

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

January 2, 2025

[REDACTED]
MEADOWOOD CORPORATION
[REDACTED]
[REDACTED]

RE: MEADOWOOD
P.O.BOX 670, 3205 SKIPPACK PIKE
WORCESTER, PA, 19490
LICENSE/COC#: 12787

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/28/2024, 10/29/2024 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: MEADOWOOD License #: 12787 License Expiration: 10/29/2025
 Address: P.O.BOX 670, 3205 SKIPPACK PIKE, WORCESTER, PA 19490
 County: MONTGOMERY Region: SOUTHEAST

Administrator

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

Legal Entity

Name: MEADOWOOD CORPORATION
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-1 Date: 10/20/1988 Issued By: L&I
 Type: I-2 Date: 07/29/2022 Issued By: Worcester Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 83 Waking Staff: 62

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 10/29/2024

Inspection Dates and Department Representative

10/28/2024 - On-Site: [REDACTED]
 10/29/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 76 Residents Served: 59
 Secured Dementia Care Unit
 In Home: Yes Area: McLean Memory Care Capacity: 22 Residents Served: 20
 Hospice
 Current Residents: 5
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 59
 Diagnosed with Mental Illness: 9 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 24 Have Physical Disability: 7

Inspections / Reviews

10/28/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/28/2024

Inspections / Reviews *(continued)*

12/12/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/31/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/02/2025

01/02/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/31/2024

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 memory care facility includes a separate kitchen from personal care. On [redacted] and [redacted] at 11:30am, staff members A and B were seen cooking; neither of them is ServSafe certified.

The PA Department of Agriculture Food Employee Certification Act, 3 Pa C.S.A. 6501 – 6510, effective January 22, 2011, requires one employee per licensed food facility to obtain a nationally recognized food manager certification. National exam programs are those that have been approved by ANSI using the Conference of Food Protection certified food protection manager standards. The Food Employee Certification Act requires one supervisory employee per food facility to obtain a food safety certification by taking an ANSI-CFP nationally recognized food safety class.

Plan of Correction

Accept [redacted] - 12/12/2024)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [redacted] by the Executive Chef to Immediate action taken: Staff members A and B were registered for the ServSafe course. See attachment.

To enhance the currently compliant operations, on [redacted] the Executive Chef or designee will Only ServSafe certified cooks will work in McLean Center, with a completion date of 12/02/2024.

Effective 12/10/2024 the Executive Chef or designee will perform annual checks through 11/28/2025 to maintain ongoing compliance with complying with applicable Federal, State and local laws, ordinances and regulations. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/10/2024

Implemented [redacted] - 01/02/2025)

65f - Training Topics

2. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

65f - Training Topics (continued)

Description of Violation

Direct care staff person C did not receive training in medication self-administration training during training year January 2023 to December 2023.

Plan of Correction

Accept [redacted] - 12/06/2024)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [redacted] by the Staff Educator to Employee C was assigned Medication self-administration training course and completed it on 11/3/24.

To enhance the currently compliant operations, on 11/30/2024 the Staff Educator will conduct an annual audit will be completed on 11/30/24 by the Staff Educator to assure compliance with 2024 annual education, with a completion date of 11/30/2024.

Effective 11/30/2024 the Staff Educator will perform annual audit education records for compliance. PCHA will report at QAPI meetings to maintain ongoing compliance with ensuring training topics for the annual training for direct care staff persons include, including medication self-administration training, and instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, and care for residents with dementia and cognitive impairments, and infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, and personal care service needs of the resident, and safe management techniques, and care for residents with mental illness or an intellectual disability, or both, if the population is served in the home, and medication self-administration training, and instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, and care for residents with dementia and cognitive impairments, and infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, and personal care service needs of the resident, and safe management techniques, and care for residents with mental illness or an intellectual disability, or both, if the population is served in the home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Courses will be completed by 12/31/24

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented [redacted] - 01/02/2025)

65g - Annual Training Content

3. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).

65g Annual Training Content (continued)

- 5. Falls and accident prevention.
- 6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person D did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert, emergency preparedness procedures and recognition and response to crises and emergency situations, resident rights, the Older Adult Protective Services Act (35 P.S. § § 10225.101 10225.5102), falls and accident prevention, new population groups that are being served at the home that were not previously served, if applicable during training year January 2023 to December 2023.

Repeat Violation Date: 7/18/23 et al.

