

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

October 27, 2023

[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 09/26/2023 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]

Acting Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: THE MEADOWS MANOR **License #:** 24365 **License Expiration:** 09/20/2024
Address: 200 LAKE STREET, DALLAS, PA 18612
County: LUZERNE **Region:** NORTHEAST

Administrator

Name: Melissa Margotta **Phone:** 5706759336 **Email:** mmargotta@eedallas.com

Legal Entity

Name: ECUMENICAL ENTERPRISES, INC.
Address: [REDACTED]
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:** 50 **Waking Staff:** 38

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Complaint **Exit Conference Date:** 09/26/2023

Inspection Dates and Department Representative

09/26/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 66 **Residents Served:** 45

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:** 45
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 1
Have Mobility Need: 5 **Have Physical Disability:** 5

Inspections / Reviews

09/26/2023 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 10/23/2023

10/20/2023 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 10/20/2023
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 10/26/2023

Inspections / Reviews *(continued)*

10/27/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/20/2023

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Staff A CNA certificate expired on [REDACTED] and was not renewed. Staff A does not have a high school diploma or GED on file.

Plan of Correction

Accept [REDACTED] - 10/20/2023)

Staff member A works overnight shift and was unavailable during inspection to provide high school diploma. In the evening, same day of inspection the high school diploma was produced and copied by the facility and placed in the staff members employment file. (ATTACHMENT #1)

Once identified, CNA employment files were audited to ensure compliance. The 2 files audited specifically for CNA's maintained compliance. Furthermore, LPN and RN employment files were audited to ensure no lapse in licensure was noted. The 3 additional employment files audited also maintained compliance.

To ensure the facility continues compliance, the facility initiated a policy that all RN's, LPN's and CNA's will be required to produce a high school diploma for employment files in addition to their respective licenses. (ATTACHMENT #2)

Licensee's Proposed Overall Completion Date: 10/20/2023

Implemented [REDACTED] - 10/27/2023)

65d - Initial Direct Care Training

2. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Staff A CNA certificate expired on [REDACTED] and continued to provide direct care to residents without completing the Department approved Direct Care Course.

Plan of Correction

Accept [REDACTED] - 10/20/2023)

Staff member A was required to complete the Department approved Direct Care Training Course on next scheduled date of work. Staff member A completed it and certificate is provided. (ATTACHMENT #3).

To ensure the facility continues compliance, the facility instituted a policy that all hired CNA's be required to complete the Department approved Direct Care Training Course to ensure that if a lapse in licensure occurs, compliance is still maintained. Since this occurrence could be applicable to any other licensed staff member, LPN's and RN's will also be required to complete the course per facility policy. Policy attached in previous violation marked attachment #2. As for the current staff of LPN's, RN and CNA's expirations of each licensure was documented by the administrative office. Notice was given to each staff member individually that they will be required to complete the Department Approved Training Course prior to the expiration of their current license regardless of renewal

65d Initial Direct Care Training (continued)

intentions.

Licensee's Proposed Overall Completion Date: 10/20/2023

Implemented () - 10/27/2023)

91 - Telephone Numbers**3. Requirements**

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

The telephone numbers required by this regulation were not posted by the phone in the laundry room.

Plan of Correction

Accept () - 10/20/2023)

Upon discovery of the missing sticker, Maintenance department placed a sticker to immediately fix the violation. On Wednesday 9/27, an audit was preformed throughout the entire facility to ensure compliance, no issues noted. (ATTACHMENT #4) Also, on Wednesday 9/27 Maintenance department attached the emergency Telephone Numbers sticker permanently to the wall utilizing a Plexiglas mount. Photo attached. (ATTACHMENT #5). To ensure continued compliance, the monthly maintenance fire extinguisher checks (which is reflected in Attachment #4) were updated to now include checks for the emergency number stickers. Furthermore, the Administrator will be responsible to conduct random unannounced audits.

Licensee's Proposed Overall Completion Date: 10/20/2023

Implemented () - 10/27/2023)

103i - Outdated Food**4. Requirements**

2600.

- 103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

The main freezer in the kitchen had a package of tater tots that were opened and did not include a date of first use.

Plan of Correction

Accept () - 10/20/2023)

At time of inspection, the dietary manager immediately placed a labeled sticker on the tater tots and dated them. On the same date, the dietary manager completed an inspection of the refrigerators and freezers to ensure no other violations were noted. No issues with compliance found. On Wednesday 9/27, all cooks were provided a written statement regarding the occurrence and a copy of the facility policy on labeling and dating of food and food related items as a reminder to the proper procedure. (ATTACHMENT #6). To ensured continued compliance, the cooks check lists was updated to include a daily check of labeling in both refrigerators and freezers at the end of each day. (ATTACHMENT #7) To ensure continued compliance, the dietary manager will also be responsible to preform random audits.

