

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

November 4, 2025

[REDACTED]  
MEADOWOOD CORPORATION  
[REDACTED]  
[REDACTED]

RE: MEADOWOOD  
P.O.BOX 670, 3205 SKIPPAK 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 09/03/2025, 09/04/2025 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:** 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:** I-2 **Date:** 07/29/2022 **Issued By:** Worcester Township  
**Type:** C-1 **Date:** 10/20/1988 **Issued By:** Worcester Township

**Staffing Hours**

**Resident Support Staff:** 0 **Total Daily Staff:** 87 **Waking Staff:** 65

**Inspection Information**

**Type:** Full **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Renewal, Complaint, Incident **Exit Conference Date:** 09/04/2025

**Inspection Dates and Department Representative**

09/03/2025 - On-Site: [REDACTED]  
09/04/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 76 **Residents Served:** 69

**Secured Dementia Care Unit**

**In Home:** Yes **Area:** McClean **Capacity:** 22 **Residents Served:** 19

**Hospice**

**Current Residents:** 1

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0 **Are 60 Years of Age or Older:** 69  
**Diagnosed with Mental Illness:** 0 **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 18 **Have Physical Disability:** 0

**Inspections / Reviews**

09/03/2025 Full

**Lead Inspector:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 10/06/2025

Inspections / Reviews *(continued)*

10/08/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/03/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/03/2025

11/04/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/03/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [REDACTED], at 9:21 A.M., the electronic medical record showing Resident [REDACTED] medication orders was unlocked, unattended, and accessible on top of the maple avenue medication cart.

Plan of Correction

Accept [REDACTED] - 10/08/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/03/2025 by the PCHA to lock the carts immediately.

To enhance the currently compliant operations, on 09/04/2025 the RN, LPNs and Medication Technicians will observe regulation regarding locking carts in 183b, Education for this regulation for all RN, LPNs and medication technicians, with a completion date of 10/27/2025.

Effective 10/01/2025 the PCHA or designee will perform frequent checks for laptops for being locked when not in attendance q shift through 10/30/2025 to maintain ongoing compliance with keeping resident records confidential, and, except in emergencies, to not allow access to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure. Frequent checks by designated staff for compliance and report at QAPI meetings. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/30/2025

Implemented [REDACTED] - 11/04/2025)

42b - Abuse

2. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED] at approximately 7:30 A.M. Resident # [REDACTED] found their open wallet on their dresser and noticed that all of the cash that resident kept in the wallet had been removed. Resident # [REDACTED] had not kept the wallet in this location and did not recall placing in this location as Resident [REDACTED] regularly kept their wallet on their dresser but stored behind several books behind their television. Resident # [REDACTED] was unaware of exactly how much cash was removed from their wallet, but reported that it was approximately [REDACTED] which was confirmed by residents daughter who provides cash to the resident for spending purposes. Resident # [REDACTED] reported that Staff Member A was alone in the bedroom hanging up clothing for Resident # [REDACTED] (Resident [REDACTED], shortly before the wallet was discovered opened and missing money. Staff Member A was hanging up clothing on the coat rack that was located next to the dresser where the wallet was

42b Abuse (continued)

typically stored. Resident [REDACTED] stated that by hanging clothes on this rack, Staff person A would have a direct view of the wallet's hiding place. State Police Officer reported to Representatives of the Department that Staff Member A had previous charges of theft that were vacated through Accelerated Rehabilitative Disposition program. Though a criminal history check was completed prior to Staff Member A's hire date, The State Police Officer stated these charges do not appear on the Pennsylvania criminal history checks which are mandated by the Older Adult Protective Services Act but are visible on the persons public docket as previous charges.

Plan of Correction

Accept [REDACTED] - 10/08/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/04/2025 by the PCHA. On August 23, the investigation began, suspected N.A. suspended, and statements taken by other staff working during the time period in question. DHS and AAA reports completed. POA notified. PA State Police contacted and arrived to begin interviews.

To enhance the currently compliant operations, on 09/10/2025 the PCHA educated residents at Resident Council Meeting on safekeeping of valuables, with a completion date of 9/10/2025.

Effective 10/01/2025 the PCHA will educate staff on 42b through 10/30/2025 to maintain ongoing compliance with not neglecting, intimidating, physically or verbally abusing, mistreating, subjecting to corporal punishment or disciplining residents in any way. Employees will receive another session of abuse training regulation 42b. Employee A no longer works at Meadowood. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/30/2025

Implemented [REDACTED] 11/04/2025)

65b - Rights/Abuse 40 Hours

3. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff Person A completed [REDACTED] 40th scheduled work hour on [REDACTED]. However, this staff person did not complete training in the following topic emergency medical plan.

Staff Person B completed [REDACTED] 40th scheduled work hour on [REDACTED]. However, this staff person did not complete training in the following topic emergency medical plan.

65b - Rights/Abuse 40 Hours (*continued*)**Plan of Correction**

Accept [REDACTED] - 10/08/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/08/2025 by the Staff Educator revised the orientation checklist to include Emergency Medical plan.

