

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

October 16, 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 08/24/2023 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] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *11/28/2005* Issued By: *CWOPA*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *213* Waking Staff: *160*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Incident* Exit Conference Date: *08/24/2023*

Inspection Dates and Department Representative

08/24/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *184* Residents Served: *160*

Secured Dementia Care Unit

In Home: *Yes* Area: *SCDU* Capacity: *134* Residents Served: *33*

Hospice

Current Residents: *15*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *159*
 Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *53* Have Physical Disability: *0*

Inspections / Reviews

08/24/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/17/2023*

09/20/2023 - POC Submission

Submitted By: [REDACTED] *ki* Date Submitted: *10/12/2023*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *10/12/2023*

Inspections / Reviews *(continued)*

10/16/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/12/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

141a 1-10 Medical Evaluation Information

1. 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.

Description of Violation

Resident 1's medical evaluation dated [REDACTED]/23 indicated resident could safely use and avoid poisonous materials. However, residents RASP dated [REDACTED]/23, indicates resident is not safe around poisonous materials. This resident resident in the SDCU.

Plan of Correction

Accept [REDACTED] - 09/20/2023)

1. Resident #1's medical evaluation was corrected and revised 08/25/2023 to show Resident #1 is not capable of safely using and avoiding poisonous materials. The Community Relations Director will be educated on regulation 141a 1-10 Medical Evaluation Information to ensure the medical evaluation is complete and accurate by 10/11/2023.

2. A random audit of resident's medical evaluation will be completed by 10/11/2023 by the Community Relations Director to ensure the medical evaluation have been completed and accurate in its entirety.

3. Periodic reviews of a sample of medical evaluation information will be completed by the Community Relations Director monthly for 3 months.

Licensee's Proposed Overall Completion Date: 10/11/2023

Implemented [REDACTED] 10/16/2023)

202 - Prohibitions

2. Requirements

2600.

202. The following procedures are prohibited:

1. Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited. This does not include the admission of a resident in a secured dementia care unit in accordance with § 2600.231 (relating to admission).
2. Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
3. Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.

202 - Prohibitions (*continued*)

4. A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. A chemical restraint does not include a drug ordered by a physician or dentist to treat the symptoms of a specific mental, emotional or behavioral condition, or as pretreatment prior to a medical or dental examination or treatment.
5. Mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited. Mechanical restraints include geriatric chairs, handcuffs, anklets, wristlets, camisoles, helmet with fasteners, muffs and mitts with fasteners, poseys, waist straps, head straps, papoose boards, restraining sheets, chest restraints and other types of locked restraints. A mechanical restraint does not include a device used to provide support for the achievement of functional body position or proper balance that has been prescribed by a medical professional as long as the resident can easily remove the device.
6. A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited. A manual restraint does not include prompting, escorting or guiding a resident to assist in the ADLs or IADLs.

Description of Violation

On 7/9/2023, staff person A witnessed staff person B place their feet in place behind resident 1's wheelchair to prevent them from moving and getting up from their wheelchair.

On 7/9/2023, at staff person A witnessed staff person C, placed chairs behind resident 1's wheelchair to prevent them from moving and getting up from the wheelchair.

Plan of Correction

Accept (████) 09/20/2023)

1. Staffer person B and C are no longer employed at Meadows at Shannondell.
2. In-servicing of all nursing and dining staff will be completed informing them of prohibited procedures will be completed by 10/11/2023.
3. DON or Designee will audit, weekly, to ensure staff have not conducted any prohibited procedures through direct conversations with residents and observations. This will be conducted for 3 months until 100% compliance is achieved. This will begin on or before 10/11/2023.

Licensee's Proposed Overall Completion Date: 10/11/2023

Implemented (████) 10/16/2023)

227g -Support Plan Signatures

3. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident 2 participated in the development of (████) support plan on (████)/2023. However, the assessor did not sign the support plan.

Plan of Correction

Accept (████) - 09/20/2023)

1. Resident #2's support plan was corrected on 08/25/2023 and the assessor signed the support plan to bring us back into compliance. The Community Relations Director will be educated on regulation 227g – Support Plan Signatures by 10/11/2023.
2. A random audit will be completed to ensure residents support plans have been signed by the assessor and will be

227g -Support Plan Signatures (continued)

completed by 10/11/2023.

3. A sample of support plans will be audited on a monthly basis to ensure the assessor signed the plan appropriately. This will continue for 3 months.

Licensee's Proposed Overall Completion Date: 10/11/2023

Implemented  10/16/2023)