

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

June 10, 2024

[REDACTED], MANAGING DIRECTOR  
HIDDEN MEADOWS OPCO LLC

RE: HIDDEN MEADOWS ON THE RIDGE  
THE LAURELS  
340 FARMERS LANE  
SELLERSVILLE, PA, 18960  
LICENSE/COC#: 14524

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/04/2024, 04/05/2024 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: *HIDDEN MEADOWS ON THE RIDGE THE LAURELS* License #: *14524* License Expiration: *07/20/2024*  
 Address: *340 FARMERS LANE, SELLERSVILLE, PA 18960*  
 County: *BUCKS* Region: *SOUTHEAST*

**Administrator**

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

**Legal Entity**

Name: *HIDDEN MEADOWS OPCO LLC*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-2* Date: *03/05/2014* Issued By: *West Rockhill Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *78* Waking Staff: *59*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *04/05/2024*

**Inspection Dates and Department Representative**

04/04/2024 - On-Site: [REDACTED]  
 04/05/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *50* Residents Served: *39*

**Secured Dementia Care Unit**  
 In Home: *Yes* Area: *entire home* Capacity: *50* Residents Served: *39*

**Hospice**  
 Current Residents: *1*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *39*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *39* Have Physical Disability: *0*

**Inspections / Reviews**

04/04/2024 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/28/2024*

04/29/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *06/06/2024*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/04/2024*

Inspections / Reviews *(continued)*

05/02/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 06/06/2024

Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 06/03/2024

06/10/2024 - Document Submission

Submitted By: [REDACTED] Date Submitted: 06/06/2024

Reviewer: [REDACTED] Follow-Up Type: Not Required

82c - Locking Poisonous Materials

1. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

The cabinet under the bathroom sink for resident room #C5 was unlocked and was observed with personal hygiene items, including Colgate toothpaste with a manufacture's label indicating "If more than used for brushing is accidentally swallowed, get medical help or contact a Poison Control Center right away". Not all the residents of the home have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept (█ - 05/02/2024)

Unfortunately the lock on the cabinet was broken during time of inspection, however it was fixed prior to the completion of the inspection. To ensure this does not reoccur, Memory Care Safety audits starting 4/26/24 (see attached) will be conducted on a weekly basis continuous until there are no deficiencies noted for 4 weeks in a row. After that occurs, it will be reduced to monthly indefinitely. This task will be the responsibility of the Memory Care Director and reviewed at quality management meetings. Next quality management meeting is scheduled on 5/3/2024 see attached agenda

Proposed Overall Completion Date: 04/29/2024

Licensee's Proposed Overall Completion Date: 04/29/2024

Implemented (█ - 06/10/2024)

107c - Food/Water 3 Day Supply

2. Requirements

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

On 04/05/2024, the home served 39 residents, requiring 117 gallons of emergency drinking water. However, the home had only 84 gallons. The home does not have a contract with a local bottled water supplier.

Plan of Correction

Accept (█ - 05/02/2024)

Water was ordered and delivered prior to the completion of the inspection to ensure there is enough emergency water for each resident residing in the home. To ensure this does not reoccur, Memory Care Safety audits starting 4/26/24(see attached) will be conducted on a weekly basis continuous until there are no deficiencies noted for 4 weeks in a row. After that occurs, it will be reduced to monthly indefinitely. This task will be the responsibility of the Memory Care Director and reviewed at quality management meetings. Next quality management meeting is scheduled on 5/3/2024 see attached agenda

Proposed Overall Completion Date: 04/29/2024

Licensee's Proposed Overall Completion Date: 04/29/2024

Implemented (█ - 06/10/2024)

127b - Non-Portable Space Heaters

3. Requirements

127b - Non-Portable Space Heaters (continued)

2600.

127.b. Nonportable space heaters must be well vented and installed with permanent connections and protectors.

Description of Violation

On 04/04/2024 around 09:40 AM, the metal frame of the space heater right inside the home's secured dementia care unit was hot to touch. The manufacture's manual states "A physical barrier is recommended if there are at risk individuals in the house. To restrict access to a fireplace or stove, install an adjustable safety gate to keep toddlers, young children and other at risk individuals out of the room and away from hot surfaces." No physical barrier was present.

