

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

September 8, 2025

[REDACTED]  
SHANNONDELL INC  
[REDACTED]  
[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 07/24/2025 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: 204 Waking Staff: 153

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Incident Exit Conference Date: 07/24/2025

**Inspection Dates and Department Representative**

07/24/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: 171 Residents Served: 143

**Secured Dementia Care Unit**  
 In Home: Yes Area: Avondale Unit Capacity: 34 Residents Served: 33

**Hospice**  
 Current Residents: 11

**Number of Residents Who:**  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 142  
 Diagnosed with Mental Illness: 4 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 67 Have Physical Disability: 0

**Inspections / Reviews**

07/24/2025 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/08/2025

08/11/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 09/05/2025  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 09/05/2025

Inspections / Reviews *(continued)*

09/08/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/05/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
  - 1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
  - 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
  - 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
  - 4. Special health or dietary needs of the resident.
  - 5. Allergies.
  - 6. Immunization history.
  - 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
  - 8. Body positioning and movement stimulation for residents, if appropriate.
  - 9. Health status.
  - 10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident [redacted] medical evaluation dated [redacted] did not include the medication regimen, contraindicated medications, or medication side effects.

Plan of Correction

Accept [redacted] - 08/11/2025)

Resident 1's medical evaluation includes the medication regimen, contraindicated medications, or side effects.

The Community Relations Director was in serviced on regulation 141a to ensure the medication regimen, contraindicated medications or medication side effects is present on the medical evaluation on 8/5/2025.

The administrator or designee will complete a one time audit to ensure the medication regimen, contraindicated medications or medication side effects are present on the medical evaluation for all residents. This was completed 8/6/2025 ensuring all residents medical evaluation includes the medication regimen, contraindicated medications or medication side effects.

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: 08/06/2025

Implemented [redacted] - 09/08/2025)

183d - Prescription Current

2. Requirements

2600.

**183d Prescription Current (continued)**

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

**Description of Violation**

On [REDACTED], prescribed for resident [REDACTED] was in the home's narcotics locked box; however, the medication was discontinued on [REDACTED]

**Plan of Correction**

Accept [REDACTED] - 08/11/2025)

The discontinued medication was discarded.

Licensed nursing staff will be in serviced using the community policy on the importance of discarding discontinued medications by 8/22/2025.

An initial audit will be conducted by the ADON or designee using the SigmaCare orders to determine if any discontinued medications are present in the home and discarded from the med cart. This will be completed on the week of 8/25/25. A report will be gathered through sigmacare to determine current medication orders, expiration dates, resident name, and PRN or straight orders to ensure any discontinued medications are disposed of daily for 2 months. This will begin immediately after the initial audit is complete.

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: 09/05/2025

Implemented [REDACTED] 09/08/2025)

**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**

According to the home's policy for controlled substances, the keys to the medication cart and narcotics box should be kept with the nurse at all times during the shift. However, on [REDACTED], during the shift from 7:00 p.m. to 7:00 a.m., staff member A left the keys for the medication carts and the narcotics box for the Inn building on one of the open medication station drawers unattended.

According to the home's policy for controlled substances, two licensed nurses should be counting all controlled substances at the beginning and end of every shift and signing to verify that the count is correct. However, on [REDACTED], during the shift from 7:00 p.m. to 7:00 a.m., staff member A counted the medications at 9:00 p.m. alone at the Inn building.

## 185a - Implement Storage Procedures (continued)

**Plan of Correction**

Accept [REDACTED] - 08/11/2025)

The keys to the medication cart/narcotics box should be on the nurse's person at all times throughout their shift. 2 licensed nurses are to count all controlled substances at the beginning and end of every shift and sign to verify that the count is correct.

Licensed nursing staff will be in serviced on the importance of keeping their medication cart/narcotics box keys on their person as well as counting all controlled substances at the end and beginning of their shift with 2 licensed nurses with use of the community's controlled substance policy. This will be completed by 8/22/2025.

The ADON or designee will conduct daily audits for 2 months of the narc book to ensure 2 licensed nurses completed a count together and signed stating the count is correct, verifying the nurse coming in and going out signed off together. The ADON or designee will audit daily through visual confirmation to ensure the licensed staff are keeping the keys to the medication cart/narcotics box on their person at all times throughout the shift. These audits will begin 8/25/25.

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: 09/05/2025

Implemented [REDACTED] 09/08/2025)

## 252 - Record Content

**4. Requirements**

2600.

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

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident's physician or source of health care.
7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.
9. Dietary restrictions.
10. A record of incident reports for the individual resident.
11. A list of allergies.
12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
14. A support plan.
15. Applicable court order, if any.

252 - Record Content (*continued*)

16. The resident's medical insurance information.
17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.
19. An inventory of the resident's property entrusted to the administrator for safekeeping.
20. The financial records of residents receiving assistance with financial management.
21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
22. Copies of transfer and discharge summaries from hospitals, if available.
23. If the resident dies in the home, a copy of the official death certificate.
24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
25. A copy of the resident-home contract.
26. A termination notice, if any.

**Description of Violation**

*The records for residents [REDACTED] and [REDACTED] do not include a record of incident reports for the individual residents.*

**Plan of Correction**

**Accept [REDACTED] - 08/11/2025)**

*The incident reports for resident [REDACTED] & [REDACTED] have been added to their individual resident file.*

*The administrator was in serviced on 8/5/2025 on regulation 252 to ensure incident reports are kept in the resident's individual files.*

*The administrator will complete a 1 time audit of all individual resident files to ensure all incident reports are filed in the individual resident files. This was completed on 8/6/2025.*

*On a regular basis, the administrator or designee will ensure the incident report is in the resident's individual file.*

*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: 08/06/2025**

**Implemented [REDACTED] - 09/08/2025)**