

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

November 14, 2024

[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 09/25/2024 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: THE MEADOWS MANOR License #: 24365 License Expiration: 09/20/2025
 Address: 200 LAKE STREET, DALLAS, PA 18612
 County: LUZERNE Region: NORTHEAST

Administrator

Name: [REDACTED]

Legal Entity

Name: ECUMENICAL ENTERPRISES, INC.
 Address: 200 LAKE STREET, DALLAS, PA, 18612
 Phone: [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: 46 Waking Staff: 35

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 09/25/2024

Inspection Dates and Department Representative

09/25/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 66 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: 4 Have Physical Disability: 0

Inspections / Reviews

09/25/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/27/2024

11/06/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 11/07/2024
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 11/08/2024

Inspections / Reviews *(continued)*

11/14/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/07/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The home did not have the required Influenza poster posted in the home at the time of inspection.

Plan of Correction

Accept (█) - 11/06/2024)

At time of discovery that the influenza poster was not posted, The Administrative Assistant obtained a new copy from the DHS website and the Administrator immediately posted. The Administrator alerted the Licensing Representatives of the immediate correction. The Influenza poster is displayed within a locked mounted glass case at the entrance of the facility. The locked case is only accessible by the Administrator and Administrative Assistant. The Administrator will complete a quarterly review of posted signage to ensure continued compliance.

Licensee's Proposed Overall Completion Date: 10/24/2024

Implemented (█) - 11/14/2024)

105g - Lint Removal and Duct Cleaning

2. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

The outside of the dryer vent observed while standing on the back patio of the home, was covered in a thick layer of lint, posing a possible fire hazard.

Plan of Correction

Accept (█) - 11/06/2024)

Upon completion of site tour with licensing representatives, the Maintenance Director immediately cleaned the exterior dryer vent and removed all lint present. On Thursday September 26th, the Maintenance Director completed a full duct cleaning of the exterior vent/duct and completed an inspection of the dryer to ensure no further issues presented. Following the inspection, the Maintenance Director was assigned by the Administrator to complete bi-weekly checks x 12 weeks to monitor for any needed increase in cleaning schedule. (Attachment #1) As of this reporting, this was completed on 10/1 and 10/15 and will continue as scheduled. The facility will be changing to a quarterly cleaning of the vent and associated duct work unless the bi-weekly checks indicate the need for a more frequent cleaning schedule for on-going compliance.

Licensee's Proposed Overall Completion Date: 10/24/2024

Implemented (█) - 11/14/2024)

171b5 - First Aid Kit

3. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

171b5 First Aid Kit (continued)

Description of Violation

The first aid kit, located in the home's transportation vehicle, did not include eye protection.

Plan of Correction

Accept (█ - 11/06/2024)

Upon discovery of the missing eye coverings, the Administrator directed the Maintenance Director to obtain a pair as extra are kept on site and replace, thus correcting the violation immediately. On Thursday 9/26, the Administrative Assistant completed an audit of all first aid kits within the facility to ensure no further issues presented. Starting 10/1, monthly checks of all first aid kits are to be completed by assigned department heads under the direction of the PCHA and submitted to the Administrative Assistant for ongoing compliance. (Attachment #2)

Licensee's Proposed Overall Completion Date: 10/24/2024

Implemented (█ - 11/14/2024)

185a - Implement Storage Procedures

4. 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 #1 had a blood glucose reading of █ noted in the resident's glucometer on █. The resident's Medication Administration Record (MAR) documented a blood glucose reading of █

On 9/24/24 at 9pm, the home documented a blood glucose reading on the MAR for Resident #2 as █, however the reading noted in the glucometer was █

Plan of Correction

Accept (█ - 11/06/2024)

1) On the same date as inspection, the facility reported the findings as a medication error to the Department, notified the physician & residents.

2) On Thursday September 26th both med techs associated with the errors were in serviced by the Resident Care Manager. (Attachment #3)

3) On 9/30 & 10/1, both med techs completed a facility created competency quiz regarding the reading & documenting of glucometers and for an additional 30 days, both med techs are required to have a second staff member verify the number read on any glucometer checks completed by and documented by them to ensure compliance. (Attachment #4)

4) To ensure continued compliance, the Resident Care Manager and LPN Supervisor will be required to complete weekly glucometer/eMAR correlation checks. Documentation of the same will be maintained and randomly audited by the PCHA. At time of reporting, this has been completed for review periods 10/3 10/9; 10/10 10/16; & 10/17 10/23. Any issues will be immediately reported to the PCHA for further investigation and to ensure on going compliance.

Licensee's Proposed Overall Completion Date: 10/24/2024

185a Implement Storage Procedures (continued)

Implemented () - 11/14/2024

187d Follow Prescriber's Orders

5. Requirements

2600.

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

Description of Violation

Resident #1 had a blood glucose reading of [redacted] on [redacted] at [redacted] as observed in the resident's glucometer. The residents blood glucose reading was documented as 246 in the resident's Medication Administration Record. The resident has an order for [redacted] on a sliding scale and would receive [redacted] units for a blood glucose of [redacted] and [redacted] for a reading of [redacted]. The resident was administered [redacted] instead of the required [redacted] units of insulin.

Resident #2 has an order for [redacted] and call MD. On [redacted], the home documented the blood glucose reading for Resident #2 as [redacted], however the reading noted in the glucometer was [redacted]. The home administered four units of insulin; however, they should have administered six units.

Repeat violation 9-26-23

Plan of Correction

Accept () - 11/06/2024

Violation of 187.d is a direct result of the violation under 185a, thus the plan of correction listed for 185a will also serve as plan of correction for 187d. As stated previously, all necessary reporting and notifications were provided due to the medication error.

Licensee's Proposed Overall Completion Date: 10/24/2024

Implemented () - 11/14/2024