



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

JUL 05 2013

Mr. David C. Leader, COO  
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 May 8, 2013, May 9, 2013 and May 10, 2013, 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).

Your regular license for the period August 22, 2013 until August 22, 2014 was issued on June 13, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky".

Ronald Melusky  
Director

Enclosure  
Violation Report

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

**RECEIVED**

JUN 13 2013

**WEST REGION FIELD OFFICE**  
 Human Services Licensing

|  |  |                       |
|--|--|-----------------------|
| PCH Name: COUNTRY MEADOWS OF SOUTH HILLS II  |  | License Number: 43081 |
| Address: 3570 WASHINGTON PIKE, BRIDGEVILLE, PA 15017   |  | County: Allegheny     |
| Administrator: Suzanne Keddle  |  | Region: WEST          |
| Legal Entity Name: COUNTRY MEADOWS ASSOCIATES  |  |                       |
| Legal Entity Address: 830 CHERRY DRIVE, HERSHEY, PA 17033  |  |                       |
| <b>Certificate(s) of Occupancy</b><br>C-2 LP<br>01/20/1999<br>L & I  |  |                       |
| <b>Staffing Hours</b><br>Resident Support: 0                      Total Daily Staff: 185                      Waking Staff: 139  |  |                       |
| Type of Inspection: Full                      BHA Docket Number:                      Notice: Unannounced  |  |                       |
| <b>Reason(s) for Inspection(s)</b><br>Renewal  |  |                       |
| <b>On-Site Inspections Dates and Department Representatives On-Site</b><br>05/08/2013: Whitney, Diane; Pfaff, Vicki<br>05/09/2013: Whitney, Diane; Pfaff, Vicki<br>05/10/2013: Whitney, Diane  |  |                       |
| <b>Off-Site Inspection Dates and Inspectors, if Applicable</b><br><br><br><br>   |  |                       |
| <b>Other Details</b><br>Partial or Full Triggers:                      Random Indicators:  |  |                       |
| <b>Resident Demographic Data as of Inspection Dates</b>  |  |                       |
| Licensed Capacity: 200<br>Number of Residents Served: 175<br>Secured Dementia Care Unit in Home: No<br>Area:<br>Secured Dementia Unit Capacity, if Applicable:<br>Number of Residents Served in Secured Dementia Care Unit, if applicable:<br>Number of Current Hospice Residents: 6<br>Number of Hospice Residents in past year: 27 | <b>Number of Residents who:</b><br>Receive Supplemental Security Income: 0<br>Are 60 Years of Age or Older: 175<br>Have Mental Illness: 0<br>Have an Intellectual Disability: 0<br>Have a Mobility Need: 10<br>Have a Physical Disability: 0 |                       |

Violation Report: 43081 - 05/08/2013 - Whitney, Diane  
PCH Name: COUNTRY MEADOWS OF SOUTH HILLS II

JUN 13 2013

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The contract for resident #1, admitted on 4-19-2013, was not signed by the payer.

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 payer signed the contract on May 9, 2013.

Ongoing the executive director / designee will monitor to ensure all agreements are properly signed at time of admission or transfer.

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) Michelle Hamilton  
Chief of Senior living Operations

Date 6/13/13

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

The above plan of correction is approved as of 6/13/13  
(Date)

Plan of correction implementation status as of 6/18/13  
(Date)

The above plan of correction was approved by   
(Initials)

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

Violation Report: 43081 - 05/08/2013 - Whitney, Diane  
PCH Name: COUNTRY MEADOWS OF SOUTH HILLS II

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

On 5-8-2013, the outside trash containers for building #4 were uncovered.

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.

At time of inspection the lids to outside trash containers were closed. Co-workers were educated on the importance of closing the lids. An additional dumpster was obtained.

Ongoing routine, random audits will be conducted by executive director / designee to ensure compliance.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative *Michelle Hamilton*  
(Required on EVERY Page) *Chief of Senior Living Operations*      Date *6/13/13*

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

The above plan of correction is approved as of *6/18/13*  
(Date)

Plan of correction implementation status as of *6/18/13*  
(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 - 05/08/2013 - Whitney, Diane  
PCH Name: COUNTRY MEADOWS OF SOUTH HILLS II

JUN 13 2013

1. REGULATION 55 Pa.Code §2600  
2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION  
The telephone in bedroom #461B does not have emergency service phone numbers, local hospital, poison control hotline or personal care home complaint hotline numbers posted nearby.

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 telephone in bedroom #461B was a cell phone. A card with all emergency numbers was attached to the charger cord at time of inspection.  
Ongoing, a card with emergency service phone numbers, local hospital, poison control hotline or personal care home complaint hotline number will be posted next to the cell phone where charged or on the charging cable and will be monitored by executive director / designee.

