

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to COUNTRY MEADOWS ASSOCIATES

LEGAL ENTITY

To operate COUNTRY MEADOWS OF SOUTH HILLS II

NAME OF FACILITY OR AGENCY

Located at 3570 WASHINGTON PIKE, BRIDGEVILLE, PA 15017

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 200
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from August 22, 2012 until August 22, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 430810

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



AUG 16 2012

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

RE: Country Meadows of South Hills II
3570 Washington Pike
Bridgeville, Pennsylvania 15017

Dear Mr. Leader:

As a result of the Department of Public Welfare's licensing inspection on July 10, 2012 and July 11, 2012, and the corrections you have made after our inspection, we have found the above personal care home to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky". The signature is written in a cursive style with a long horizontal stroke at the end.

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 43081 - 07/10/2012 - Marini, Michael
PCH Name: COUNTRY MEADOWS OF SOUTH HILLS II

2 2012

1. REGULATION 55 Pa.Code §2600

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.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

Resident 1 had an order for Nitrostat as needed for chest pain. The resident's Nitrostat was not available in the home at the time of the inspection.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The medication for resident #1 is on site as of 7/11/2012. Routine, random audits of medication inventory will be conducted by the Director of Wellness / Regional Director / designee to ensure all ordered medications are available on site for distribution per physician orders.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)



Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Diana Ponterio, Vice President of Operations

Date 8/1/2012

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 8/3/12
(Date)

Plan of correction implementation status as of 8/3/12
(Date)

The above plan of correction was approved by [Signature]
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 43081 - 07/10/2012 - Marini, Michael
PCH Name: COUNTRY MEADOWS OF SOUTH HILLS II

2 2012

1. REGULATION 55 Pa.Code §2600

2600.188(d) - There shall be a system in place to identify and document medication errors and the home's pattern of error.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

The home does not have a system to identify and document medication errors and patterns of errors. Neither staff person A, the administrator, or staff person B, the Associate Executive Director, are able to describe such a system.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The campus does have a system in place to identify and document medication errors and patterns of errors. Staff person A and B and administrator contacted the campus executive director who provided documentation to the surveyor at time of inspection. All parties present are familiar with the process of identifying and documenting medication errors and patterns. Ongoing, the Director of Wellness / Regional Director / designee will do random audits to ensure compliance with regulations.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Diana Ponterio*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Diana Ponterio, Vice President of Operations Date 8/1/2012

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The above plan of correction is approved as of 8/3/12 (Date)

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