



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

OCT 08 2013

Mr. David C. 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 16, 2013 and July 17, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) must be maintained.

Your regular license for the period September 1, 2013 to September 1, 2014 was issued on June 17, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read 'RM', with a long horizontal flourish extending to the right.

Ronald Melusky  
Director

Enclosure  
License Inspection Summary

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

PCH Name: COUNTRY MEADOWS OF LEADER HEIGHTS		License Number: 350800
Address: 2760 PINE GROVE ROAD, YORK, PA 17403		County: York
Administrator: Kevin Cysyk		Region: CENTRAL
Legal Entity Name: COUNTRY MEADOWS ASSOCIATES		
Legal Entity Address: 830 CHERRY DRIVE, HERSHEY, PA 17033		
Certificate(s) of Occupancy 1-2 04/28/2011 York Township		
Staffing Hours Resident Support: NM                      Total Daily Staff: 191                      Waking Staff: 143		
Type of Inspection: Full                      BHA Docket Number: NA                      Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 07/16/2013: Riel, Becky; Bungo, John 07/17/2013: Riel, Becky; Bungo, John		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: NA                      Random Indicators: NA		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 215 Number of Residents Served: 145 Secured Dementia Care Unit in Home: Yes Area: NA Secured Dementia Unit Capacity, if Applicable: 48 Number of Residents Served in Secured Dementia Care Unit, if applicable: 43 Number of Current Hospice Residents: 2 Number of Hospice Residents in past year: 12	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 145 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 45 Have a Physical Disability: 3	

**RECEIVED**

AUG 19 2013

CENTRAL REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 35080 - 07/16/2013 - Riel, Becky  
 PCH Name: COUNTRY MEADOWS OF LEADER HEIGHTS

1. REGULATION 55 Pa.Code §2600  
 2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION  
 On 7/17/13, the home's current violation report was not posted in a conspicuous and public place in the home.

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 violation report was posted in the facility at the time of the inspection on 07/17/2013.  
 Executive Director and/or Designee will monitor for ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):	-
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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 August 16, 2013
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>9-30-13</u> (Date)	Plan of correction implementation status as of <u>9-30-13</u> (Date)
The above plan of correction was approved by <u>SH</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 35080 - 07/16/2013 - Riel, Becky  
 PCH Name: COUNTRY MEADOWS OF LEADER HEIGHTS

1. REGULATION 55 Pa.Code §2600  
 2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:  
 (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.  
 (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.  
 (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.  
 (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION  
 Resident #1 resides in the personal care home with his/her spouse who is on an independent level of care. The spouse, who is not a licensed physician or nurse, administers the resident's medications.

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.*  
 Spouse is no longer administering medications, ~~the~~ [REDACTED]  
 Medications are being administered by our nurses and/or medication associates.  
 Executive Director and/or Director of Wellness will monitor for ongoing 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 Michelle Hamilton,  
 (Required on EVERY Page) Chief of Senior Living Operations      Date August 16, 2013

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Violation Report: 35080 - 07/16/2013 - Riel, Becky  
 PCH Name: COUNTRY MEADOWS OF LEADER HEIGHTS

1. REGULATION 58 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

- Resident #2 is receiving hospice services. The resident's support plan does not address what services hospice is providing and when.
- Resident #3 is receiving hospice services. The resident's support plan does not address what services hospice is providing and when.
- On 2/25/2013, Resident #4's physician determined that the resident needs a no concentrated sweets diet. The resident's support plan does not address how the home will assist the resident in meeting these needs.
- On 8/29/2012, Resident #5's physician determined that the resident needs a no added salt and heart healthy diet. The resident's support plan does not address how the home will assist the resident in meeting these needs.

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.*

Support plans have been amended for Resident #2 and Resident #3 to include documentation of hospice services provided.

Support plans for Resident #4 and Resident #5 have been updated to include the type of assistance needed in meeting the residents' dietary needs.

Director of Wellness and/or Assistant Director of Wellness and Executive Director will monitor support plans for ongoing compliance.

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 Michelle Hamilton,  
 (Required on EVERY Page) Chief of Senior Living Operations

Date August 16, 2013

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The above plan of correction is approved as of

9-30-13  
 (Date)

Plan of correction implementation status as of 9-30-13  
 (Date)

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

The above plan of correction was approved by

DR  
 (Initials)