Plan of Correction

Accept ( ) - 05/02/2024)

During the time of the inspection, there was a screen over the glass front to prevent anyone from touching that, however the metal casing around the edges were not covered and warm to touch. The switch to turn on the fireplace was deactivated until a larger screen could be secured. A new screen has been secured in front (see attached picture) To ensure this stays in place and is monitored, Memory Care Safety audits starting on 4/26/24(see attached) will be conducted on a weekly basis continuous until there are no deficiencies noted for 4 weeks in a row. After that occurs, it will be reduced to monthly indefinitely. This task will be the responsibility of the Memory Care Director and reviewed at quality management meetings. Next quality management meeting is scheduled on 5/3/2024 see attached agenda

Proposed Overall Completion Date: 04/29/2024

Licensee's Proposed Overall Completion Date: 04/29/2024

Implemented ( ) - 06/10/2024)

141a 1-10 Medical Evaluation Information

4. 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] did not include (8) Body positioning/Movement. This part of the form was blank.

Plan of Correction

Accept ( ) - 05/02/2024)

The part of the DME left blank was completed that day. This Administrator conducted training on DME/RASP/Pre-Admission Screening for staff in charge of completing them was completed 4/26/24 (see attached training and sign off)

141a 1-10 Medical Evaluation Information (continued)

To monitor compliance, monthly file audits starting 5/1/24 will be completed by this Administrator and reviewed by leadership during quality management meetings (see attached audit form and QMP agenda for 5/3/24)

Proposed Overall Completion Date: 05/01/2024

Licensee's Proposed Overall Completion Date: 05/01/2024

Implemented (████) - 06/10/2024)

141b1 - Annual Medical Evaluation

5. Requirements

2600.

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

Description of Violation

Resident #2's most recent medical evaluation was completed on ██████████

Plan of Correction

Accept (████) - 05/02/2024)

Residents DME was completed (see attached). This administrator conducted training on DME/RASP/Pre-Admission Screening for staff in charge of completing them was completed 4/26/24 (see attached training and sign off) To monitor compliance, monthly file audits starting 5/1/24 will be completed by this administrator and reviewed by leadership during quality management meetings (see attached audit form and QMP agenda), next scheduled meeting is 5/3/24

Proposed Overall Completion Date: 05/01/2024

Licensee's Proposed Overall Completion Date: 05/01/2024

Implemented (████) - 06/10/2024)

182b - Prescription Medication

6. Requirements

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- 4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

Resident #3 is prescribed Trulicity 0.5 ml by injection subcutaneously every Tuesday. On 03/05, 12, 19, and 3/26/2024, this medication was administered by medication technicians not qualified to administer this medication.

Plan of Correction

Accept (████) - 05/02/2024)

The med techs who administered this diabetes medication are currently certified by a Diabetic Educator to administer subcutaneous insulins and were unaware of the requirement for a waiver to administer GLP-1 medications. At this time, the medication order was changed to read "only licensed nurses to administer" see attached MAR. Further education on this topic is schedule on 5/7/24 during a Laurels nursing/med tech meeting (see attached agenda) which will be conducted by this administrator and the Director of Health and Wellness. compliance will be monitored through monthly MAR audits starting 4/29/24, see attached and be conducted by

182b - Prescription Medication (continued)

the Director of Health and Wellness. Audits will be reviewed at Quality Management meetings, next meeting scheduled 5/3/2024 see attached

Proposed Overall Completion Date: 04/29/2024

Licensee's Proposed Overall Completion Date: 04/29/2024

Implemented (████) - 06/10/2024

182c - Medication Administration

7. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

- 7. Complete documentation in accordance with § 2600.187 (relating to medication records).

Description of Violation

On 04/04/2024 at 02:00 PM, staff A administered resident #4's after-lunch medications. Staff A was observed documenting the resident's medication administration record (MAR) as administered before the resident ingested the pills.

Repeat Violation: 03/15/2023

Plan of Correction

Accept (████) - 05/02/2024

At time of inspection, this med tech was re-educated of the 5 steps of the administration process.

On 4/25/24 this administrator completed █████ Medication Administration Train the Trainer course (see attached) and additional medication administration observation completed with this med tech 4/27/24 (See Attached)

Nursing meeting scheduled for 5/7/24 to review steps of administration (see attached) which will be conducted by this administrator and the Director of Health and Wellness

Compliance will be monitored through bi-annual med observations by a Med Trainer and monthly cart/MAR audits by the Director of Health and Wellness, to begin 4/29/24

Audits and training schedules will be reviewed at quality management meeting, next meeting scheduled 5/3/24

Licensee's Proposed Overall Completion Date: 04/29/2024

Implemented (████) - 06/10/2024

183e - Storing Medications

8. 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 04/05/2024, Timolol Mal 0.25 % Op prescribed for resident #4 which was opened on 03/01/2024 was still in the medication cart. According to the manufacturer's instructions, the eye drop should be discarded 28 days after opening.

