

Facility Information

Name: *THE MEADOWS, A PERSONAL CARE COMMUNITY* License #: 22596 License Expiration: 06/25/2026
 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: 59 Waking Staff: 44

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 08/05/2025

Inspection Dates and Department Representative

08/05/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 64 Residents Served: 59
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 2
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 59
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

08/05/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/31/2025

Inspections / Reviews (*continued*)

09/02/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/30/2025

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/09/2025

09/15/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/30/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/30/2025

10/17/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/30/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

Staff person A was written up on [REDACTED] for signing off on a med pass and not administering medications. This medication error was not reported to the Department.

Plan of Correction

Directed ([REDACTED] - 09/15/2025)

Personal Care Lead Supervisor, [REDACTED] PC Supervisor, [REDACTED] and Administrator, [REDACTED] will have a folder at the PC Desk to see if any paperwork needs to be completed and sent to the Department within 24 hrs if they were not in the building. The Personal Care Staff were reeducated with the medication error form, state incident document, and reviewed medication administration guidance. [REDACTED] Administrator will monitor for continued compliance.

Proposed Overall Completion Date: 09/12/2025

Directed: In addition to the above plan of correction, all reportable incidents will be reported to the department within required time frames.

Directed Completion Date: 09/19/2025

Implemented ([REDACTED] - 10/01/2025)

25b - Contract Signatures

2. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [REDACTED], for resident #2 was not signed by the resident.

Plan of Correction

Directed ([REDACTED] - 09/15/2025)

When completing the Resident's Contract upon admission, the resident will sign or the resident's POA will sign on the allotted space with the resident's space stating that the resident is not able to sign. [REDACTED] Admissions Director went through all resident files to confirm this was completed for all contracts and had any errors fixed on 9/6/25. [REDACTED] Admissions Director will monitor ongoing compliance of new contracts upon any resident admissions.

Proposed Overall Completion Date: 09/12/2025

Directed: In addition to the above plan of correction, The administrator or designee will review contracts of all new admissions to verify signatures.

Proposed Overall Completion Date: 09/26/2025

Directed Completion Date: 09/29/2025

25b - Contract Signatures (*continued*)

Implemented (█) - 10/01/2025)

41e - Signed Statement

3. Requirements

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Resident #2 's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures. The line for the resident signature was blank.

Plan of Correction

Directed (█) - 09/15/2025)

Upon a resident's admission and paperwork. Admissions Director, █ will look through the entire contract to ensure all pages are signed. Administrator, █ will also verify all pages are signed once handed over to put away with the residents' charts. The Residents Rights are included in the Meadows contract. █ Admissions Director will monitor ongoing compliance.

Proposed Overall Completion Date: 09/12/2025

Directed: In addition to the above plan of correction, the administrator or designee will audit all resident records to ensure that there is a signed copy verifying receipt of resident rights and home's complaint procedures. This audit will be documented with person completing check, date, and record reviewed.

Directed Completion Date: 09/22/2025

Implemented (█) - 10/08/2025)

51 - Criminal Background Check

4. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies 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).

Description of Violation

Staff person B, hired on █ and began working on █ but did not have a background clearance initiated until █

Plan of Correction

Directed (█) - 09/15/2025)

Upon a new hire's first day at The Meadows, the Administrator, █ will see the employee to give all the required paperwork to complete in her office. █ will do the Criminal Background check at that time instead of having the Department Head have the new employee complete the paperwork and hand it off to the Administrator, █ once it is finished. █ will monitor ongoing compliance.

Proposed Overall Completion Date: 09/12/2025

51 - Criminal Background Check (continued)

Directed: In addition to the above plan of correction, the administrator or designee will audit all staff records to ensure a criminal background check has been completed. The administrator or designee will review any new employee's record to ensure that a criminal background check has been initiated on their first day.

Directed Completion Date: 09/29/2025

Implemented (█) - 10/01/2025)

54a - Direct Care Staff

5. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person B and C do not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Directed (█) - 09/15/2025)

Once a new employee is hired, that person must bring all credentials required to perform the job the first day. If those documents are not present, the new hire will not be able to work until those items are collected from the Administrator, █ will monitor ongoing compliance.

