



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: September 16, 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
342830

Dear Ms. Hamilton:

As a result of the Department of Public Welfare's Human Services licensing inspection on July 17, 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.

Sincerely,

A handwritten signature in black ink that reads "Jaime Erb".

Jaime Erb
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 34283 - 07/17/2014 - Riel, Becky
 PCH Name: COUNTRY MEADOWS OF HERSHEY

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

Resident #1 has a history of wandering/eloping from the Secure Dementia Care Unit (SDCU):

- On 11/27/2011, the resident eloped from the SDCU and was found walking along Route 322 when the courtyard gate off the SDCU was unsecure.
- On 7/2/2013, the resident eloped from the SDCU and was found on PCH property when the courtyard gate off the SDCU was unlocked while the fire alarm was being tested.
- On 7/20/2013, the resident eloped from the SDCU and was found on PCH property when the unit door was being propped open by a family member to move items in/out.
- On 7/10/2014, the resident eloped from the SDCU and was found along Cocoa Avenue by police.

The home was working on extending the SDCU courtyard fence during the week of 7/7/2014, 7/10/2014 being one of these days. The magnetic locking devices on the gates in the courtyard were not engaged at the time of the construction. There are 3 doors leading from the unit to the SDCU courtyard installed with key pads. The key pads are programmed so that you need to enter a code to go out and then re-enter the code to lock the door again. In addition to Resident #1, there were two other instances on 7/10 where residents were found unaccompanied in the SDCU courtyard and needed to be directed back onto the unit. Resident #1 was last seen around dinner time (approximately 6:30pm) by staff in the SDCU. The resident was picked up and taken to the hospital by the police at 7:06pm. Staff neglected to acknowledge that the resident was missing until around 9:10pm when the Medication Associate went to administer 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.


Resident # 1 was evaluated at the hospital and returned to Country Meadows. Her support plan was updated to reflect the need for monitoring, and 30-minute checks were initiated. All staff were re-trained on resident care and 2-hour checks. The program manager will monitor for ongoing compliance.

A thorough investigation was conducted by the Risk and Safety Director to determine needed follow-up. Staff were aware of construction in the courtyard and were to be monitoring locked doors. The lock was identified as an issue and therefore all locks to doors leading to the courtyard were replaced on July 23, 2014, with a locking system that does not need codes to be entered twice (see attachments). All staff were inserviced on the new locking device.

The Program manager and Executive Director will monitor ongoing.

~~Dates listed above in the Description of Violation are not correct. Detailed dates and descriptions of events listed on page 5 of State contact.~~

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 13, 2014
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 8.14.14
(Date)

Plan of correction implementation status as of 9.12.14
(Date)

The above plan of correction was approved by 
(Initials)

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

Violation Report: 34283 - 07/17/2014 - Riel, Becky
 PCH Name: COUNTRY MEADOWS OF HERSHEY

1. REGULATION 55 Pa.Code §2600

2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

2a. DESCRIPTION OF VIOLATION

Directions for operating the home's locking mechanism are posted near the doors to the SDCU; however the code to the key pads were changed, and the directions were not updated.

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.

All keypad codes were changed and posted at the time of inspection. The Executive Director will ensure all codes are up-to-date and posted near the device on a regular basis. When codes need to be changed, the posting will be completed immediately.

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
 Chief of Senior Living Operations Date: August 13, 2014

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The above plan of correction is approved as of 8.14.14
 (Date)

Plan of correction implementation status as of 9.12.14
 (Date)

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

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- Partially Implemented - Inadequate Progress
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Violation Report: 34283 - 07/17/2014 - Riel, Becky
 PCH Name: COUNTRY MEADOWS OF HERSHEY

1. REGULATION 55 Pa.Code §2600

2600.233(d) - Doors that open onto areas such as parking lots, or other potentially unsafe areas, shall be locked by an electronic or magnetic system.

2a. DESCRIPTION OF VIOLATION

The home extended the fence in the courtyard off the Secure Dementia Care Unit. The far end of the new extension contains a gate that is not locked with an electronic or magnetic locking system but a chain with a padlock.

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.

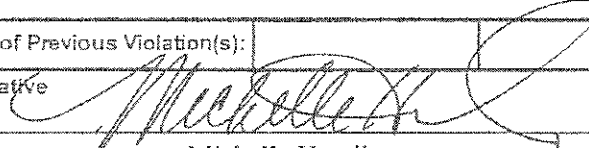
After discussions with DPW licensing supervisor and Hershey facility management, we have decided to remove the gate entirely. The gate will be removed and replaced with regular fencing by September 12, 2014 (see attached Proposal).

In the meantime, a "No Exit" sign is posted on the gate.

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 29, 2014

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

The above plan of correction is approved as of 9.12.14
 (Date)

Plan of correction implementation status as of 9.12.14
 (Date)

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

- Fully Implemented
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Violation Report: 34283 - 07/17/2014 - Riel, Becky
 PCH Name: COUNTRY MEADOWS OF HERSHEY

1. REGULATION 55 Pa.Code §2600

2600.234(b) - The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

2a. DESCRIPTION OF VIOLATION

- Resident #1 has a history of wandering/eloping from the Secure Dementia Care Unit (SDCU): on 11/27/2011, the resident eloped from the SDCU and was found walking along Route 322 when the courtyard gate off the SDCU was unsecure; on 7/2/2013, the resident eloped from the SDCU and was found on PCH property when the courtyard gate off the SDCU was unlocked while the fire alarm was being tested; on 7/20/2013, the resident eloped from the SDCU and was found on PCH property when the unit door was being propped open by a family member to move items in/out; on 7/10/2014, the resident eloped from the SDCU and was found along Route 322 when the courtyard gates were not secured. The support plan for Resident #1 does not address the resident's history of wandering and elopements from the secure dementia care unit.
- Resident #1 is able to physically ambulate; however, would have cognitive difficulties in evacuating in an emergency. The support plan for Resident #1 does not address this need.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

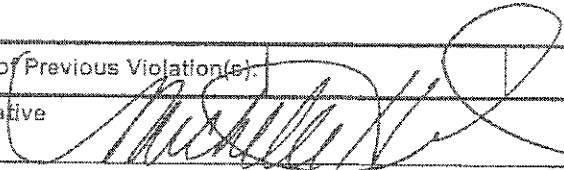
include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident #1's support plan has been updated to reflect her history of wandering, and a plan to monitor her safety (see attachments). Staff were inserviced on the importance of updating support plans to reflect care needs. Support plans will be reviewed periodically and updated whenever there is a need for a change in care needs. The Executive Director and Director of Wellness will continually monitor support plans for current information.

Repeat Violation: No

Date(s) of Previous Violation(s):

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

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