

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

August 12, 2025

[REDACTED]
SHANNONDELL INC
[REDACTED]

RE: THE MEADOWS AT SHANNONDELL
6000 SHANNONDELL DRIVE
THE MEADOWS & REHAB-FLOORS
1&4
AUDUBON, PA, 19403
LICENSE/COC#: 12837

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/30/2025 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:** 03/31/2026
Address: 6000 SHANNONDELL DRIVE, THE MEADOWS & REHAB FLOORS 1&4, 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: I-2 **Date:** 11/28/2005 **Issued By:** CWOPA

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 205 **Waking Staff:** 154

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Monitoring **Exit Conference Date:** 06/30/2025

Inspection Dates and Department Representative

06/30/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 171 **Residents Served:** 141
Secured Dementia Care Unit
In Home: Yes **Area:** Chatham C/ Avondale **Capacity:** 34 **Residents Served:** 32
Hospice
Current Residents: 9
Number of Residents Who:
Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 140
Diagnosed with Mental Illness: 3 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 64 **Have Physical Disability:** 0

Inspections / Reviews

06/30/2025 Partial
Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 07/17/2025

07/22/2025 - POC Submission
Submitted By: [REDACTED] **Date Submitted:** 08/11/2025
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 07/25/2025

Inspections / Reviews *(continued)*

07/28/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/11/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 08/11/2025

08/12/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/11/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

63a - First Aid/CPR Training

1. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

During the following shifts 141 residents were present in the home and only one staff person was present in who was certified in first aid, obstructed airway techniques and CPR:

- ██████████ from 11 PM to 7 AM
- ██████████ from 7 PM to 11PM
- ██████████ from 11 PM to 7 AM

During the following shifts 141 residents were present in the home and only two staff persons were present in who was certified in first aid, obstructed airway techniques and CPR:

- ██████████ from 7 PM to 7 AM
- ██████████ from 7 PM to 11 PM

Plan of Correction

Directed ██████████ - 07/28/2025)

The administrator will ensure a proper number of staff who are certified in obstructed air way techniques/CPR and trained in first aid are scheduled daily to ensure we are in compliance. The administrator will be responsible to track that enough staff is scheduled daily who are certified in obstructed airway techniques/CRP and trained in first aid by reviewing the schedule daily. Night shift RA's will be trained in person by a certified trainer.

While we submit this Plan of Correction under procedures established by the Department of Human Services, 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.

DIRECTED POC: Within 5 business days of the receipt of this plan of correction, the administrator or designee shall review all current direct care and nursing staff files for current/valid CPR Certification and a review of the current and following weeks schedule shall be reviewed compared to the current CPR certification list to ensure all shifts have at least one CPR/First Aid certified staff person scheduled per 50 residents in the home. A weekly review of the schedule shall continue for at least 2 months. Documentation of the staff file audit, list of current CPR certified staff and documentation of the weekly schedule review shall be kept and made available to the Department upon request.

Directed Completion Date: 08/07/2025

Implemented ██████████ - 08/12/2025)

183b - Meds and Syringes Locked

3. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On ██████████ at 9:44 AM, the Berwyck medication cart was unlocked, unattended, and accessible in in the hall.

183b - Meds and Syringes Locked (continued)

At 9:51 AM, there was a medication cart that was unlocked, unattended, and accessible in front of bedroom [REDACTED]

At 10:01 AM, there was a medication cart that was unlocked, unattended, and accessible in front of bedroom [REDACTED]

Repeat violation: [REDACTED] et al

Plan of Correction

Accept ([REDACTED] - 07/22/2025)

The medication cart should always be locked and not accessible when unattended.

The licensed nursing staff will be in serviced by the ADON or designee on the importance of locking the medication cart when it is not being attended to. This will be completed by 8/7/25.

Beginning the week of 8/7/25 the ADON or designee will conduct weekly audits of the med cart to ensure they are locked when not being attended to by the nurse.

While we submit this Plan of Correction under procedures established by the Department of Human Services, 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: 08/07/2025

Implemented ([REDACTED] - 08/12/2025)

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

On [REDACTED], resident [REDACTED] narcotic inventory log for [REDACTED], take one half tablet twice daily as needed, did not include the time the medication was removed.

Home's narcotic policy states:

"When administering a controlled substance, the licensed nurse is expected to sign out the medication in the narcotic bound book as well as in the electronic MAR system"

The home did not follow its narcotic policy.

Plan of Correction

Accept ([REDACTED] - 07/22/2025)

The time of the medication is to be documented in the narcotics book.

The licensed nursing staff will be in serviced by the ADON or designee on the importance of indicating the time the medication was removed. This will be completed by 8/7/25.

185a - Implement Storage Procedures (continued)

Beginning the week of 8/7/25 the ADON or designee will conduct weekly audits of the narcotic book to ensure the time is being documented.

While we submit this Plan of Correction under procedures established by the Department of Human Services, 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: 08/07/2025

Implemented [REDACTED] - 08/12/2025)

187a - Medication Record**5. 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.
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 [REDACTED] is prescribed [REDACTED] 4 times daily at 7:30 AM, 11:00 AM, 4:00 PM, and 7:30 PM per sliding scale: 150-200 2 units; 201-250 4 units; 251-300 6 units; 301-350 8 units; 351-400 10 units; <70 or >400 notify physician.

On [REDACTED] at 11:30 AM resident [REDACTED] had a glucometer reading of [REDACTED] requiring [REDACTED], at 7:00 AM the resident had a glucometer reading of [REDACTED] requiring [REDACTED] and on [REDACTED] at 4:00 PM the resident had a glucometer reading of [REDACTED] requiring [REDACTED]. No units given were recorded on the MAR.

Plan of Correction

Accept [REDACTED] - 07/22/2025)

The number of units given is to be documented in the MAR.

Licensed nursing staff will be in serviced on accurately documenting the number of units administered for insulin. This will be completed by 8/7/25.

Beginning the week of 8/7/25 the ADON or designee will conduct weekly audits ensuring the number of units given for insulin was documented on the MAR.

187a Medication Record (continued)

While we submit this Plan of Correction under procedures established by the Department of Human Services, 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: 08/07/2025

Implemented [REDACTED] - 08/12/2025)

187b - Date/Time of Medication Admin.

6. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] twice daily as needed. Resident [REDACTED] medication administration record does not include the initials of the staff person who administered this medication on [REDACTED] at 9:12 AM and [REDACTED] at an unknown time.

Repeat violation: [REDACTED] et al

Plan of Correction

Accept ([REDACTED] 07/22/2025)

Licensed nursing staff are to be initialing when administering medications.

Licensed nursing staff will be in serviced on the importance of initialing on the MAR once a medication is administered. This will be completed by 8/7/25.

Beginning the week of 8/7/25 the ADON or designee will conduct weekly audits to ensure the MAR includes the initials of the staff person who administered the medication.

While we submit this Plan of Correction under procedures established by the Department of Human Services, 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: 08/07/2025

Implemented [REDACTED] 08/12/2025)