



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

AUG 05 2014

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

RE: Country Meadows of South Hills II
3570 Washington Pike
Bridgeville, Pennsylvania 15017
License #: 430810

Dear Ms. Hamilton:

As a result of the Department of Public Welfare's licensing inspection on May 27, 2014 and May 28, 2014, 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 August 22, 2014 to August 22, 2015 was issued on May 16, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew Jones".

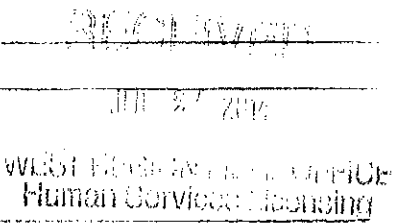
Matthew J. Jones
Director

SH

Enclosure
License Inspection Summary

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

Page 1 of 3

PCH Name: COUNTRY MEADOWS OF SOUTH HILLS II		License Number: 41
Address: 3570 WASHINGTON PIKE, BRIDGEVILLE, PA 15017		County: Allegheny
Administrator: Suzanne Keedie		Region: WEST
Legal Entity Name: COUNTRY MEADOWS ASSOCIATES		
Legal Entity Address: 830 CHERRY DRIVE, HERSHEY, PA 17033		
Certificate(s) of Occupancy C-2 LP 01/20/1999 L&I		
Staffing Hours		
Resident Support: N/A	Total Daily Staff: 196	Waking Staff: 147
Type of Inspection: Full	DHA Docket Number: N/A	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Incident		
On-Site Inspections Dates and Department Representatives On-Site 05/27/2014: Rosol, Jennifer; Flinner-Alman, Lisa 05/28/2014: Rosol, Jennifer; Flinner-Alman, Lisa		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 200	Number of Residents Served: 172	Number of Residents who:
Secured Dementia Care Unit in Home: No	Area:	Receive Supplemental Security Income: 0
Secured Dementia Unit Capacity, if Applicable:	Secured Dementia Unit Capacity, if Applicable:	Are 60 Years of Age or Older: 172
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Number of Current Hospice Residents: 4	Have Mental Illness: 0
Number of Hospice Residents in past year: 9		Have an Intellectual Disability: 0
		Have a Mobility Need: 24
		Have a Physical Disability: 3

REC'D

JUL 24 2014

1 of 8

Violation Report: 43081 - 05/27/2014 - Rosol, Jennifer
PCH Name: COUNTRY MEADOWS OF SOUTH HILLS II

WEST VIRGINIA STATE DEPARTMENT OF
Human Services Licensing

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 report 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 5/27/14, a copy of 55 Pa.Code Chapter 2600 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.

2a. Copy of 55PA Code Chapter 2600 was posted again on 5/27/2014. A second copy was posted inside a locked window to prevent recurrences of the issue.

Executive Director will be responsible to check posting daily on rounds.

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 July 25, 2014

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

The above plan of correction is approved as of 7-28-14
(Date)

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

Plan of correction implementation status as of 7-28-14

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

2014-07-25

JUL 25 2014

Violation Report: 43081 - 05/27/2014 - Rosol, Jennifer
PCH Name: COUNTRY MEADOWS OF SOUTH HILLS II

WEST VIRGINIA STATE DEPARTMENT OF
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or the resident's orders disclosure.

2a. DESCRIPTION OF VIOLATION
On 5/27/14, at 10:00 a.m., the violation report, dated 5/8/14, with the privacy coding document attached was unlocked and accessible next to room #10 in building #2.
On 5/27/14, at 10:30 a.m., a "resident communication log", dated 5/27/14, was unlocked and accessible in a drawer in building #2 dining room and included the following resident information:
* Blood work for residents, including resident #6
* Weights to be obtained for residents, including resident #7
On 5/27/14, at 11:12 a.m., a "narcotics binder" was unlocked and accessible outside of room #437 which included the following resident information:
* An "individual resident controlled medication record" sheet containing resident #3's prescribed Hydrocod/Apap 5 325 mg
* An "individual resident controlled medication record" sheet containing resident #4's prescribed Alprazolam .25 mg
* An "individual resident controlled medication record" sheet containing resident #5's prescribed Lorazepam 0.5 mg
On 5/27/14, at 11:30 a.m., a "diabetic snack binder", containing residents diets, including resident #9, was unlocked and accessible in the lower, unlocked cabinet in building #4's dining room.