Plan of Correction

Accept ([REDACTED] - 12/06/2024)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [REDACTED] by the Staff Educator to An audit showed Employee D was assigned annual education.

To enhance the currently compliant operations, on 11/20/2024 the Staff Educator will conduct an audit on November 30 to assure compliance with annual education, with a completion date of 12/10/2024.

Effective 11/30/2024 the Staff Educator will audit for education compliance. PCHA or designee will report at QAPI every 3 months to maintain ongoing compliance with ensuring direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers are trained annually in, including fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert, or videos prepared by a fire safety expert and accompanied by an onsite staff person trained by a fire safety expert, and emergency preparedness procedures and recognition and response to crises and emergency situations, and resident rights, and the Older Adult Protective Services Act (35 P.S. § § 10225.101 10225.5102), and falls and accident prevention, and new population groups that are being served at the home that were not previously served, if applicable, and fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert, or videos prepared by a fire safety expert and accompanied by an onsite staff person trained by a fire safety expert, and emergency preparedness procedures and recognition and response to crises and emergency situations, and resident rights, and the Older Adult Protective Services Act (35 P.S. § § 10225.101 10225.5102), and falls and accident prevention, and new population groups that are being served at the home that were not previously served, if applicable. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

See attachments.

Required annual education will be completed by 12/31/24.

Licensee's Proposed Overall Completion Date: 12/10/2024

Implemented ([REDACTED] - 01/02/2025)

132a - Monthly Fire Drill

4. Requirements

- 2600.
- 132.a. An unannounced fire drill shall be held at least once a month.

132a Monthly Fire Drill (continued)

Description of Violation

The home's fire drills are conducted in a way that makes staff aware that a drill is going to take place. The home conducts separate drills for the PC area and for the MC area. The home will begin an unannounced drill in one area first, which sets off an alarm or warning notice on the fire panel in the other area which alerts staff to the drill. Staff are therefore aware that a drill will be conducted in the other area and a drill in their area will begin in the very near future, most often on the same day about an hour or less after the first drill was conducted.

- [REDACTED] PC drill was at 6:30am followed by the MC drill at 7:20am
- [REDACTED] MC drill was done at 5:52pm followed by the PC drill at 6:08pm
- [REDACTED] PC Drill was at 10:51am followed by the MC drill at 11:19am
- [REDACTED] PC drill was done at 7:49am followed by the MC drill at 8:08am
- [REDACTED] PC was done at 6:11am followed by the MC drill at 7:27am
- [REDACTED] PC was done at 10:25pm followed by the MC drill at 11:26pm
- [REDACTED] MC was done at 12:02am followed by the PCH drill at 1:09pm
- [REDACTED] PCH was done at 5:13am followed by the MC drill at 5:45am
- [REDACTED], MC was done at 7:11pm followed by the PCH drill at 7:34pm

Plan of Correction

Accept [REDACTED] - 12/12/2024)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [REDACTED] by the PCHA to Immediate action was submit a waiver.

To enhance the currently compliant operations, on 11/12/24 the Fire Safety official will Until further notice, fire drills will occur as a whole health center or Laurel House and McLean Center on different days, with a completion date of 11/27/2024.

Effective 11/12/2024 the Fire Safety official will perform monthly Effective November 12, a whole health center drill was held. Will continue this method until further notice from [REDACTED] through 12/31/2024 to maintain ongoing compliance with holding an unannounced fire drill at least once a month. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 11/27/2024

Implemented [REDACTED] - 01/02/2025)

183d - Prescription Current

5. 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], [REDACTED] take one tablet by mouth every 8 hrs as needed, prescribed for resident [REDACTED], was in the home's medication cart; however, the medication was discontinued on [REDACTED].

183d Prescription Current (continued)

Plan of Correction

Accept [redacted] - 12/12/2024)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [redacted] by the Nurse or designee to The immediate action was to remove the tramadol from the med cart.

To enhance the currently compliant operations:

- 1. on 11/29/2024 the Nurse or designee will review transfer sheet and reconcile the medications for each admission to assure correct medications and orders, with a completion date of 12/10/2024.
- 2. Physician to verify orders at admission.
- 3. Effective 11/29/2024 the Nurse or designee will conduct Monthly med cart audit with a completion date of 11/29/2024.

The overall completion date for nurse education is 12/16/2024.