Proposed Overall Completion Date: 09/12/2025

Directed: In addition to the above plan of correction, Staff Member B & C will not work direct care in the home until the proper credentials are received and verified or a waiver by the department has been approved. The administrator or designee will complete an audit on all staff records to verify education requirements are met. Any staff member that does not have the required educational documentation will be immediately removed from Direct care until the education requirements are satisfied. This audit will be documented with date, staff checked, and person completing the check.

Directed Completion Date: 09/22/2025

Implemented (█) - 10/17/2025)

85a - Sanitary Conditions

6. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

At 9:27a.m., a brown sticky substance was in the bottom drawer of the resident's refrigerator in the 400 hallway.

Plan of Correction

Directed (█) - 09/15/2025)

On each roster for each shift of Personal Care, checking the refrigerator for messes will be added. The Supervisor for each shift will monitor. Personal Care Supervisor, █ will monitor for ongoing compliance.

Proposed Overall Completion Date: 09/12/2025

85a - Sanitary Conditions (continued)

Directed: In addition to the above plan of correction, the refrigerator will not be used until properly cleaned.

Directed Completion Date: 09/19/2025

Implemented (█ - 10/17/2025)

86b - Bathroom

7. Requirements

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

At approximately 9:30 a.m., shared handicap assessable tub room with no window located on the 400-hallway had an exhaust fan that was not operable when the switch was turned on.

At approximately 3:30 p.m., Resident # 3's bathroom with no window had an exhaust fan that was not operable when the switch was turned on.

Plan of Correction

Directed (█ - 09/15/2025)

The Maintenance Supervisor, █ has added the Exhaust Fans to the Annual Preventive Maintenance Program with the facility's contracted company. The Maintenance team will periodically rotate the halls, monitoring the exhaust fan system. █ Maintenance Supervisor will monitor ongoing compliance.

Proposed Overall Completion Date: 09/12/2025

Directed: In addition to the above plan of correction, the 2 exhaust fans that were not operational will be fixed. The administrator or designee will complete weekly checks on all bathroom exhaust fans. These checks will be documented with the date, bathroom checked, person checking, and problems identified.

Directed Completion Date: 09/29/2025

Implemented (█ - 10/08/2025)

88a - Surfaces

8. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

At 9:31 a.m., in the shared handicap assessable tub room located on the 400-hallway, an electrical outlet box was pulled out of the wall exposing wires.

Plan of Correction

Directed (█ - 09/15/2025)

The Maintenance Supervisor, █ added an access panel to the electrical panel box to prevent exposed wires in the handicap tub room. █ contacted Arjo Tubs to let them know of this, as they service our tubs as needed due to the warranty contract. Will include Arjo's contact information. Maintenance Supervisor, █ will monitor ongoing compliance.

88a - Surfaces (continued)

Proposed Overall Completion Date: 09/12/2025

Directed: In addition to the above plan of correction, all staff will be trained to report hazardous conditions. The administrator or designee will complete weekly checks around the home to ensure equipment is in good repair. These checks will be documented with date, person making checks, area's checked, and problems identified and how the issue was fixed.

Directed Completion Date: 09/29/2025

Implemented () - 10/17/2025)

91 - Telephone Numbers

9. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

At approximately 10:15 a.m., there were no emergency telephone numbers to include the nearest hospital and fire department on or by the landline telephone in the kitchen.

Plan of Correction

Directed () - 09/15/2025)

The Admissions Director, () printed Emergency Telephone numbers on labels and went through every office/ facility phone, as well as any resident's landline phones. This was done 8/6/25. () will monitor for ongoing compliance.

Proposed Overall Completion Date: 09/12/2025

Directed: In addition to the above plan of correction, the administrator or designee will complete weekly checks on all landline phones to ensure emergency numbers are posted. These checks will be documented with the date, person making the check, and issues identified.

Directed Completion Date: 09/12/2025

Implemented () - 10/17/2025)

103i - Outdated Food

10. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

There were eggs that had an expiration date of 8/2024 in the west wing refrigerator.

