

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

October 22, 2024

[REDACTED]
SHANNONDELL INC
[REDACTED]

RE: THE MEADOWS AT SHANNONDELL
6000 SHANNONDELL DRIVE
AUDUBON, PA, 19403
LICENSE/COC#: 12837

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/12/2024, 08/13/2024 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: THE MEADOWS AT SHANNONDELL License #: 12837 License Expiration: 03/31/2025
 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: 1 2 Date: 11/28/2005 Issued By: CWOPA

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 204 Waking Staff: 153

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Monitoring Exit Conference Date: 08/13/2024

Inspection Dates and Department Representative

08/12/2024 On Site [REDACTED]
 08/13/2024 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 184 Residents Served: 149

Secured Dementia Care Unit
 In Home: Yes Area: Avondale & Chatham C Capacity: 34 Residents Served: 31

Hospice
 Current Residents: 13

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 148
 Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 55 Have Physical Disability: 0

Inspections / Reviews

08/12/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/05/2024

09/09/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 10/21/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/13/2024

Inspections / Reviews *(continued)*

09/09/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/21/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/09/2024

10/22/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/21/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

183e - Storing Medications

1. 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 [REDACTED] at 1:16pm there were 3 loose white half pills in the Chatham A/B wing medication cart in the 3rd drawer.

On [REDACTED] at 2:52pm there was 1 loose partial pill, and 1 loose round yellow tablet in the first floor Inn Side medication cart in the 3rd drawer.

A box of [REDACTED] with a green label that read "discard after 8/11/2024" for resident 1 was in the Inn 4th floor B wing medication cart on 8/12/24.

Resident [REDACTED] blister pack of [REDACTED] had the foil for pill 6 punctured but the medication was still in the blister spot.

Resident [REDACTED] blister pack of [REDACTED] had the foil for pill 10 punctured but the medication was still in the blister spot.

Resident [REDACTED] has two blister packs of [REDACTED]. On the first blister pack the foil for pill 12 is punctured but the medication was still in the blister spot. On the second blister pack the foil for pill 6 is punctured but the medication is still in the blister spot.

Plan of Correction

Accept ([REDACTED] - 09/09/2024)

Medication carts should not have loose pills in them at any time. The loose pills were removed from the cart during the inspection and discarded according to policy.

Blister pack foil should not be punctured, if it is punctured, the medication will be discarded according to policy.

[REDACTED] was removed from the med cart [REDACTED] at the time of inspection and was destroyed.

Licensed nursing staff will receive in-servicing by the ADON or Designee on medication storage and will be completed by 9/6/2024.

The ADON or Designee will complete med cart audits on a weekly basis to ensure compliance. These audits will begin on 9/9/2024 and continue until 10/31/2024 at which time the QA committee will determine if they should continue or end based on results.

While we submit this Plan of Correction under procedures established by the Department of Human Service, this Plan of Correction in no way constitutes an admission regarding the alleged findings, deficiencies or violations. The

183e - Storing Medications (continued)

Plan of Correction is filed in compliance with applicable law and demonstrates the community's continuing commitment to quality care.

Licensee's Proposed Overall Completion Date: 10/31/2024

Implemented [redacted] - 10/22/2024)

185a Implement Storage Procedures

2. 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

On [redacted] at 7:30am resident [redacted] s [redacted] reading was [redacted] however it was documented as [redacted] on the [redacted] record. At 4:30pm resident [redacted] s [redacted] reading was [redacted] however it was documented as [redacted] on the [redacted] record.

On [redacted] resident [redacted] s [redacted] reading on the medication administration record was [redacted], however this reading was not found in the residents glucometer.

On [redacted] resident [redacted] tablet take 2 every 8 hours as needed was not available in the home.

On [redacted] resident [redacted] oral powder packets, take once daily as needed, was not available in home.

Plan of Correction

Accept [redacted] 09/09/2024)

Resident [redacted] documentation should always be accurate and reflect what the data from the meter shows and be accurately transcribed to the MAR.

Resident [redacted] was available and in the medication cart on inspection date of [redacted] see attached photo.

Resident [redacted] is a PRN as needed medication. This medication was ordered and arrived prior to the resident requiring them to be administered.

Licensed nursing staff will receive in-servicing by the ADON or Designee starting on proper storage procedures, transcribing the correct glucometer reading and ensuring medications are available to be completed by 9/6/2024.

The ADON or Designee will complete weekly audits to ensure proper storage procedures, transcribing the correct glucometer reading and ensuring medications are available in the home. These audits will begin on 9/9/2024 and continue until 10/31/2024 at which time the QA committee will determine if they should continue or end based on results.

185a - Implement Storage Procedures (continued)

While we submit this Plan of Correction under procedures established by the Department of Human Service, this Plan of Correction in no way constitutes an admission regarding the alleged findings, deficiencies or violations. The Plan of Correction is filed in compliance with applicable law and demonstrates the community's continuing commitment to quality care.

Licensee's Proposed Overall Completion Date: 10/31/2024

Implemented [REDACTED] - 10/22/2024)

187d Follow Prescriber's Orders**3. Requirements**

2600.

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

Description of Violation

Resident [REDACTED] is prescribed to have [REDACTED] checks 3 times a day, scheduled for 7:30a, 11:30a, 4:30p. . On [REDACTED] at 11:30am and 4:30pm these glucose checks were not done because the [REDACTED] was not available in the home.

Plan of Correction

Accept [REDACTED] - 09/09/2024)

Resident [REDACTED] will have their [REDACTED] checks in accordance with physician orders. ADON or Designee will ensure each resident requiring glucometer will always have their personal glucometer for use per physician orders.

Licensed nursing staff will receive in-servicing by the ADON or Designee on following prescribers orders completed by 9/6/2024.

The ADON or Designee will complete weekly audits to ensure prescribers orders are being followed correctly. These audits will begin on 9/9/2024 and continue until 10/31/2024 at which time the QA committee will determine if they should continue or end based on results.

While we submit this Plan of Correction under procedures established by the Department of Human Service, this Plan of Correction in no way constitutes an admission regarding the alleged findings, deficiencies or violations. The Plan of Correction is filed in compliance with applicable law and demonstrates the community's continuing commitment to quality care.

Licensee's Proposed Overall Completion Date: 10/31/2024

Implemented [REDACTED] - 10/22/2024)