



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUL 05 2013

Mr. David C. Leader, CEO
830 Cherry Drive
Hershey, Pennsylvania 17033

RE: Country Meadows of South Hills I
3560 Washington Pike
Bridgeville, Pennsylvania 15017

Dear Mr. Leader:

As a result of the Department of Public Welfare's licensing inspection on May 30, 2013 and May 31, 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 September 11, 2013 until September 11, 2014 was issued on June 17, 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

RECEIVED

JUN 13 2013 *ml*

Violation Report: 43066 - 05/30/2013 - Whitney, Diane
PCH Name: COUNTRY MEADOWS OF SOUTH HILLS I

WEST REGION FIELD OFFICE
Human Services Licensing

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.

2a. DESCRIPTION OF VIOLATION

The following medications were not available for resident #1:

- * Simvastatin 20mg, 1 tablet at bedtime
- * Calcium Antacid 500mg, 2 tablets daily PRN
- * Ventolin HFA inhaler 108mg, 1 puff every 6 hours PRN

The following medication was not available for resident #2:

- * Albuterol Nebulizer 0.083% PRN

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.

Medications for Resident # 1 and #2 were on order. The medications arrived the evening of May 30, 2013. Resident #1 and #2 did not miss any doses. All medications were on site that evening.

Ongoing the ADOW / designee will monitor to ensure all medications are on site and available to be administered per physician orders.

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

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|--|--------------------------|
| Signature of Legal Entity Representative (Required on EVERY Page) | <i>Michelle Hamilton</i> |
|--|--------------------------|

| | |
|---|----------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) | Date |
| <i>Michelle Hamilton, SAVP & Chief of Service</i> | <i>6/13/13</i> |

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

| | |
|--|--|
| The above plan of correction is approved as of <u>6/18/13</u> (Date) | Plan of correction implementation status as of <u>6/18/13</u> (Date) |
| The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials) | <input checked="" type="checkbox"/> Fully Implemented <i>2</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |