

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

October 18, 2023

[REDACTED], VICE PRESIDENT
THE PARK HOME
2160 WARRENSVILLE ROAD
MONTOURSVILLE, PA, 17754

RE: THE MEADOWS, A PERSONAL CARE
COMMUNITY
2160 WARRENSVILLE ROAD
MONTOURSVILLE, PA, 17754
LICENSE/COC#: 22596

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/29/2023, 09/05/2023 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, A PERSONAL CARE COMMUNITY **License #:** 22596 **License Expiration:** 06/25/2024

Address: 2160 WARRENSVILLE ROAD, MONTOURSVILLE, PA 17754

County: LYCOMING **Region:** NORTHEAST

Administrator

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

Legal Entity

Name: THE PARK HOME

Address: 2160 WARRENSVILLE ROAD, MONTOURSVILLE, PA, 17754

Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 01/04/1995 **Issued By:** L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 45 **Waking Staff:** 34

Inspection Information

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

Reason: Renewal **Exit Conference Date:** 09/05/2023

Inspection Dates and Department Representative

08/29/2023 - On-Site: [REDACTED]

09/05/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 64 **Residents Served:** 45

Secured Dementia Care Unit

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

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 45

Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0

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

Inspections / Reviews

08/29/2023 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 09/30/2023

10/02/2023 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 10/17/2023

Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 10/06/2023

Inspections / Reviews (*continued*)

10/05/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/17/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/12/2023

10/13/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/17/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/17/2023

10/18/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/17/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

3c Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The License inspection summary (LIS) report dated [redacted] was not posted in the binder containing previous LIS reports.

Plan of Correction

Accepted [redacted] - 10/05/2023)

[redacted], Administrator posted the inspection report dated [redacted] in the binder in the front of the building on 9/5/23 upon the state exit interview. [redacted], Administrator will post any inspections from DHS upon arrival via SansWrite. [redacted], Assistant Administrator will monitor ongoing compliance with all DHS inspections as they occur and will check to see if they are posted in the binder in the front of the building.

Licensee's Proposed Overall Completion Date: 10/04/2023

Implemented [redacted] - 10/13/2023)

121a Unobstructed Egress

2. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

The dining room exit to the right of the dining room was blocked by a table and chairs positioned in front of the exit door at the time of the initial walk through.

Plan of Correction

Accepted [redacted] - 10/05/2023)

The Dietary Supervisor, Margaret Ergott, fixed the egress obstruction by shifting the table and chairs away from the doors in the dining room on 8/29/23 while DHS was inspecting the facility. Cook Supervisor will monitor table and chair arrangement before and after each meal daily for ongoing compliance.

Licensee's Proposed Overall Completion Date: 10/04/2023

Implemented [redacted] - 10/13/2023)

125a Combustible Storage

3. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

Approximately 5 to 6 cigarette butts were observed in the gravel surrounding the outdoor smoking area cabana near the shrubs.

Plan of Correction

Accepted [redacted] - 10/02/2023)

Maintenance staff will monitor the area while completing their shift and dispose of any cigarette butts found. After maintenance hours personal care staff will check the area when doors are locked at night. Third shift personal care staff will check the area in the morning once doors are unlocked. If maintenance staff is off, personal care staff will

125a Combustible Storage (continued)

monitor the area each shift.

Licensee's Proposed Overall Completion Date: 09/29/2023

Implemented [redacted] - 10/13/2023)

132b - Safety Inspection/Fire Drill

4. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The home's annual fire safety inspections were conducted on 6/22/22 and 7/19/23, more than 12 months apart.

Plan of Correction

Accept ([redacted] - 10/05/2023)

[redacted], Administrator, spoke with the Loyalsock Township Building Official, [redacted], on 9/6/23. [redacted] has requested the Maintenance Supervisor, [redacted], to call the first week in April to schedule our fire safety inspection for June of each year. The Administrator, [redacted] will monitor each April to ensure the Annual Fire Safety inspection is scheduled to meet compliance.

Licensee's Proposed Overall Completion Date: 10/04/2023

Implemented [redacted] - 10/13/2023)

132f - Alternate Exit Routes

5. Requirements

2600.

132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The home schedules 2, and occasionally 3, staff persons on 3rd shift. The home's sleeping hour drills were held on 6/26/23 at 5:15am, 3/19/23 at 5am, and on 10/14/22 at 5am. All three drills were held with 4 staff persons. The home regularly schedules sleeping hour drills at 5 am and with additional staff present for the drill.

Plan of Correction

Accept ([redacted] - 10/05/2023)

On 9/6/23 the Administrator, [redacted] spoke with the Maintenance Supervisor, [redacted] about conducting the 3rd shift fire drills. Maintenance will now schedule and conduct 3rd shift drills during the sleeping hours of 2a 4a. During this time, only the 2 3 Personal Care staff will be participating in the fire drill. [redacted]. Administrator will monitor all fire drill compliance monthly.

Licensee's Proposed Overall Completion Date: 10/04/2023

Implemented [redacted] - 10/13/2023)

141b1 - Annual Medical Evaluation

6. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

141b1 - Annual Medical Evaluation (*continued*)**Description of Violation**

Resident #1's annual documentation of medical evaluation (DME) forms were completed [REDACTED] and [REDACTED], more than 12 months apart.

Resident #2's annual DME forms were completed [REDACTED], more than 12 months apart.

Plan of Correction

Accept [REDACTED] - 10/05/2023)

Beginning from 9/6/23 the Personal Care Supervisor, [REDACTED], will review the Tabula Pro Dashboard each month, and schedule each resident due for the annual dme two months prior to the date to be completed. [REDACTED]

[REDACTED], Administrator will review dates monthly on the Tabula Pro Dashboard for DME compliance.

Licensee's Proposed Overall Completion Date: 10/04/2023

Implemented [REDACTED] - 10/13/2023)

181c - Self-administration Assessment

7. Requirements

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident #3 stores their medications in their room and self administers all medications. The DME dated [REDACTED] indicates resident #3 can self administer medications with assistance storing, remembering, and being offered medications at prescribed times.

Plan of Correction

Accept [REDACTED] - 10/05/2023)

Beginning 9/6/23, [REDACTED], Assist Administrator will verify the medication administration MD orders of any new residents. This will include all orders on the Medical Evaluation form and will be verified at a minimum of 24 hrs prior to admission. First Shift Personal Care Supervisor will also verify the information when setting the new resident's chart up within 24 hours of admission.

Licensee's Proposed Overall Completion Date: 10/04/2023

Implemented [REDACTED] - 10/18/2023)

187a - Medication Record

8. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

6. Dose.

Description of Violation

Resident #4 requires insulin administered on a sliding scale three times daily with meals. On the following dates the number of insulin units administered was not recorded on the Medication Administration Record (MAR) due to a malfunction with the electronic MAR system:

[REDACTED] through [REDACTED] at lunch time.

187a - Medication Record (continued)

Plan of Correction

Accept (█ - 10/05/2023)

Beginning 9/6/23, If the EMAR system is malfunctioning, Personal Care Shift Supervisor will chart the Blood Sugars and any insulin units used for a sliding scale on a Blood Glucose Monitoring Data Sheet. This will be kept in a book in each med cart. Once EMAR is back up, 1st Shift Personal Care Supervisor, █ or █ will enter the missing information of the BS readings and sliding scale used. 1st shift Personal Care Supervisor, █ or █ will notify Pharmacy with any EMAR once discovered.

Licensee's Proposed Overall Completion Date: 10/04/2023

Implemented (█ - 10/18/2023)

187d - Follow Prescriber's Orders

9. Requirements

2600.

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

Description of Violation

Resident #4 requires insulin administered on a sliding scale three times daily with meals. On the following dates and times the number of insulin units administered was incorrect:

█ at dinner time: the blood sugar reading was █ requiring █ units administered.

█ at lunch time: the blood sugar reading was █ requiring █ units administered.

█ at breakfast: the blood sugar reading was █ requiring █ administered.

Resident #5 has an order for a █ patch daily. The patch was not applied on █ due to not being available in the medication cart.

Resident #5 has an order for █, to be held if the systolic blood pressure (SBP) is less █ and the heart rate is less than █. On █ and █ the SBP was not less than █ but the heart rate was █ and █ respectively. The medication was held on those dates in error.

Resident #6 has an order for █, to be held if the pulse is less than █. On █ the resident's pulse was █ and the medication was not held.

Resident #6 has an order for █, 1 tablet daily. On █ and █ the medication was not administered due to not being available in the medication cart.

Plan of Correction

Accept (█ - 10/05/2023)

As of 9/6/23 all Personal Care Staff have been retrained by the facility nurse █. Staff were re-educated with following the directions on any special orders including insulin sliding scales and medications to be held or given with parameters. Staff also have been re-educated on the protocol of reordering medications in a timely manner. Shift Personal Care Supervisor will be reviewing after each schedule dose on each shift.

Licensee's Proposed Overall Completion Date: 10/04/2023

Implemented (█ - 10/18/2023)

224a - Preadmission Screen Form

10. 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.

224a Preadmission Screen Form (continued)

Description of Violation

Resident #3 was admitted to the home on [REDACTED]. The preadmission screening form was not dated to verify when it was completed.

Plan of Correction

Accept [REDACTED] - 10/05/2023)

As of [REDACTED], Administrator will verify the completion of the preadmission screening document prior to the new admission within 24 hrs. [REDACTED] completes the prescreen prior to the admission date. Resident #3's prescreen was corrected on [REDACTED]. The preadmission screening was done prior to her admission on [REDACTED] as reflected on the attached document.

Licensee's Proposed Overall Completion Date: 10/04/2023

Implemented [REDACTED] - 10/13/2023)

227a - Support Plan 30 Days

11. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident #3 was admitted to the home on [REDACTED]. The support plan dated [REDACTED] was finalized more than 30 days after the resident's admission to the home.

Plan of Correction

Accept [REDACTED] - 10/05/2023)

As of [REDACTED], Personal Care Supervisor, Cheryl Sauter will look at the Tabula Pro EMAR Dashboard each week to prioritize which resident(s) has a RASP coming due. [REDACTED] Administrator will also check the Tabula Pro Dashboard weekly and communicate with Personal Care Supervisor, Cheryl Sauter.

Licensee's Proposed Overall Completion Date: 10/04/2023

Implemented [REDACTED] - 10/13/2023)

227d - Support Plan Medical/Dental

12. 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 #7 wears a wander guard for extra supervision needed due to a diagnosis of [REDACTED]. The wander guard has been in use since [REDACTED]. The support plan dated [REDACTED] was not updated regarding the resident's supervision needs. Resident #8 was placed on hospice on [REDACTED]. The support plan dated [REDACTED] did not include this information.

Plan of Correction

Accept [REDACTED] - 10/05/2023)

As of 9/6/23, Personal Care Supervisor, Cheryl Sauter will update any changes with each resident when they arise daily on the Tabula Pro RASP form. If Personal Care Supervisor is not available, [REDACTED], Administrator will update the RASP in Tabula Pro.

227d - Support Plan Medical/Dental (*continued*)

Licensee's Proposed Overall Completion Date: 10/04/2023

Implemented [REDACTED] - 10/18/2023)