The blister pack of Alprazolam 0.25 mg prescribed for resident #5 was broken at the back on slot 1.

Repeat Violation: 03/15/2023

183e - Storing Medications (continued)

Plan of Correction

Accept (████ - 05/02/2024)

At time of inspection, the medication was discarded and re-ordered. Nursing meeting is scheduled 5/7/24 to re-educate staff of proper storing and disposal of medications, see attached agenda. This will be conducted by this administrator and the Director of Health and Wellness

Compliance of this regulation will be monitored through monthly MAR audits to start on 4/29/24 by the Director of Health and Wellness and will be maintained by Executive Director.

Audits will be reviewed during quality management meetings, next meeting scheduled 5/3/24, see attached agenda

Licensee's Proposed Overall Completion Date: 04/29/2024

Implemented (████ - 06/10/2024)

185a - Implement Storage Procedures

9. 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 #5 is prescribed blood sugar level check four times a day before breakfast, lunch, dinner and at bedtime. The resident has been out of the facility since the evening of ██████████. However, the resident's April MAR read 190 as the resident's ██████████ bedtime blood sugar level which was not on the resident's glucometer. The resident's ██████████ dinner time blood sugar level was 204 while the resident's MAR read 199.

Repeat Violation: 03/15/2023

Plan of Correction

Accept (████ - 05/02/2024)

During the inspection it was discovered that the med tech did not document the resident's LOA properly on the MAR. MAR review for this med tech was conducted by med trainer on 4/26/24

On 5/7/24 there is a med tech/nursing meeting scheduled and will be conducted by this Administrator and the Director of Health and Wellness to review proper LOA documentation and storage of glucometers see attached agenda

Compliance will be monitored through monthly MAR audits by the Director of Health and Wellness, starting 4/29/24 All audits will be reviewed during quality management meetings, next meeting scheduled is 5/3/24 see attached agenda

Proposed Overall Completion Date: 04/29/2024

Licensee's Proposed Overall Completion Date: 04/29/2024

Implemented (████ - 06/10/2024)

187b - Date/Time of Medication Admin.

10. 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 #6 is prescribed Lorazepam 0.5 mg every 8 hours as needed. The resident's March MAR does not include the

187b - Date/Time of Medication Admin. (continued)

initials of the staff person who administered it on 03/03/2024 at 05:00 PM, 03/27/3034 at 10:00 AM, and 03/30/2024 at 08:00 AM.

Repeat Violation: 03/15/2023

Plan of Correction

Accept (█) - 05/02/2024

During the inspection, it was noted the staff persons did administer and document administration on the narcotics log, however, did not initial it on the MAR.

Nursing/Med Techs will be re-educated of proper documentation by this Administrator and the Director of Health and Wellness during a team meeting scheduled 5/7/24

Compliance will be monitored through monthly MAR audits by the Director of health and Wellness beginning 4/29/24

Audits will be reviewed at quality management meetings, next meeting is 5/3/24

Proposed Overall Completion Date: 04/29/2024

Licensee's Proposed Overall Completion Date: 04/29/2024

Implemented (█) - 06/10/2024

187d - Follow Prescriber's Orders

11. Requirements

2600.  
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #3 was not administrated the prescribed medications on 03/28/2024: Lorazepam 0.5 mg at 12:00 PM, Metoprol 25 mg at 08:00 PM, Quetiapine 50 mg at 04:00 PM and 08:00 PM, Divalproex 125 mg at 05:00 PM, Docusate 50 mg.

Resident #5 is prescribed Novolog insulin by injection based on a sliding scale. On 04/03/2024, the resident's dinner time blood sugar level was 204 requiring 2 units of insulin. However, the number was recorded on the Medication Administration Record (MAR) as 199 and no insulin was administered. The same resident is prescribed Glucagon 1MG as needed when blood sugar level is less than 50. On 04/02/2024 at 07:52 PM, the resident was injected this medication when the resident's blood sugar level on the resident's April MAR read 51.

Repeat Violation: 03/15/2023

Plan of Correction

Accept (█) - 05/02/2024

On 4/25/24 this administrator obtained █ medication administration train the trainers certification so as to better train and monitor staff of medication administration.

Beginning 4/27/24 all med techs in laurels will have an observed medication administration completed by this med trainer.

There will be a nursing meeting on 5/7/24 by this administrator and the Director of health and Wellness to review proper documentation and administration of these medications, see attached agenda.

To monitor compliance, monthly MAR starting 4/29/24 audits will be conducted by the Director of Health and

187d - Follow Prescriber's Orders (continued)

Wellness and maintained by the Executive Director.

