

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

September 26, 2024

[REDACTED], ADMINISTRATOR
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 08/13/2024 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, A PERSONAL CARE COMMUNITY* License #: 22596 License Expiration: 06/25/2025
 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: 42 Waking Staff: 32

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 08/13/2024

Inspection Dates and Department Representative

08/13/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 64 Residents Served: 42

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: 42
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

08/13/2024 - Full

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

09/18/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 09/26/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/23/2024

Inspections / Reviews (*continued*)

09/26/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/26/2024

Reviewer: [REDACTED]

Follow-Up Type: *Bypass Document
Submission*

09/26/2024 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/26/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

52 - Hiring Staff

1. Requirements

2600.

52. Staff Hiring, Retention and Utilization - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

Description of Violation

Dietary staff person A, date of hire [REDACTED], did not have criminal background check completed until [REDACTED]

Plan of Correction

Accept ([REDACTED] - 09/26/2024)

Administrator, [REDACTED], as of August 14, 2024, obtained the proper paperwork for new employees from the supervisor in each department within the first 72 hours of starting them in orientation. The criminal background check is now added to the New Employee Checklist. Administrator, [REDACTED] will continue ongoing monitoring of the compliance to ensure this is completed in the allotted amount of time.

Licensee's Proposed Overall Completion Date: 09/21/2024

Implemented ([REDACTED] - 09/26/2024)

103c - Food Protected

2. Requirements

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

In a large box of individually packaged rice crispies, a package became unsealed, and rice crispies were open, scattered in the bottom of the box.

Plan of Correction

Accept ([REDACTED] - 09/26/2024)

[REDACTED] Dietary Manager, has updated [REDACTED] procedure upon receiving new shipments of products. This has been implemented on August 14, 2024. The kitchen employee will inspect each food item to look for seals and dents upon receiving shipments. This will be documented on the new checklist for checking in orders. Dietary Manager, [REDACTED] will monitor this compliance weekly by reviewing the checklist.

Licensee's Proposed Overall Completion Date: 09/21/2024

Implemented ([REDACTED] - 09/26/2024)

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

In the 200-wing laundry room, there was a large pile of lint located on the floor behind the dryer. Repeated Violation: 8-29-23 et al.

Plan of Correction

Accept ([REDACTED] - 09/26/2024)

[REDACTED], Maintenance Supervisor has a new documentation for the laundry room on August 14, 2024, Maintenance staff will check the laundry room for lint monthly and document. Maintenance Supervisor will monitor the documentation of the check off sheets each month.

125a - Combustible Storage (continued)

Licensee's Proposed Overall Completion Date: 09/21/2024

Implemented () - 09/26/2024

132c - Fire Drill Records

4. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drills conducted on 8/24, 9/25, 11/21, 12/12 were missing the year they were conducted. The fire drill log for the drill conducted on 12/12 drill at 4:30 was missing whether it was conducted in the am or pm. The fire drill log for the fire drill conducted on 7/16/24 was missing information regarding "Any Problems" that occurred during the drill.

Plan of Correction

Accept () - 09/26/2024

Administrator will check the documentation for the fire drills after each drill to ensure accurate documentation. This has begun as of August 14, 2024. Administrator will monitor this monthly.

Licensee's Proposed Overall Completion Date: 09/21/2024

Implemented () - 09/26/2024

132h - Designated Meeting Place

5. Requirements

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

During the fire drills on 1/5/24 and 2/2/24, Resident #3 refused to evacuate to a public thoroughfare or to a fire-safe area.

Plan of Correction

Accept () - 09/26/2024

As of August 14, 2024, if a resident refuses to evacuate to the designated meeting place by walking, the resident will be wheel chaired to this area. Fire drill will be recorded. Administrator, , will be monitoring this monthly.

Licensee's Proposed Overall Completion Date: 09/21/2024

Implemented () - 09/26/2024

181d - Storing Medication

6. Requirements

2600.

181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

181d - Storing Medication (continued)

Description of Violation

Resident #1 self-administers medications and stores medications in [redacted] room. At time of inspection, there were several unlocked, unattended medications in the resident's bedroom.

Plan of Correction

Accept ([redacted] - 09/26/2024)

Personal Care Staff Supervisor, [redacted] has talked to the Self-administering Residents on August 14, 2024. they have been re-educated with the protocol of locking meds in the bedroom. Staff will be monitoring for compliance of this protocol and documenting in the MAR. Personal Care Shift Supervisor on each shift will monitor compliance by reviewing the MAR.

Licensee's Proposed Overall Completion Date: 09/21/2024

Implemented ([redacted] - 09/26/2024)

183d - Prescription Current

7. 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

There was an over-the-counter bottle of Tylenol 500mg found in Resident #2's nightstand. Resident #2 does not have an order for this medication.

Plan of Correction

Accept ([redacted] - 09/26/2024)

As of August 14, 2024, [redacted] and [redacted] PCA/ Supervisors will check resident rooms monthly for contraband medications. If any are found, the medication will be removed, and the Dr will be faxed to obtain an order for that medication. Once order is received, the medication will be returned to the resident. Personal Care Staff, [redacted] will monitor this monthly.

Licensee's Proposed Overall Completion Date: 09/21/2024

Implemented ([redacted] - 09/26/2024)

185a - Implement Storage Procedures

8. 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

The home's-controlled substance procedure includes staff signing the Controlled Medication Record when a narcotic medication is administered. On 8/13/24 at 8am, resident #4's Pregabalin was administered. The Controlled Medication Record was not signed for this administration.

Plan of Correction

Accept ([redacted] - 09/26/2024)

As of August 14, 2024, Personal Care/ Med Tech's will be retrained with the procedure signing the Controlled Medication Record sheet after administering each controlled medication. Personal Care Supervisor, [redacted] and Personal Care Shift supervisor will be monitoring this on each shift.

Licensee's Proposed Overall Completion Date: 09/21/2024

Implemented ([redacted] - 09/26/2024)