

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

January 9, 2026

[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 10/30/2025 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: MEADOWOOD License #: 12787 License Expiration: 10/29/2026
 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: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 10/30/2025

Inspection Dates and Department Representative

10/30/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 76 Residents Served: 68
 Secured Dementia Care Unit
 In Home: Yes Area: McLean Capacity: 22 Residents Served: 19
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 68
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 19 Have Physical Disability: 0

Inspections / Reviews

10/30/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/30/2025

12/02/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 12/24/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/07/2025

Inspections / Reviews *(continued)*

12/04/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/24/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/24/2025

01/09/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/24/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

183e - Storing Medications

1. 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] the following medication cards were observed to have a punctured blister foil with the medication still present in the spot- exposing it to contamination or improper sanitation:

- Resident [redacted]
- Resident [redacted]
- Resident [redacted]
- Resident [redacted]

Plan of Correction

Accepted [redacted] 12/04/2025)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/30/2025. The LPN removed the pill from the compromised blister backing.

To enhance the currently compliant operations, on 10/30/2025 the Medication administrators discarded pills from the compromised blister packs, Education provided to medication administrators to be alert to compromised blister packs and assure nails are kept to an acceptable length per policy, with a completion date of 12/19/2025.

Effective 11/24/2025 the Lead Nurse will perform weekly cart review of med carts for compromised blister packs for 4 weeks and monthly thereafter. Med Administrators will discard pills from compromised blister packs. Licensed nurses will 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.

Licensee's Proposed Overall Completion Date: 12/23/2025

Implemented [redacted] - 01/09/2026)

184b - Labeling OTC/CAM

2. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On [redacted], [redacted] and [redacted] and WeCare CalaSoothe lotion were observed in the Oak Terrace medication cart. These medications were not labeled with a resident's name.

On [redacted] a bottle of [redacted] was observed in the McLean medication cart. It was not labeled with a resident's name.

184b Labeling OTC/CAM (continued)

Plan of Correction

Directed (redacted) - 12/04/2025)

In response to the violation on (redacted) by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/30/2025 by the LPN/RN to immediately removed the CalaSoothe from the med cart. The Centrum Mens 50 + was labeled with the resident's name per the order.

To enhance the currently compliant operations, on 11/24/2025 the Medication administrators will be educated to assure correct labeling during medication cart reviews, with a completion date of 12/19/2025.

Effective November 24, 2025 the Lead RN will perform weekly med cart reviews for 4 weeks through 12/19/2025 and monthly thereafter to maintain ongoing compliance with ensuring if the OTC medications and CAM belong to the resident, they will be identified with the resident's name. PCHA will Report compliance at QAPI. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 12/23/2025

Directed Plan of Correction (redacted) - 12/4/25).

To clarify the above plan of correction, the administrator or designee shall provide education to medication administrators.

Directed Completion Date: 12/23/2025

Implemented (redacted) - 01/09/2026)

185a - Implement Storage Procedures

3. 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) insert 1 application rectally every 24 hours as needed for (redacted). On (redacted), this medication was not available in the home.

Resident (redacted) is prescribed (redacted) insert 1 application rectally every 24 hours as needed for (redacted) and (redacted) insert 1 suppository rectally every 24 hours as needed for (redacted). On (redacted), these medications were not available in the home.

Plan of Correction

Directed (redacted) 12/04/2025)

In response to the violation on (redacted) by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/30/2025 by the LPN/RN. The fleet enema was present in the McLean med room and available per the resident's order if needed. This item is stocked in house for Meadowood health center residents as per bowel protocol. Newer nurse in McLean Center reminded of the location by PCHA and LPN on 11/24/25.

185a - Implement Storage Procedures (continued)

To enhance the currently compliant operations, on 11/24/2025 the Medication Administration staff will be aware of location of the Fleets product, with a completion date of 12/12/2025.

Effective 11/24/2025 the PCHA or designee will perform every other month review through 12/19/2025 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. PCHA or designee will report at QAPI and with any new nurse/med tech working that this product is available in house. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. Location of house stock meds will be added to orientation checklist and reviewed with current nursing staff by PCHA.

Proposed Overall Completion Date: 12/23/2025

Directed Plan of Correction (████) - 12/4/25)

To clarify the above plan of correction, within 20 days of the receipt of the acceptable plan of correction, the administrator or designee shall educate all staff qualified to administer medications of the locations and storage procedures for all prescription, CAM, and OTC medications.

Directed Completion Date: 12/23/2025

Implemented (████) - 01/09/2026)