



FEB 04 2014

Ms. Michelle Hamilton, Chief of Senior Living Operations
Country Meadows of Hershey Associates
830 Cherry Drive
Hershey, Pennsylvania 17033

RE: Country Meadows of Hershey
451 Sand Hill Road
Hershey, Pennsylvania 17033
License #: 342830

Ms. McAndrew:

As a result of the Department of Public Welfare's licensing inspection on November 25, 2013 and November 26, 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 must be maintained.

Your regular license for the period January 31, 2014 to January 31, 2015 was issued on October 21, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones
Acting Director

Enclosure
License Inspection Summary

Violation Report: 34283 - 11/25/2013 - Gensil, Lori
 PCH Name: COUNTRY MEADOWS OF HERSHEY

1. REGULATION 55 Pa.Code §2600
 2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

Resident #1's designated person requested that no pictures of the resident be taken unless it remains in a confidential file. The home took a picture of the resident and published it in the November 2013 "Making Connections" newsletter. The newsletter was sent in the mail to all members of the Connections Club.

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.

An immediate apology for the oversight was given to the resident and responsible party.
 The information regarding photos of the resident was reviewed with all pertinent staff to ensure no further photos would be taken.
 Going forward, all photo consent forms will be reviewed by the Marketing Director and Executive Director; and information will be shared with appropriate staff. The Executive Director and designee will continue to monitor on an ongoing basis.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *PattiAnn Rohrbach*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) PattiAnn Rohrbach Vice President of Operations	Date 12/23/2013
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 1-15-14
 (Date)

Plan of correction implementation status as of 1-15-14
 (Date)

The above plan of correction was approved by *SR*
 (Initials)

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

Violation Report: 34283 - 11/25/2013 - Gensil, Lori
 PCH Name: COUNTRY MEADOWS OF HERSHEY

1. REGULATION 55 Pa.Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION
 The last drill conducted during sleeping hours in the East Wing was on 3/2/13.

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.

A successful sleeping hours fire drill was completed on 12/1/2013 at 4:41 A.M. A sleeping hours fire drill will be conducted every three months. The Executive Director and designee will monitor going forward.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *PattiAnn Rohrbach*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) PattiAnn Rohrbach Vice President of Operations	Date 12/23/2013
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The above plan of correction is approved as of <u>1-15-14</u> (Date)	Plan of correction implementation status as of <u>1-15-14</u> (Date)
The above plan of correction was approved by <u><i>SR</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 34283 - 11/25/2013 - Gensil, Lori
 PCH Name: COUNTRY MEADOWS OF HERSHEY

1. REGULATION 56 Pa.Code §2600
 2600 187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 received a flu shot prior to admission to the personal care home. The flu shot was administered on 9/10/13 and documented on the medical evaluation form dated 9/10/13. The home administered a second flu shot on 10/17/13.

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 resident's physician was notified of the error; no concerns were noted. All medical evaluations for new move-ins will be reviewed by the Director of Wellness and Assistant Director of Wellness to determine need for the vaccination. All vaccination and medication information will be monitored by The Director of Wellness and nursing team to ensure all orders are appropriately followed. The Executive Director and designee will monitor going forward.

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 PattiAnn Rohrbach (Required on EVERY Page)		Date 12/23/2013
Vice President of Operations		

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The above plan of correction is approved as of 1-15-14
 (Date)

The above plan of correction was approved by SE
 (Initials)

Plan of correction implementation status as of 1-15-14
 (Date)

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