

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

April 3, 2026

[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 12/13/2025, 01/15/2026, 01/16/2026 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:** 206 **Waking Staff:** 155

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Monitoring **Exit Conference Date:** 01/16/2026

Inspection Dates and Department Representative

12/13/2025 - On-Site [REDACTED]
01/15/2026 - On-Site [REDACTED]
01/16/2026 - 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:** memory care **Capacity:** 34 **Residents Served:** 27

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: NA **Are 60 Years of Age or Older:** 139
Diagnosed with Mental Illness: 4 **Diagnosed with Intellectual Disability:** 1
Have Mobility Need: 65 **Have Physical Disability:** NA

Inspections / Reviews

12/13/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 02/21/2026

Inspections / Reviews *(continued)*

03/04/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/01/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/16/2026

04/03/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/01/2026

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 9:44am, laptop containing resident medication administration records were unlocked, unattended, and accessible on the medication cart located in the hallway in Chatman house..

Plan of Correction

Accept ([REDACTED] - 03/04/2026)

During the week of 2/9/26, the nurses were in-serviced by the ADON's about the importance of ensuring that all confidential information is secured at all times and that med carts are secured when not in use.

The ADON's will continue completing audits to verify that medications are stored correctly in our med carts. The ADON's work directly with the nurses during audit to ensure understanding if concerns are noted. These audits will continue until 5/16/2026.

Licensee's Proposed Overall Completion Date: 04/02/2026

Implemented ([REDACTED] - 04/03/2026)

62 - Contact List

2. Requirements

2600.

62. List of Staff Persons - The administrator shall maintain a current list of the names, addresses and telephone numbers of staff persons including substitute personnel and volunteers.

Description of Violation

Staff person A, the administrator, does not maintain a list of staff persons who worked in the personal care units of the home.

Plan of Correction

Accept ([REDACTED] - 03/04/2026)

The Administrator does and always has maintained a list of staff person who work in the personal care home.

The list of staff persons who work in the personal care home was given to the inspectors during the survey.

The Administrator, along with Human Resources, will continue to maintain a record of staff members who work in the personal care home.

The Administrator will confirm this list is being completed on a monthly basis.

Licensee's Proposed Overall Completion Date: 04/02/2026

Implemented ([REDACTED] - 04/03/2026)

85a - Sanitary Conditions

3. Requirements

2600.

- 85.a. Sanitary conditions shall be maintained.

85a Sanitary Conditions (continued)

Description of Violation

On [REDACTED] at 9:46am, a bag filled with urine was observed in Resident [REDACTED]'s bathroom sink.

On [REDACTED] at 10:07 am, Resident [REDACTED] was observed sitting in a chair stained with a dark brown substance.

On [REDACTED] at 11:27am, Resident [REDACTED]'s bedroom had a strong odor of feces.

[REDACTED] at approximately 11:15a

Plan of Correction

Directed [REDACTED] - 03/04/2026)

During the week of 2/9/26, the nurses were in serviced by the ADON's about the importance of maintaining sanitary conditions throughout the facility

The Administrator or designee will continue completing audits to verify that the environmental conditions / sanitary conditions are acceptable. As part of these rounds, anything identified as being in need of attention is addressed immediately. These audits will continue until 5/16/2026.

Proposed Overall Completion Date: 04/02/2026

Directed Plan of Correction [REDACTED] 3/4/26):

In addition to the plan of correction submitted the home will

1. The direct care staff will be included in the training on maintaining sanitary conditions.
2. The direct care staff removed the urine in the bathroom sink of resident #1's bathroom, immediately.
3. The housekeeping staff will ensure the chair that resident #2 was sitting is cleaned by 3/15/26.
4. The housekeeping staff will address the odors in resident #3's room on an ongoing basis, checking at least daily, starting immediately.

Directed Completion Date: 03/16/2026

Implemented [REDACTED] 04/03/2026)

101j3 - Bed/Linens/Pillows/Blankets

4. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

The bed for resident [REDACTED] blanket is stained with what appears to be urine.

101j3 - Bed/Linens/Pillows/Blankets (continued)

Plan of Correction

Accept () - 03/04/2026

Linens are laundered by the facility laundry department.

Linens that are stained or damaged, are removed from circulation and discarded.

The laundry department will be in-serviced on this expectation by the Director of Environmental services. This will be completed by 3/13/2026.

From 3/16/2026 to 5/12/2026, the Director of Environmental Services will complete a weekly audit, on all facility linen, to ensure that there are no stains.

Licensee's Proposed Overall Completion Date: 04/02/2026

Implemented () - 04/03/2026

101o - Walls, Floors, Ceilings

5. Requirements

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

The floor in bedroom () for Resident () was stained with a red substance which was reported as dried Jello.

Plan of Correction

Accept () - 03/04/2026

The stain in () was addressed during the survey.