Plan of Correction

Directed () - 09/15/2025)

Personal Care staff will check resident refrigerators weekly and sign off on the Personal Care checklist to ensure expiration dates are current. This was completed 8/6/25. The Personal Care Supervisor for each shift will verify this is complete. Personal Care Staff Lead Supervisor, () will monitor for ongoing compliance.

103i - Outdated Food (continued)

Proposed Overall Completion Date: 09/12/2025

Directed: All dietary staff will be educated regarding this regulation. All expired food will be immediately removed and discarded.

Directed Completion Date: 09/29/2025

Implemented () - 10/17/2025)

125a - Combustible Storage

11. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

At 9:31 a.m., in the 400-hallway tub room, between the tub and wall a washcloth was lying near an electrical outlet with exposed wiring.

Repeat Violation: 9/26/24

Plan of Correction

Accept () - 09/15/2025)

The Maintenance Supervisor, () put an access plate on the electrical box covering the wall to cover any exposed wires. This was completed 8/6/25. Personal Care will sign off on the tub room linen checklist each night and will observe any possible exposed wires to be reported immediately to the Maintenance Team. The Personal Care Shift Supervisor will verify this each evening before 1st shift begins. The Personal Care Lead Supervisor, () will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 09/12/2025

Implemented () - 10/17/2025)

132e - Fire Drill Sleeping Hours

12. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The last fire drill conducted during sleeping hours was on 10/1/24 at 6:45a.m. Another fire drill conducted during sleeping hours was required to have been completed by 4/1/2025.

Plan of Correction

Directed () - 09/15/2025)

Maintenance Supervisor, () produced a yearly fire drill schedule to ensure that there is a sleeping hour fire drill two times a year, six months apart. This was completed 8/6/25. () will monitor for ongoing compliance.

Proposed Overall Completion Date: 09/12/2025

Directed: An overnight fire drill will be completed by 9/30/2025 if not already completed in 8/2025. Training will be provided to the Maintenance supervisor regarding this regulation requirements.

132e - Fire Drill Sleeping Hours (*continued*)

Directed Completion Date: 09/30/2025

Implemented (█) - 10/17/2025)

182c - Medication Administration

13. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).

Description of Violation

On 1/29/25 at 8:00p.m., resident #1 was not administered Donepezil and Enalapril. Staff person A left medications in hallway outside resident #1's room. Resident 1 is not assessed to self-administer medications.

Plan of Correction

Directed (█) - 09/15/2025)

Personal Care Supervisor, █ will re-educate all Med Techs using the Medication Error Form. █ and Administrator, █ will follow up on all Medication Errors within 24 hrs for completion of reports. The staff met with █ and █ to discuss the procedure and go over the form on 8/6/25. Administrator, █ will monitor for ongoing compliance.

Proposed Overall Completion Date: 09/12/2025

Directed: In addition to the above plan of correction, All staff that pass medications will be trained in proper medication administration. The administrator or designee will do daily spot checks on all shifts for 2 weeks to ensure that proper medication administration practices are being followed. This will be documented with the date, time, person checked, person completing the checks, and any issues identified. Any issues will be immediately addressed and education provided to that staff member.

Directed Completion Date: 09/29/2025

Implemented (█) - 10/17/2025)

183e - Storing Medications

14. 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

At 3:15p.m., Lantus insulin pens were being stored in the refrigerator after the pen was opened. According to the manufacturer's instructions after the pen is opened, it is to be stored at room temperature.

Plan of Correction

Directed (█) - 09/15/2025)

Personal Care Supervisor, █ will have the insulin pens stored in the top drawer of the medication carts. █ will monitor this weekly while doing medication reordering. This was discussed with staff 8/6/25. Personal Care Supervisor will monitor for ongoing compliance.

Proposed Overall Completion Date: 08/29/2025

183e - Storing Medications (continued)

Proposed Overall Completion Date: 09/12/2025

Directed: In addition to the above plan of correction, all medications will be stored based upon the manufacturer's directions. The administrator or designee will complete weekly audits on all medication carts to ensure medications are being stored properly. These audits will be documented with date, cart checked, person completing the check, and any issues identified.

Directed Completion Date: 09/29/2025

Implemented () - 10/17/2025)

185a - Implement Storage Procedures

15. 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 #4 is prescribed Tramadol. Resident #4's narcotic control log does not include the initials of the staff person who administered tramadol on 7/30/25 at 8:00a.m.