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.

2a. Privacy coding was removed 5/27/2014. All violation reports will be screened by the Executive Director prior to posting to assure privacy coding is removed.
The resident communication log was an assignment sheet given to a PCA at the beginning of the shift (7am on 5/27/2014). The PCA placed it in the draw in the Dining Room while assisting with the meal set up. The co-worker was counseled and educated about confidentiality. All PC coworkers were re-educated on the importance of maintaining resident confidentiality. All assignment sheets are to be kept in the drawer during their shift.
Narcotics Binder was left on top of the Medication Cart outside of Room 437- the medication associate was counseled for failure to follow our policy. Narcotics Binders are maintained inside the medication cart unless removed to document medication. Once documented the binder is placed into the draw of the medication cart and the cart is locked. All coworkers that administer medications were re-educated on the importance of following medication procedures and maintaining confidentiality. Medication administration procedures are monitored daily by the ADDW, DOW and or ED.
On 5/27/14 & 5/28/14 magnetic locks were installed on one cabinet in each of the 3 dining rooms. All binders containing resident information were placed in the locked cabinets. The PC and dining coworkers were re-educated to keep all binders secured in order to maintain resident confidentiality. Monitored daily by dining room supervisor or dining room coordinator.

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: July 25, 2014

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

The above plan of correction is approved as of 7-28-14
(Date)

Plan of correction implementation status as of 7-28-14

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

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

Violation Report: 43081 - 05/27/2014 - Rosol, Jennifer
PCH Name: COUNTRY MEADOWS OF SOUTH HILLS II

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

West Chester, OH
Human Services Building

2a. DESCRIPTION OF VIOLATION
On 5/27/14, at 11:04 a.m., the glass microwave turntable plate was covered with a dried, light brown substance with what appears to be a piece of tissue stuck to it. Also, crumbs and splattered dried food were on the bottom, top and sides of the inside of the microwave in building #4's 1st floor common area.

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.

1. The microwave was cleaned at the time of the inspection.
2. The microwave will be checked daily and cleaned as needed by a Community Care worker.
3. The Executive Director will be responsible for checking the microwave weekly.

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)		Date
Michelle Hamilton Chief of Senior Living Operations		July 25, 2014

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The above plan of correction is approved as of	7-28-14 (Date)	Plan of correction implementation status as of	7-28-14
The above plan of correction was approved by	Shp (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	Shp

JUL 27 2014

Violation Report: 43081 - 05/27/2014 - Rosol, Jennifer
 PCH Name: COUNTRY MEADOWS OF SOUTH HILLS II

WISCONSIN DEPARTMENT OF
 HEALTH 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 5/27/14, at 11:50 a.m., there was no thermometer in the mini refrigerator in building #4's dining room.

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 taken immediately, include dates by which the steps will be completed.

A thermometer was placed in the mini refrigerator in building 4 on 5/27/14. Coworkers were educated on the importance of monitoring refrigerator temperatures. We discontinued use of this refrigerator on 7/21/14.

By 8-28-14

A designated staff person will check at least daily to ensure all refrigerators and freezers have thermometers and food requiring refrigeration is stored at or below 40 degrees Fahrenheit and frozen food is stored at or below 0 degrees Fahrenheit. Documentation of these checks shall be kept. *SNP 8-28-14*

Repeat Violation: Yes	Date(s) of Previous Violation(s): 05/08/2013	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Michelle Hamilton Chief of Senior Living Operations		July 25, 2014

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The above plan of correction was approved by <u>SNP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SNP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43081 - 05/27/2014 - Rosol, Jennifer
PCH Name: COUNTRY MEADOWS OF SOUTH HILLS II

JUL 23 2014

1. REGULATION 55 Pa.Code §2600
2600.125(b) - Combustible materials shall be inaccessible to residents.

WEST VIRGINIA COMMUNITY COLLEGE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 5/27/14, at 10:40 a.m., the propane gas tank for the grill was unlocked and accessible to residents on the patio off of building #2.

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 propane tank was removed from the grill and stored in a designated area in the garage on 5/27/14.

Maintenance coworkers are responsible to attach and remove the propane tanks when grilling is needed. If grilling in the evening, a cook or DA is responsible to remove and store the propane tank.