To enhance the currently compliant operations, on 10/01/2025 the Staff Educator added The Emergency Medical Plan policy that will be provided for staff for education within their first scheduled 40 working hours, with a completion date of 11/30/2025.

Effective 11/30/2025 the Staff Educator will perform an audit for education compliance. The Staff Educator will review for compliance during new employee orientation period audits ongoing during monthly orientation period through 11/30/2025 to maintain ongoing compliance with ensuring that within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers will have an orientation that includes, including resident rights, and emergency medical plan, and mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), and resident rights, and emergency medical plan, and mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), and resident rights, and emergency medical plan, and mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), and resident rights, and emergency medical plan, and mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102). Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/30/2025

Implemented [REDACTED] - 11/04/2025)

## 65f - Training Topics

**4. 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.

**Description of Violation**

Direct Care Staff Person C did not receive training in instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan during training year [REDACTED]

[REDACTED] to [REDACTED].

65f - Training Topics (continued)

Direct Care Staff Person D did not receive training in instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan during training year [redacted] to [redacted]

Direct Care Staff Person E did not receive training in instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan during training year [redacted] to [redacted]

Direct Care Staff Person F did not receive training in instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan during training year [redacted] to [redacted]

Plan of Correction

Accept [redacted] - 10/08/2025)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/01/2025 by the PCHA/Staff Educator to add the education topic for the Prescreen/DME/RASP to the annual training schedule.

To enhance the currently compliant operations, on 10/01/2025 the Staff Educator will The staff educator will add the topic to the annual training plan for compliance, with a completion date of 10/30/2025.

Effective 11/30/2025 the Staff Educator/PCHA will perform annual audit for training compliance for 65f. through 12/30/2025 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.

Licensee's Proposed Overall Completion Date: 10/30/2025

Implemented [redacted] - 11/04/2025)

121a - Unobstructed Egress

5. Requirements

121a - Unobstructed Egress (continued)

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On [REDACTED] at 9:37 A.M., several sheets of drywall were leaning against the wall and cabinets were being stored in the stairwell. These items blocked egress from the home's first floor stairwell c.

Plan of Correction

Accept ([REDACTED] - 10/08/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/03/2025 by the Construction contractor removed the dry wall and cabinets from the stairwell.

To enhance the currently compliant operations, beginning 09/08/2025 the Security will Security Officer will round all stairwells A, B, C, D for compliance, with a completion date of 10/28/2025.

Effective 09/08/2025 the Security will perform daily checks q shift on rounds through 10/28/2025 to maintain ongoing compliance with ensuring stairways, hallways, doorways, passageways and egress routes from rooms and from the building are unlocked and unobstructed. Security will round and check for compliance. Any non-compliance will be on the security officer's report. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/30/2025

Implemented ([REDACTED] - 11/04/2025)

183b - Meds and Syringes Locked

6. 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 [REDACTED] at 9:21 A.M., three medication carts were unlocked, unattended, and accessible on the first floor next to the linen/housekeeping closet.

Plan of Correction

Accept ([REDACTED] - 10/08/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/03/2025 by the PCHA to Immediate action: The PCHA immediately locked the carts.

To enhance the currently compliant operations, on 09/04/2025 the RN/LPN/Med Techs will lock the med carts when needing to step away, with a completion date of 10/30/2025.

Effective 10/1/2025 the RN/LPN/Med Techs/PCHA will perform frequent checks for compliance x 1 month and education on 183b. Compliance will be reported at QAPI. through 10/29/2025 to maintain ongoing compliance with ensuring prescription medications, OTC medications, CAM and syringes will be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

183b - Meds and Syringes Locked (continued)

Licensee's Proposed Overall Completion Date: 10/30/2025

Implemented [redacted] - 11/04/2025)

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 ordered blood sugar readings every Friday at 7:30 A.M. and as needed. On [redacted] at 7:30 A.M. the medication administration record had a blood sugar reading of [redacted], however Resident [redacted] glucometer had a blood sugar reading of [redacted] on [redacted] (Saturday) at 9:18 A.M. On [redacted] at 7:30 A.M. the medication administration record had a blood sugar reading of [redacted] and there was no reading logged in the resident's glucometer.

Plan of Correction

Accept [redacted] - 10/08/2025)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/05/2025 by the Med Tech ordered a new glucometer from pharmacy.

To enhance the currently compliant operations, on scheduled glucose monitoring days, the RN/LPN/Med Tech will RN/Med Tech/LPN will utilize the new glucose monitoring system and record blood glucose as stated, with a completion date of 11/07/2025. Education on 185a.

Effective 09/12/2025 the RN, LPN/Med Tech will the RN, LPN or Med Tech will input the blood glucose number and check that it was correctly written and matches the monitor through 10/30/2025 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. LPNs and Med Techs will receive education. Compliance will be reported at QAPI. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/30/2025

Implemented [redacted] - 11/04/2025)