented positive interventions to modify or eliminate the behavior. On () Staff Member B placed a cloth in the mouth of Resident # 4 to prevent Resident #4 from biting Staff Member B while transferring Resident # 4. Resident # 4 had no injuries as a result of this.

Plan of Correction

Accept () - 08/28/2023)

1. Meadows at Shannondell is a restraint-free facility and does not condone the use of restraints.
2. Staff Member B was suspended and taken off the schedule on (). The Nurse Practitioner examined Resident #4 on () and Psychiatry examined Resident #4 on (), () to ensure resident was not harmed physically, mentally, or emotionally during the incident.
3. Management's decision to allow Staff Member B to return to work occurred () contingent on Staff Member B training course related to dementia care, these courses were completed on (). These courses are part of the facility Education program, contained in our Educational platform - Relias Learning. 05/18/2023.
4. Once Staff Member B returned to work, the DON monitored Staff Member B for 3 consecutive 12-hour shifts on () and was moved to another unit based on guidance given from the Department. 5. The DON conducted individual meetings with Staff Member B to follow up and address any concerns Staff Member B has. These meetings were held on (). These meetings were held during a work shift, one on one between the DON and Staff Member B. The duration was contingent on topics discussed and questions that Staff Member B had. Time of discussion ranging from 5 minutes to 10 minutes.
6. The DON or designee will review and revise (as is indicated) resident 4's plan of care, and establish appropriate positive interventions for future staff interactions. This is a one-time review and it will be completed by 8/8/23
7. All staff will be in-serviced on positive intervention techniques. This in-servicing will include the direct care nursing staff and housekeeping staff and it will be completed by 8/8/2023.

Licensee's Proposed Overall Completion Date: 08/08/2023

Implemented () - 09/12/2023)

202 - Prohibitions

5. Requirements

2600.

202. The following procedures are prohibited:

Description of Violation

On () Staff Member B placed a cloth in the mouth of Resident # 4 to prevent Resident #4 from biting Staff

202 - Prohibitions (continued)

Member B while transferring Resident # 4. Resident # 4 had no injuries as a result of this.

Plan of Correction**Accept** [REDACTED] - 08/28/2023)

1. Meadows at Shannondell is a restraint-free facility and does not condone the use of restraints.
2. Staff Member B was suspended and taken off the schedule on [REDACTED]. The Nurse Practitioner examined Resident #4 on [REDACTED] and Psychiatry examined Resident #4 on [REDACTED] to ensure resident was not harmed physically, mentally, or emotionally during the incident.
3. Management's decision to allow Staff Member B to return to work occurred 06/23/2023 contingent on Staff Member B training course related to dementia care, these courses were completed on 05/17/2023 & 05/18/2023. These courses are part of the facility Education program, contained in our Educational platform - Relias Learning. 05/18/2023.
4. Once Staff Member B returned to work, the DON monitored Staff Member B for 3 consecutive 12-hour shifts on 06/23/2023, 06/27/2023, and 06/28/2023 and was moved to another unit based on guidance given from the Department. 5. The DON conducted individual meetings with Staff Member B to follow up and address any concerns Staff Member B had prior to returning to Memory Care. These meetings were held during a work shift, one on one between the DON and Staff Member B. The duration was contingent on topics discussed and questions that Staff Member B had. Time of discussion ranging from 5 minutes to 10 minutes.
2. All staff will be in-serviced on prohibited procedures. This in-servicing will include the direct care nursing staff and housekeeping staff and it will be completed by 8/8/2023.

Licensee's Proposed Overall Completion Date: 08/08/2023

Implemented [REDACTED] - 09/12/2023)