The ADON's will in-service the nursing department on the importance of reporting floor stains so that they can be taken care of appropriately. This will be completed by 3/13/2026.

The Director Environmental Services will complete facility rounds, verifying that floor surfaces are in acceptable condition and that there are no stains that need to be addressed. Theses rounds will be completed from 3/16/2026 - 5/12/2026.

Licensee's Proposed Overall Completion Date: 04/02/2026

Implemented () - 04/03/2026

132h - Designated Meeting Place

6. Requirements

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

According to multiple resident interviews they do not evacuate to a fire safe area during fire drills when the fire drill is not near their room.

Plan of Correction

Directed () - 03/04/2026

As part of the facility fire emergency plan, residents are evacuated to fire safe areas during fire drills.

132h - Designated Meeting Place (continued)

The Director of Maintenance will complete in-servicing for all staff to review fire drill proceedings and review fire safe areas in each location (**directed, [REDACTED] 3/4/26) by 4/1/26.**

The Administrator or designee will review fire drill procedures with non-memory care residents to ensure that the fire safe areas are understood by the residents (**directed, [REDACTED] 3/4/26) by 4/1/26.**

The Director of Maintenance will document each fire drill and verify that residents are evacuated into fire safe areas in accordance with facility fire safety plan. This is ongoing.

Proposed Overall Completion Date: 04/23/2026

Directed Completion Date: 04/01/2026

Implemented [REDACTED] - 04/03/2026)

183b - Meds and Syringes Locked**7. 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: 50am Therapeutic Moisturizing Mineral Lotion " Apply to affected area on bilateral LE topically daily" and Calmoseptine Ointment " Apply topically twice daily" was unlocked, unattended, and accessible in Resident [REDACTED] bedroom.

On [REDACTED] at 9:57am, A&D ointment was unlocked, unattended, and accessible in Resident [REDACTED] bathroom.

Plan of Correction

Directed [REDACTED] - 03/04/2026)

During the week of 2/9/26, the nurses were in-serviced by the ADON's about the importance of ensuring that medications were stored in proper locations.

The ADON's will continue completing audits to verify that medications are stored properly in the facility. The ADON's work directly with the nurses during audit to ensure understanding if concerns are noted. These audits will continue until 5/16/2026.

Proposed Overall Completion Date: 04/02/2026

Directed Plan of Correction [REDACTED] 3/4/26):

The Directed Plan of Correction will include the steps noted in the submitted plan plus the following additional steps:

1. The unlocked medication in residents [REDACTED] and [REDACTED] will be removed immediately.
2. The med techs and/or clinical staff will check all resident rooms daily to ensure medications are locked and secure, starting immediately, until 5/16/26.

183b - Meds and Syringes Locked (*continued*)

Directed Completion Date: 04/02/2026

Implemented (████) - 04/03/2026)

183e - Storing Medications

8. 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 █████ at 10:29am, a loose pill was observed in the medication cart located in Chatham B and the blister pack for Resident █████ was torn for pill slot 3 and remained in the medication cart.

Plan of Correction

Directed (████) - 03/04/2026)

During the week of 2/9/26, the nurses were in-serviced by the ADON's about the importance of ensuring that all medication packaging remain in tact during med pass, including how to handle the situation if any pill is inadvertently removed from the packaging.

The ADON's will continue completing **weekly** audits to verify that medications are stored correctly in our med carts. The ADON's work directly with the nurses during audit to ensure understanding if concerns are noted. These audits will continue until 5/16/2026.

Proposed Overall Completion Date: 04/02/2026

Directed Completion Date: 04/02/2026

Implemented (████) - 04/03/2026)

186c - Change in Medications

9. Requirements

2600.

186.c. Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

Description of Violation

On █████, the blister pack for █████ tablet for Resident █████ label reads "Give 1 tablet once a week on Monday" however the MAR reads "Give 1 tablet by mouth daily".

Plan of Correction

Directed (████) 03/04/2026)

The ADON will in-service the nurses about the importance of verifying consistency between the medication packaging and physician orders in MAR. This will be completed by 3/13.

Beginning 3/16/26, The ADON's will complete audits comparing the MAR to the packaging on a weekly basis. At

186c - Change in Medications (continued)

least 4 medication carts will be audited each week. These audits will continue until 5/15/2026.

Proposed Overall Completion Date: 04/02/2026

Directed Plan of Correction [REDACTED] 3/4/26):

The following additional steps will be added to the submitted Plan of Correction:

1. The ADON will ensure that resident [REDACTED]'s medication label/MAR was corrected to follow the actual prescription within the next 10 days.
2. The ADON will conduct a month end review to compare the prescription label with the MAR and actual prescription, starting immediately for the next 3 months.
3. The administrator will review the month end audits during the QA meetings at least annually, starting immediately.

Directed Completion Date: 04/02/2026

Implemented [REDACTED] 04/03/2026)