Licensee's Proposed Overall Completion Date: 10/20/2023

Implemented () - 10/27/2023)

185a - Implement Storage Procedures

5. 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 3 has a PRN order for [REDACTED] that was not available at the time of inspection.

Plan of Correction

Accept ([REDACTED] - 10/20/2023)

On the same date as inspection, Resident #3's family was contacted to bring PRN [REDACTED] to the facility. Around 5pm that evening, the medication arrived and was delivered to RCM. Receipt attached (ATTACHMENT #8) On Wednesday 9/27 cart audits were performed by RCM and LPN Supervisor to ensure no other issues presented. Audits attached (ATTACHMENT #9) The facility currently offered the option for residents to purchase frequently utilized personal care products. To address the violation, the facility is updating that list to include common OTC medications that will be able to be immediately supplied to the nursing department if any missing or out of supply medications present and family/pharmacy is unable to supply timely. The families were notified via email of this update. Cart audits (formally done bi-weekly) will be completed weekly for a period of 4 weeks then if approved by PCHA upon continued review will return to bi-weekly basis. To ensure continued compliance, the PCHA will conduct random audits of PRN medications within both medication carts.

Licensee's Proposed Overall Completion Date: 10/20/2023

Implemented ([REDACTED] - 10/27/2023)

187a - Medication Record

6. Requirements

2600.

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

Description of Violation

Resident #2 MAR states that Resident takes 20 mg tablet by mouth every other day. However, the pharmacy label stated take 40 mg tab every other day.

Plan of Correction

Accept ([REDACTED] - 10/20/2023)

Resident #2's [REDACTED] was reordered through facility pharmacy to supply the facility with two different cards reflecting the 20mg and 40mg order. Copy attached. (ATTACHMENT #10) On Wednesday 9/27 cart audits were performed by RCM and LPN Supervisor to ensure no other issues presented. Attachment provided in previous violation. To ensure continued compliance, med cart audits will be performed weekly as described in previous violation and were updated to include a line item addressing this specific violation. (ATTACHMENT #11) Furthermore, PCHA will conduct random med cart audits to ensure continued compliance.

Licensee's Proposed Overall Completion Date: 10/20/2023

Implemented ([REDACTED] - 10/27/2023)

187d - Follow Prescriber's Orders

7. Requirements

2600.

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

187d Follow Prescriber's Orders (continued)

Description of Violation

Resident #4 has an order accuchecks for [REDACTED]. On [REDACTED] The [REDACTED] reading was taken at 6:00pm. Resident #6 is prescribed [REDACTED] daily, [REDACTED] twice daily, [REDACTED] 3 times daily. Resident did not get this medication on [REDACTED] due to not being on hand.

Plan of Correction

Accept ([REDACTED] - 10/20/2023)

In regards to Resident #4 the staff member that documented the 4pm reading at 6pm was given an administrative communication regarding the incident. (Attachment #12) All med techs were given an in service reminding them of the time frames for medication administration and the use of a PRN Accucheck if a resident is unavailable for their normally scheduled time. (Attachment #13) During cart reviews on Wednesday 9/27 RCM completed an audit of glucometers and correlating documentation for the 2 week period prior to the inspection date. (SEE ATTACHMENT #9) Glucometer audits conducted by the RCM on a weekly basis have now been updated to include a line item which checks the time on the glucometer reading to the physician order to ensure compliance. (ATTACHMENT #14) During random med cart audits, the PCHA will also check Accucheck machines for continued compliance.

Resident #6's medication had initially been reordered on 9/22/23 and not delivered to the facility. RCM placed a second call to see status of medication on 9/25/2023 and the automated system confirmed the reorder was placed. On 9/26/2023, RCM once again contacted pharmacy and requested to speak with the pharmacist and at that time it was noted that the resident had no refills left on the medications listed and pharmacy was awaiting the doctor to update the prescriptions. The RCM contacted the PCP on 9/26/2023 to obtain updated prescriptions for renewal. On Wednesday 9/27/2023 the medications were delivered to the facility to bring us back into compliance. Delivery receipt attached (ATTACHMENT #15) The cart audits conducted in relation to previous violations also addressed this violation to ensure no other issues presented. Furthermore, all med techs were in serviced on the re ordering of medications policy to ensure that medications are ordered in a timely fashion. (ATTACHMENT #16) To ensure continued compliance, the med cart audit form was updated with a line item addressing checking both bottles and blister packs for reordering status per facility policy. (Attachment #17) Lastly, the PCHA will conduct random audits as described in the previous violations to ensure continued compliance.

Licensee's Proposed Overall Completion Date: 10/20/2023

Implemented ([REDACTED] - 10/27/2023)