Propane tanks are stored in a designated area in the garage.

The maintenance director and dining supervisor are responsible to monitor the grills to verify tanks are removed and stored.

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 July 25, 2014

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(Date)

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(Date)

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

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

WEST VIRGINIA STATE POLICE

III 21 2014

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Violation Report: 43081 - 05/27/2014 - Rosol, Jennifer
PCH Name: COUNTRY MEADOWS OF SOUTH HILLS II

WEST VIRGINIA STATE POLICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental, 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 services.

2a. DESCRIPTION OF VIOLATION

The medical evaluation, dated 11/5/13, for resident #2, indicates diagnoses of osteoarthritis, Parkinson's disease, spinal stenosis, anemia, basal carcinoma, falls, thyroid nodule, & open reduction internal fixation right hip; however, the resident's support plan, dated 11/5/13, does not address how the home will assist the resident in meeting these needs.

The medical evaluation, dated 12/27/13, for resident #3, indicates diagnoses of constipation & hypothyroidism; however, the resident's support plan, dated 12/27/13, does not address how the home will assist the resident in meeting these needs.

The medical evaluation, dated 12/31/13, for resident #10, indicates diagnosis of chronic kidney disease; however, the resident's support plan, dated 12/31/13, does not address how the home will assist the resident in meeting this need.

The medical evaluation, dated 6/27/13, for resident #11, indicates diagnoses of peptic ulcer and gastro esophageal reflux disease; however, the resident's support plan, dated 1/7/14, does not address how the home will assist the resident in meeting these needs.

The medical evaluation, dated 9/12/13, for resident #12, indicates diagnosis of depression; however, the resident's support plan, dated 3/10/14, does not address how the home will assist the resident in meeting this need.

The medical evaluation, dated 2/13/14, for resident #13, indicates diagnosis of breast cancer; however, the resident's support plan, dated 3/7/14, does not address how the home will assist the resident in meeting this need.

The medical evaluation, dated 3/5/14, for resident #14, indicates diagnoses of hyperlipidemia, hypothyroidism, carotid bruit, & hyponatremia; however, the resident's support plan, dated 3/20/14, does not address how the home will assist the resident in meeting these needs.

The medical evaluation, dated 4/15/14, for resident #15, indicates diagnoses of hypercholesterolemia, hypothyroidism, paronychia, restless leg syndrome, & abnormal gait; however, the resident's support plan, dated 4/15/14, does not address how the home will assist the resident in meeting these needs.

The medical evaluation, dated 4/15/14, for resident #16, indicates diagnoses of history of falls, arthritis, osteoarthritis, dyslipidemia, hyperlipidemia, & hypothyroidism; however, the resident's support plan, dated 4/15/14, does not address how the home will assist the resident in meeting these needs.

The medical evaluation, dated 9/18/13, for resident #17, indicates diagnoses of syncope with possible seizures, glaucoma, degenerative joint disease, & ORIF left hip; however, the resident's support plan, dated 3/17/14, does not address how the home will assist the resident in meeting these needs.

The medical evaluation, dated 12/27/13, for resident #18, indicates diagnoses of hypertension, Alzheimer's dementia, osteoarthritis, transient ischemic attack, vertigo, macular degeneration, rheumatoid arthritis, stroke, history of constipation, anemia, vitamin B12 deficiency, & hypercholesterolemia; however, the resident's support plan, dated 12/27/13, does not address how the home will assist the resident in meeting these needs.

The medical evaluation, dated 3/25/14, for resident #20, indicates diagnoses of syncope, osteoporosis, osteoarthritis, gastro esophageal reflux disease, hypercholesterolemia, & hyperlipidemia; however, the resident's support plan, dated 4/8/14, does not address how the home will assist the resident in meeting these needs.

The medical evaluation, dated 3/31/14, for resident #21, indicates diagnoses of degenerative joint disease, hyperlipidemia, chronic renal disease, osteoarthritis, & sick sinus syndrome; however, the resident's support plan, dated 4/2/14, 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. See Attachment

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

Attachment of Page 7 of 8

3.) Plan of Correction (POC)

WEST VIRGINIA UNIVERSITY
Human Services Licensing

Resident support plans are updated every six months and with any significant change. All resident support plans will be updated by December 31st 2014, and will address each diagnosis listed on the DME.