Effective 12/16/2024 Staff Educator or designee will complete staff education on med reconciliation upon admission. Through 12/16/2024 to maintain ongoing compliance with ensuring only current prescription, OTC, sample and CAM for individuals living in the home will be kept in the home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/16/2024

Implemented [redacted] - 01/02/2025)

183e - Storing Medications

6. 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], resident [redacted] [redacted] was in the medication's cart without an "opened date". According to the manufacturer's instructions, unused medication must be discarded 30 days after opening.

Plan of Correction

Accept [redacted] 12/12/2024)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [redacted] by the Nurse to The novolog pen was discarded and a new pen placed. Current photo of pen attached.

To enhance the currently compliant operations, on 11/2/2024 the Nurse will Upon opening a new Novolog pen, a use by date sticker will be placed.

183e Storing Medications (continued)

Effective 11/29/2024 the Nurse or designee will perform monthly audits through 12/27/2024 to maintain ongoing compliance with ensuring prescription medications, OTC medications and CAM will be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Bimonthly checks of Novolog pens x 3 months by Nurse or designee. PCHA or designee will report at QAPI.

Licensee's Proposed Overall Completion Date: 12/15/2024

Implemented [redacted] - 01/02/2025)

185a - Implement Storage Procedures

7. 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 [redacted] is prescribed [redacted] give one packet by mouth as needed for low glucose. On [redacted] this medication was not available in the home.

Resident [redacted] is prescribed [redacted] one tablet every 8 hours as needed. On 10/29/24 this medication was not available in the home.

Plan of Correction

Accept [redacted] - 12/12/2024)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [redacted] by the Nurse to The medications were ordered from the pharmacy.

To enhance the currently compliant operations, on 11/29/2024 the Nurse will Conduct med cart audit to assure the prescribed medications are present, with a completion date of 11/29/2024.

Effective 11/29/2024 the Nurse or Med Tech will perform Monthly Med cart audit to assure medications are present through 11/30/2024 to maintain ongoing compliance with ensuring the home will develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Staff educator or designee to educate nurses and med techs by 12/20/24

Licensee's Proposed Overall Completion Date: 12/20/2024

Implemented [redacted] - 01/02/2025)

187d - Follow Prescriber's Orders

8. Requirements

187d Follow Prescriber's Orders (continued)

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

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] - give one tablet by mouth one time a day- scheduled for 9pm. However, resident [REDACTED] was administered [REDACTED] tablets, one daily, from [REDACTED], through [REDACTED], at 9pm.

Repeat violation date: 7/18/24 et al.

Plan of Correction

Accept [REDACTED] - 12/12/2024)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [REDACTED] by the Nurse to contact the pharmacy to obtain the correct prescription dosage.

To enhance the currently compliant operations:

1. on 11/20/2024 the Nurse/ designated staff member will compare medications to the pharmacy delivery sheet for accuracy for all medications with a completion date of 12/27/2024.
2. Effective 11/29/2024 the Nurse or Med Tech will perform Med cart audits monthly.
3. Change of Direction stickers applied if an order changes.

The overall completion date is 12/20/2024.

Effective 11/29/2024 the Nurse or designee will perform monthly med cart audits to assure compliance. PCHA or designee will report progress at QAPI meetings to maintain ongoing compliance with ensuring the home must follow the directions of the prescriber. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Education performed by Staff Educator by 12/20/24

Licensee's Proposed Overall Completion Date: 12/20/2024

Implemented [REDACTED] - 01/02/2025)

227d Support Plan Medical/Dental

9. Requirements

2600.
227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident [REDACTED] dated [REDACTED], indicates resident has no need for turning and positioning in the bed/chair. According to the medical evaluation dated [REDACTED], resident [REDACTED] has a need to elevate bilateral lower extremities noted under body positioning and movement. The resident's support plan dated 01/24/24 does not document how this need will be met.

227d Support Plan Medical/Dental (continued)

Plan of Correction

Accepted [redacted] - 12/12/2024)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [redacted] by the Nurse to RASP addendum completed to show need to elevate bilateral lower extremities.

To enhance the currently compliant operations, on 12/2/2024 the Nurse or designee will accurately complete the RASP based on the DME, paying particular attention to the section "body positioning and movement.", and will audit individual RASPs annually, with a completion date of 12/27/2024.

Effective 12/27/2024 the Nurse or designee will audit 5 RASPs for accuracy. PCHA will report at QAPI to maintain ongoing compliance with documenting in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Education provided to Nurse.

Licensee's Proposed Overall Completion Date: 12/27/2024

Implemented [redacted] - 01/02/2025)