





COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

SEP 02 2010

PHONE: (717) 783-3670  
FAX: (717) 783-5662

Mr. David Leader, Chief Operating Officer  
Country Meadows Associates  
830 Cherry Drive  
Hershey, Pennsylvania 17033

RE: Country Meadows of Leader Heights  
2760 Pine Grove Road  
York, Pennsylvania 17403

Dear Mr. Leader:

As a result of the Department of Public Welfare's licensing inspection on July 28, 2010 and July 29, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

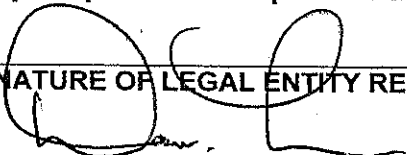
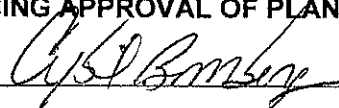
Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey  
Deputy Secretary

Enclosures  
License  
Violation Report

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

|   |                   |  |                 |
|---|-------------------|--|-----------------|
| NAME AND ADDRESS OF PERSONAL CARE HOME<br>Country Meadows of Leader Heights, 2760 Pine Grove Road, York, Pennsylvania 17043   |                   | CURRENT LICENSE NUMBER<br>350800   |                 |
| INSPECTION DATE(S) (Include all dates of the inspection)<br>July 28 and 29, 2010  |                   | REGIONAL REPRESENTATIVE<br>John Bungo, Becky Riel, and Ron Minnich   |                 |
| PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)<br><p align="center">David C. Leader, COO</p> |                   |  |                 |
| SIGNATURE OF LEGAL ENTITY REPRESENTATIVE<br>   | DATE<br>8/13/2010 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION<br> | DATE<br>8/24/10 |

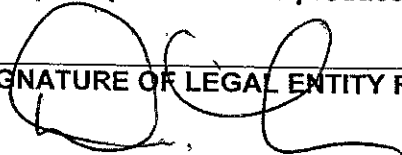
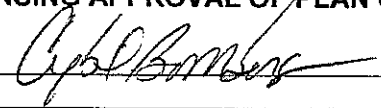
| 1<br>REGULATION<br>55 Pa.Code § 2600.   | 2<br>VIOLATION   | 3<br>DATE BY WHICH<br>CORRECTION<br>WILL BE<br>COMPLETED | 4<br>PLAN OF CORRECTION<br>(include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)  | 5<br>DATE<br>COMPLIANCE<br>VERIFIED<br>BY DPW  |
|---|--|--|---|--|
| 63a<br>At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and cardiopulmonary resuscitation shall be present in the home at all times | The census of the home on 7/25/10 was 139 residents. Only one staff person certified in both first aid and CPR was working from 11pm to 1 am on the third shift. When another direct care worker arrived at 1:00 am, there was only 2 staff certified in first aid and CPR working 1 am to 7 am on the same shift. | 8/10/2010<br><br>8/27/2010<br>9/2/2010<br><br>ongoing    | Additional co-workers currently scheduled to work the 11-7 shift were trained in CPR on 8/10/2010 in order to ensure scheduling of the correct staff to resident ratio of 1 staff person for every 50 residents. (Training Documentation attached)<br><br>New training sessions are scheduled for additional personal care associates to be certified in CPR on 8/27/2010 and 9/2/2010.<br><br>Two additional internal trainers are being added to ensure adequate in-house training resources. | Steps have been taken to correct violation; full compliance is not verifiable<br><u>8/24/10</u> <u>DR</u><br>Date Initials (DPW) |

ongoing

Executive Director/designee will routinely audit staffing schedules in order to ensure compliance with the regulation.

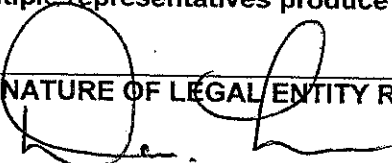

AUG 18 2010



**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

|  |  |   |   |
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| <b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b><br>                                   |  | <b>DATE</b><br>8/13/2010  | <b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b><br> |
|  |  |   | <b>DATE</b><br>8/24/10  |

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|---|---|--|--|---|
| 183f<br>Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home. | <p>–The PRN medication "Milk of Magnesia" for Resident No. 1 had an expiration date of 6/10.</p> <p>–The PRN medication "Milk of Magnesia" for Resident No. 2 had an expiration date of 6/10.</p> | <p>7/28/2010</p> <p>8/11/2010 &amp; ongoing</p> <p>8/24/10</p> | <p>The PRN medications for Residents 1 &amp; 2 were disposed of at time of the inspection.</p> <p>A new system of oversight and monitoring of medications to effectively identify and destroy expired medications was developed and all nurses and med-techs were trained in this system on 8/11/10. (training documentation attached)</p> <p><i>Weekly and monthly medication audits will be conducted at which time the expiration dates of PRN medication audits will be checked. B 8/24/10</i></p> | <p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><del>8/24/10</del> <i>CB</i></p> <p>Date Initials (DPW)</p> |

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|---|---|--|---|---|
| 254c<br>Resident records shall be stored in locked containers or a secured, enclosed area used solely for record storage and be accessible at all times to the administrator or the administrator's designee, and upon request, to the Department or representatives of the area agency on aging. | At approximately 9:50 am on 7/29/10, a stack of the August Medication Administration Records (MARs) were found unattended in the dining area of the Connections Neighborhood next to the wellness office on the second floor. | 7/29/2010<br><br>7/29/2010<br><br>8/11/2010 &<br>ongoing | The unattended MARs were moved to a secured location at the time of the inspection.<br><br>Co-worker was counseled at the time of the inspection.<br><br>All nursing staff and department heads were in-serviced as to the regulations, policies and procedures regarding the acquisition, use and storage of resident records on 8/11/2010.<br>(training documentation attached) | Steps have been taken to correct violation; full compliance is not verifiable<br><br>Date<br><br>Initials (DPW) |

ongoing

Director of Wellness/designee will randomly audit co-workers working with resident records to ensure privacy/security regulations are met.