Plan of Correction

Directed () - 09/15/2025)

Personal Care Supervisor, () re-educated all med techs with the proper protocol with completing the narcotic control logs 8/6/25. This is completed each time a narcotic is given. Shift Personal Care Supervisor will monitor this each shift. () Personal Care Supervisor will monitor for ongoing compliance.

Proposed Overall Completion Date: 09/12/2025

Directed: in addition to the above plan of correction, daily checks completed by the PC SV will be documented with date, time, and any issues identified.

Directed Completion Date: 09/29/2025

Implemented () - 10/17/2025)

187d - Follow Prescriber's Orders

16. Requirements

2600.

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

Description of Violation

Resident #1 is prescribed Donepezil and Enalapril, to be taken at 8:00p.m daily. Resident #1 was not administered these medications on 1/29/25 at 8:00pm.

Plan of Correction

Directed () - 09/15/2025)

Personal Care Supervisor, () reeducated med techs on Medication Administration and Completion of the medication pass 8/7/25. Personal Care Shift Supervisor will monitor each shift. () Personal Care Supervisor will monitor for ongoing compliance.

Proposed Overall Completion Date: 09/12/2025

187d - Follow Prescriber's Orders (continued)

Directed: In addition to the above plan of correction, Med cart audits will be completed weekly by the administrator or designee to review for errors. This will be documented with date, cart audited, person completing the audit, and any errors identified.

Directed Completion Date: 09/29/2025

Implemented (█) - 10/17/2025)

188b - Medication Error Reporting

17. Requirements

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident #1 is prescribed Donepezil and Enalapril, to be taken at 8:00p.m. daily. It was discovered by the home that Staff person A did not administer the medication on 1/29/25. The medication error was not reported to the prescriber.

Plan of Correction

Directed (█) - 09/15/2025)

Personal Care Supervisor, █ and Administrator, █ reeducated staff with using the Medication Error Report to be completed within 24 hours to be submitted to the Department on time 8/7/25. Personal Care Supervisor, █ will monitor for ongoing compliance.

Proposed Overall Completion Date: 09/12/2025

Directed: Any errors identified during weekly medication cart audits will be reported in compliance with the 188b regulation.

Directed Completion Date: 09/12/2025

Implemented (█) - 10/08/2025)

188c - Medication Error Documentation

18. Requirements

2600.

188.c. Documentation of medication errors and the prescriber's response shall be kept in the resident's record.

Description of Violation

Resident #1 is prescribed Donepezil and Enalapril, to be taken at 8:00p.m. daily. It was discovered by the home that Staff A did not administer the medication on 1/29/25. There is no documentation of the error in the resident's record.

Plan of Correction

Directed (█) - 09/15/2025)

Personal Care Supervisor, █ and Administrator, █ reeducated staff on proper protocol of items to put into the resident charts, such as medication errors 8/7/25. █ Personal Care Supervisor, will monitor for ongoing compliance.

Proposed Overall Completion Date: 09/12/2025

Directed: In addition to the above plan of correction, all medication errors will be documented in the

188c - Medication Error Documentation (continued)

resident record. The administrator or designee will review medication errors weekly and when identified verify that the information was properly documented in the resident record. These checks will be documented with the date and name of person completing the checks.

Directed Completion Date: 09/29/2025

Implemented (█ - 10/17/2025)

252 - Record Content

19. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

- 2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.

Description of Violation

Resident records for resident's #5, #6, and #7 do not include identifying marks. The record for Resident #8 does not include the resident's height, weight, or identifying marks.

Plan of Correction

Accept (█ - 09/15/2025)

Admission Director, █ will fill in "none" if there are no identifying marks on a new resident. █ will confirm this during the admission itself with family or support person. Weight and height will also be verified at this time on the Medical Evaluation Form upon admission. █ went through all residents' charts 8/6/25 to ensure all documentation was complete with the Meadows application as well as with the current Medical Evaluation Form. █ Administrator will monitor for ongoing compliance before the chart is put away.

Licensee's Proposed Overall Completion Date: 09/12/2025

Implemented (█ - 10/17/2025)