All audits will be reviewed during the quality management meetings, next meeting 5/3/24

Proposed Overall Completion Date: 04/29/2024

Licensee's Proposed Overall Completion Date: 04/29/2024

Implemented (████) - 06/10/2024)

225c - Additional Assessment

12. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.

Description of Violation

Resident #2's most recent assessment was completed on ██████████

Plan of Correction

Accept (████) - 05/02/2024)

Residents RASP was completed (see attached). Training was conducted by this administrator on DME/RASP/Pre-Admission Screening for staff in charge of completing them was completed 4/26/24 (see attached training and sign off)

To monitor compliance, monthly file audits will be completed by this administrator starting on 5/1/24 and reviewed by leadership during quality management meetings (see attached audit form and QMP agenda), next scheduled meeting is 5/3/24

Proposed Overall Completion Date: 04/29/2024

Licensee's Proposed Overall Completion Date: 04/29/2024

Implemented (████) - 06/10/2024)

231f - Assessed Annually

13. Requirements

2600.

231.f. In addition to the requirements in § 2600.225 (relating to initial and annual assessment), the resident shall also be assessed annually for the continuing need for the secured dementia care unit.

Description of Violation

Resident #2 was assessed for the need for Secured Dementia Care Unit (SDCU) on ██████████ and was not assessed again.

Plan of Correction

Accept (████) - 05/02/2024)

Residents RASP was completed (see attached). Training was conducted by this administrator on DME/RASP/Pre-Admission Screening for staff in charge of completing them was completed 4/26/24 (see attached training and sign off)

To monitor compliance, monthly file audits will be completed by this administrator starting 5/1/24 and reviewed by leadership during quality management meetings (see attached audit form and QMP agenda), next scheduled meeting is 5/3/24

Proposed Overall Completion Date: 05/01/2024

231f - Assessed Annually (continued)

Licensee's Proposed Overall Completion Date: 05/01/2024

Implemented ( ) - 06/10/2024

233c - Key-Locking Devices

14. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the home's locking mechanism are not conspicuously posted near the gate to the outside from the enclosed court yard of SDCU.

Plan of Correction

Accept ( ) - 05/02/2024

At time of inspection, code was posted, see attached photo

To monitor compliance Memory Care Safety audits starting 4/26/24(see attached) will be conducted on a weekly basis continuous until there are no deficiencies noted for 4 weeks in a row. After that occurs, it will be reduced to monthly indefinitely. This task will be the responsibility of the Memory Care Director and reviewed at quality management meetings. Next quality management meeting is scheduled on 5/3/2024 see attached agenda

Proposed Overall Completion Date: 04/29/2024

Licensee's Proposed Overall Completion Date: 04/29/2024

Implemented ( ) - 06/10/2024

234d - Support Plan Revision

15. Requirements

2600.

234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

A support plan for resident #1 was completed on [redacted]. The resident had a fall on [redacted] suffering a [redacted]. The resident had a status change medical evaluation completed on [redacted]. However, the resident's support plan was not updated.

Plan of Correction

Accept ( ) - 05/02/2024

Since the inspection, residents RASP was updated. Training by this administrator was conducted on DME/RASP/Pre-Admission Screening for staff in charge of completing them was completed 4/26/24 (see attached training and sign off)

To monitor compliance, monthly file audits will be completed by this administrator starting 5/1/24 and reviewed by leadership during quality management meetings (see attached audit form and QMP agenda), next scheduled meeting is 5/3/24

Proposed Overall Completion Date: 04/29/2024

Licensee's Proposed Overall Completion Date: 04/29/2024

234d - Support Plan Revision (*continued*)

*Implemented (█ - 06/10/2024)*

251b - Record Entries Legible

**16. 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 #5's Lorazepam 0.5 mg sign-out sheet was written over on the 1st four rows on the right hand side of the page, making the dates illegible.*

**Plan of Correction**

*Accept (█ - 05/02/2024)*

*To prevent re-occurrence of this regulation, a mandatory nursing/med tech meeting conducted by this administrator and the Director of Health and Wellness is scheduled 5/7/24 to review/re-train staff on proper documentation in narcotics logs*

*Compliance will be monitored through monthly MAR audits by the Director of Health and Wellness beginning 4/29/24*

*Audits will be reviewed at quality management meetings, next meeting is 5/3/24*

*Proposed Overall Completion Date: 04/29/2024*

**Licensee's Proposed Overall Completion Date: 04/29/2024**

*Implemented (█ - 06/10/2024)*