

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

August 13, 2024

[REDACTED], ADMINISTRATOR/CO OWNER
MONARCH MEADOW LLC
490 COOLSPRING STREET
UNIONTOWN, PA, 15401

RE: MONARCH MEADOW
490 COOLSPRING STREET
UNIONTOWN, PA, 15401
LICENSE/COC#: 44944

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/28/2024 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: MONARCH MEADOW License #: 44944 License Expiration: 08/18/2024
 Address: 490 COOLSPRING STREET, UNIONTOWN, PA 15401
 County: FAYETTE Region: WESTERN

Administrator

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

Legal Entity

Name: MONARCH MEADOW LLC
 Address: 490 COOLSPRING STREET, UNIONTOWN, PA, 15401
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 11/20/1997 Issued By: Labor and Industry
 Type: Other Date: 11/30/2020 Issued By: North Union Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 41 Waking Staff: 31

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 06/28/2024

Inspection Dates and Department Representative

06/28/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 49 Residents Served: 36
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 14
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 36
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 5 Have Physical Disability: 0

Inspections / Reviews

06/28/2024 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/31/2024
 08/01/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 08/13/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/07/2024

Inspections / Reviews *(continued)*

08/07/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/13/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 08/13/2024

08/13/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/13/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

127a - Portable Space Heaters

2. Requirements

2600.
127.a. Portable space heaters are prohibited.

Description of Violation

At 10:00 AM, a portable space heater was present and in-use on a dresser in bedroom #7.

Plan of Correction

Accept ([redacted]) - 08/07/2024)

On 6/28/2024 at 10am, inspector [redacted] noticed that a portable space heater was present in the bedroom [redacted] made me ([redacted] , Administrator) aware of the situation at approximately 10:05am and I immediately removed the space heater from room [redacted] I spoke with resident and resident's family, and was told that the resident's family had just brought the space heater in to room [redacted] on 6/28/2024 at approximately 9am, because resident called family and requested a space heater. I informed family that space heaters are prohibited in Personal Care Homes according to regulation 2600.127.a. On 6-29-2024, my office manager and myself ([redacted] Administrator) at approximately 10am rounded the facility to ensure that no other rooms had any space heaters present. The facility has sent notification to all resident's and their families on 7-24-2024 attached with their invoices for the month, stating the regulation and the importance of staying compliant with this particular regulation. In addition to these steps all staff were educated on regulation 2600.127.a. on 7-1-2024 and directed to immediately remove space heaters if found and also to notify their supervisor or Administrator immediately. On 8-1-2024 at 2:15pm the first weekly space heater check occurred at the facility, this will occur weekly moving forward. A supervisor, Office manager, or Administrator will walk around facility every week to make sure no space heaters are present in the facility. There has been a form created that will be completed weekly by staff rounding facility. The form was created and implemented on 8-1-2024, this form will state if any space heaters were found and removed and initialed by the rounding staff. The form will be kept on clipboard in Administrators office. Record of the staff training, copy of the resident and resident family notification, and a copy of the new space heater weekly rounding form, will be provided in the next step of the POC.

Proposed Overall Completion Date: 07/26/2024

Licensee's Proposed Overall Completion Date: 08/06/2024

Implemented ([redacted]) - 08/13/2024)

183d - Prescription Current

3. Requirements

2600.
183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On [redacted] , resident #1's [redacted] were discontinued; however, were still present in the home's medication cart at the time of inspection.

Plan of Correction

Accept ([redacted]) - 08/07/2024)

On [redacted] Lead Inspector [redacted] performed a med audit in which there was [redacted] tablets still present in the medication cart for resident #1, who is a current OSPTA Hospice patient and a resident of Monarch Meadow, LLC. The Lead Inspector informed me ([redacted] Administrator) of this, as soon as I aware

183d Prescription Current (continued)