Violation  
withdrawn  
JUN 13/13

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

Signature of Legal Entity Representative (Required on EVERY Page) *Michelle Hamilton*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michelle Hamilton*  
*Chief of Senior Living Operations*      Date *6/13/13*

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

|   |  |
|---|--|
| The above plan of correction is approved as of _____ (Date)   | Plan of correction implementation status as of _____ (Date)  |
| The above plan of correction was approved by _____ (Initials) | <input type="checkbox"/> Fully Implemented<br><input type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

|  |  |
|--|--|
| Violation Report: 43081 - 05/08/2013 - Whitney, Diane<br>PCH Name: COUNTRY MEADOWS OF SOUTH HILLS II | WEST REGION FIELD OFFICE<br>Human Services |
|--|--|

1. REGULATION 55 Pa.Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

On 5-8-2013, at approximately 12:10 P.M., the refrigerator in the Country Kitchen on the 3rd floor, in building #4, did not have a thermometer.

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.

Thermometer was placed in the refrigerator in the Country Kitchen on the 3rd floor in building #4 on May 9, 2013. Ongoing the executive director / designee will complete regular checks of the refrigerator to ensure compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Michelle Hamilton*

|   |                     |
|---|---------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michelle Hamilton<br/>Chief of Senior Living Operations</i> | Date <i>6/13/13</i> |
|---|---------------------|

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

The above plan of correction is approved as of 6/13 (Date)

Plan of correction implementation status as of 6/13/13 (Date)

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

- Fully Implemented *[Signature]*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 43081 - 05/08/2013 - Whitney, Diane  
PCH Name: COUNTRY MEADOWS OF SOUTH HILLS II

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.109(b) - Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

2a. DESCRIPTION OF VIOLATION

On 5-8-2013, a cat named Katie was present at the home. The home does not have a current certificate of rabies vaccination for Katie.

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.

Katie's rabies vaccination was delayed due to a surgery she required at the time the vaccination was due. Rabies vaccination was given to Katie on June 11, 2013.

Ongoing the pet coordinator will ensure all pets have necessary vaccinations.

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) Michelle Hamilton  
Chief of Senior Living Operations

Date 6/13/13

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

The above plan of correction is approved as of 6/18/13  
(Date)

Plan of correction implementation status as of 6/18/13  
(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 - 05/08/2013 - Whitney, Diane  
PCH Name: COUNTRY MEADOWS OF SOUTH HILLS II

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.131(c) - A fire extinguisher with a minimum 2A-10BC rating shall be located in each kitchen. The kitchen extinguisher meets the requirements for one floor as required in § 2600.131(a).

2a. DESCRIPTION OF VIOLATION

The fire extinguisher in the Gathering Room kitchen in building #4 has a rating of 40BC.

There was no fire extinguisher in the Country Kitchen on the 3rd floor of building #4. The nearest fire extinguisher was outside the double doors in the hall.

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 fire extinguisher in the gathering room kitchen in building #4 has been replaced with an ABC rating.

An ABC fire extinguisher was placed in the Country Kitchen on the 3rd floor of building #4.

Ongoing maintenance / designee will monitor all fire extinguishers monthly to ensure proper pressure and availability.

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michelle Hamilton*  
*Chief of Senior Living Operations*      Date *6/13/13*

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

The above plan of correction is approved as of *6/18/13*  
(Date)

Plan of correction implementation status as of *6/18/13*  
(Date)

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

- Fully Implemented *[Signature]*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 43081 - 05/08/2013 - Whitney, Diane  
PCH Name: COUNTRY MEADOWS OF SOUTH HILLS II

JUN 13 2013

1. REGULATION 55 Pa.Code §2600  
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION  
Resident #2's last medical evaluation was completed on 2-21-2012.

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.

Resident #2 did have a current medical evaluation dated 2/21/13 which was shown to inspectors at time of survey. However it was not in the resident's file. The medical evaluation was placed in the resident's file. Ongoing the executive director / office manager will monitor to ensure all paperwork is filed in an appropriate manner to ensure compliance.

*Violation  
withheld  
6/13/13*

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Michelle Hamilton*

Printed Name and Title of Legal Entity Representative *Michelle Hamilton*      Date *6/13/13*  
(Required on EVERY Page) *Chief of Senior Living Operations*

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

The above plan of correction is approved as of \_\_\_\_\_  
(Date)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

The above plan of correction was approved by \_\_\_\_\_  
(Initials)

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

Violation Report: 43081 - 05/08/2013 - Whitney, Diane  
PCH Name: COUNTRY MEADOWS OF SOUTH HILLS II

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

The support plan for resident #3, dated 3-21-2013, does not have any signatures of who participated in its development and does not designate if the resident refused or was unable to sign the plan.

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 support plan for resident #3, was signed by those participating in its development and the resident at time of inspection. Ongoing the executive director / designee will conduct routine reviews of resident files to ensure compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Michelle Hamilton*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

Michelle Hamilton  
Chief of Senior Living Operations

Date

6/13/13

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

The above plan of correction is approved as of

6/13/13  
(Date)

Plan of correction implementation status as of

6/13/13  
(Date)

The above plan of correction was approved by

*[Signature]*  
(Initials)

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