Resident #2 was discharged.

The support plan for resident #3 was updated 7/1/14 to address how Country Meadows will assist the resident with the resident's diagnoses of constipation and hypothyroidism.

The support plan for resident #10 was updated 6/20/14 to address how Country Meadows will assist the resident with the resident's diagnosis of chronic kidney disease.

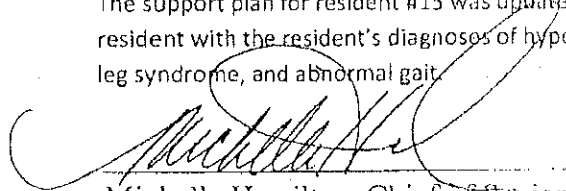
The support plan for resident #11 was updated 6/13/14 to address how Country Meadows will assist the resident with the resident's diagnoses of peptic ulcer and gastro esophageal reflux disease.

The support plan for resident #12 was updated 7/24/14 to address how Country Meadows will assist the resident with the resident's diagnosis of depression.

The support plan for resident #13 was updated 7/24/14 to address how Country Meadows will assist the resident with the resident's diagnosis of breast cancer.

The support plan for resident #14 was updated 7/14/14 to address how Country Meadows will assist the resident with the resident's diagnoses of hyperlipidemia, hypothyroidism, carotid bruit, and hyponatremia.

The support plan for resident #15 was updated 7/24/14 to address how Country Meadows will assist the resident with the resident's diagnoses of hypercholesterolemia, hypothyroidism, pancreatitis, restless leg syndrome, and abnormal gait.


Michelle Hamilton, Chief of Senior Living Operations

July 25, 2014

Susie Pollock (Sno) 7-28-14
Regional Licensing Approval of Plan of Correction
Susie Pollock

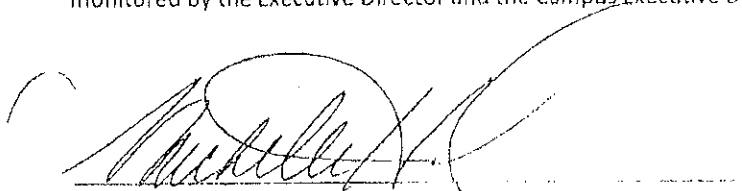
The support plan for resident #16 was updated 7/24/14 to address how Country Meadows will assist the resident with the resident's diagnoses of arthritis, history of falls, osteoarthritis, dyslipidemia, hyperlipidemia, and hypothyroidism.

The support plan for resident #18 was updated 7/25/14 to address how Country Meadows will assist the resident with the resident's diagnoses of hypertension, Alzheimer's dementia, osteoarthritis, transient ischemic attack, vertigo, macular degeneration, rheumatoid arthritis, stroke, history of constipation, anemia, vitamin D deficiency, and hypercholesterolemia.

The support plan for resident #20 was updated 7/25/14 to address how Country Meadows will assist the resident with the resident's diagnoses of syncope, osteoporosis, osteoarthritis, gastro esophageal reflux disease, hypercholesterolemia, and hyperlipidemia.

The support plan for resident #21 was updated 7/25/14 to address how Country Meadows will assist the resident with the resident's diagnoses of degenerative joint disease, hyperlipidemia, chronic renal disease, osteoarthritis, and sick sinus syndrome.

Support plans are updated by the Executive Director and the Director of Wellness. This process will be monitored by the Executive Director and the Campus Executive Director through regular audits.



Michelle Hamilton, Chief of Senior Living Operations

July 25, 2014

Susie Pollock (SNP) 7-28-14
Regional Licensing Approval of Plan of Correction
Susie Pollock

July 24, 2014

Violation Report: 43081 - 05/27/2014 - Rosol, Jennifer
PCH Name: COUNTRY MEADOWS OF SOUTH HILLS II

WEST PHOENIX
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental or other behavioral care services that will be made available to the resident, or referrals for the resident to outside if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity services.

Printed Name and Title of Legal Entity Representative Michelle Hamilton
(Required on EVERY Page) Chief of Senior Living Operations Date July 25, 2014

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 7-28-14
(Date)

Plan of correction implementation status as of 7-28-14

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

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