of this, I immediately removed the medication and sent it back to the pharmacy. On 6/29/2024 at 8:00am, my Office Manager and myself did an audit of the med cart for all residents to ensure all discontinued medications were removed and no longer in cart. On 6/30/2024, all qualified staff persons at facility were educated by the Administrator ([REDACTED]) on the home's new medication change form, as well as the home's procedures for removing medications from the home immediately upon the receipt of a new order form from the prescriber to ensure compliance with the regulation #2600.183.d. This education was completed on 6/30/2024, and a copy of the education will be downloaded into all qualified staff persons' employee file who attended and completed the education in question. The facility notified OSPTA Hospice on 6/30/24 and reviewed the process of adding new medications and discontinuing medications to ensure that both parties were aware of the importance of making sure the medications on MAR are in cart and that all discontinued orders are communicated and reflect in med cart accordingly. On 7/1/24, the facility implemented a new Medication Change Form that will be filled out by facility staff of Monarch Meadow, LLC who round with facility medical provider, Hospice agency nurse, and Home health nurse. This form will list the medications that have been discontinued or Added and will be given to Office Manager, Administrator, or facility supervisor; they will then ensure that the medication is removed from the med room, or ordered. This form will be downloaded into the residents' medical records and will be attached to the order to discontinue the medication or add medication in question. This form will be signed and dated by staff or agency representative completing form and will also be signed by facility representative receiving form. On 8/1/2024 the first Random Medication Sample Audit was completed by the Administrator and Office Manager of the facility. This Random Medication Sample Audit will be completed monthly moving forward at the facility. The audit will be completed by two of the following: the Administrator, Office Manager, Supervisor, Med Tech, or facility RN. The audit will be done monthly; it will include 4 random residents at the facility (the residents will change every month). The two staff members will go over all medications on the 4 random residents' MAR to ensure all medications on MAR are present in cart, all discontinued medications are taken out, and that all 4 residents' medications are in accordance with regulation 2600.183d. A form was created on 8/1/2024, to document the monthly audit; it will contain the names of the staff completing the audit, the names of the 4 residents chosen, and any issue found during the monthly audit. The monthly Random Medication Sample Audit form will be kept in the administrator's office on clipboard. A copy of the staff training from 6/30/2024, the newly implemented Medication Change form from 7/1/2024, and the new monthly Random Medication Sample Audit form from 8/1/2024, will be provided in the next step of the POC.

Proposed Overall Completion Date: 07/29/2024

Licensee's Proposed Overall Completion Date: 08/06/2024

Implemented ([REDACTED]) - 08/13/2024

187a - Medication Record**4. Requirements**

2600.

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

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.

187a Medication Record (continued)

6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #1 is prescribed [REDACTED] cream with perineal applicator Insert into the rectum twice daily; however, this medication is not present on resident #1's June 2024 medication administration record (MAR).

Resident #2 is prescribed blood sugar checks twice a day at [REDACTED]. However, resident #2's June 2024 MAR does not include the initials of the staff persons who tested resident #2's blood sugars on the following dates and times:

- [REDACTED]
- [REDACTED]

Plan of Correction

Accept [REDACTED] - 08/07/2024)

On 6/28/2024 Lead Inspector [REDACTED] performed a med audit and found that resident #1s prescribed [REDACTED] with perineal applicator insert into the rectum twice daily was not present on resident #1s MAR. On 6/28/2024, at approximately 1:00 pm the pharmacy was notified of this issue and pharmacy staff immediately added the medication to resident #1s MAR. On 6/28/2024 at approximately 1pm I spoke with a pharmacy representative regarding initials not being posted on EMAR and reflecting this on the residents MAR. I asked if this could be a problem with the EMAR program? I was told that sometimes this can occur when the program has not updated properly, I was instructed to power down the laptop nightly to ensure program updates fully. Facility has incorporated powering laptop down nightly to ensure EMAR program updates properly. On 6/29/2024 at approximately 8am my Office Manager and myself ([REDACTED]) did a full medication audit, to ensure both MAR and medication cart were correct. On 6/30/2024, the Administrator ([REDACTED]) educated all staff persons qualified to administer medications at facility on the facilities new medication change form, a copy of the education will be downloaded into all qualified staff persons employee file. All qualified staff persons to administer medications at the facility were also educated on the importance of regulation 2600.187 a, making sure all medications are up to date on MAR and med cart. and making sure they complete the med pass properly on EMAR. It was explained that if the process is not completed on EMAR during the med pass, that their initials will not attach to the med pass, therefore making it look like the medication was never administered, a copy of the education was downloaded into all qualified staff members employee file. On 7/1/2024 the facility implemented a new Medication Change form that will be available and will be completed by the staff who rounds with medical provider, the hospice RN, or the home health RN. This will note all medication changes and will be downloaded with the order from DR for the change into the residents medical record. This will then be confirmed by the receiving staff member that the medication was ordered and was added to MAR. On 8/1/2024 the first random sample medication audit was completed by the Administrator and the Office Manager of the facility. This Random Medication Sample Audit will

187a - Medication Record (continued)

be completed monthly by two of the following staff members at the facility: the Administrator ([REDACTED]), the Office Manager, Supervisor, Med Tech, or facility RN. The audit will include 4 random residents every month. The two qualified staff members will go over all medications on resident's MAR to ensure all medications on MAR are present in cart, all discontinued medications are taken out, and that all 4 residents medications on MAR and in cart are in accordance with regulation 2600.187.a. On 8-1-2024, a new form to document the new Random Medication Sample Audit was created and implemented, it contains the names of the qualified staff members completing the Random Medication Sample Audit, the names of the 4 random resident's chosen, and any issue found during the audit. The Random Medication Sample Audit form, will be completed monthly with the audit and will be kept in the Administrators office on clipboard. A copy of the new Monarch Meadow, LLC Medication Change Form, a copy of the two staff training (education), and a copy of the Random Medication Sample Audit form, will be provided in the next step of the POC.

Licensee's Proposed Overall Completion Date: 08/06/2024

Implemented [REDACTED] - 08/13/2024)