



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: August 10, 2015**

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

RE: Country Meadows of South Hills I  
3560 Washington Pike  
Bridgeville, Pennsylvania 15017  
#430660

Dear Ms. Hamilton:

As a result of the Department of Human Services' licensing inspection on January 6, 2015, 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 "Susie Pollock".

Susie Pollock  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary

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

PCH Name: COUNTRY MEADOWS OF SOUTH HILLS I		License Number: 43066
Address: 3560 WASHINGTON PIKE, BRIDGEVILLE, PA 15017		County: Allegheny
Administrator: Sue Nichter		Region: WEST
Legal Entity Name: COUNTRY MEADOWS ASSOCIATES		
Legal Entity Address: 830 CHERRY DRIVE, HERSHEY, PA 17033		
<b>Certificate(s) of Occupancy</b> C-2 LP 07/06/1999 Labor & Industry		
<b>Staffing Hours</b>		<b>Waking Staff: 107</b>
Resident Support: 0	Total Daily Staff: 142	Notice: Unannounced
Type of Inspection: Partial	BHA Docket Number:	
<b>Reason(s) for Inspection(s)</b>		
Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		<b>RECEIVED</b>  JUN 24 2015  WEST REGION FIELD OFFICE Human Services Licensing
01/06/2015: Whitney, Diane; Perry, Carole		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 100 Number of Residents Served: 71 Secured Dementia Care Unit in Home: Yes Area: building 1 Secured Dementia Unit Capacity, if Applicable: 100 Number of Residents Served in Secured Dementia Care Unit, if applicable: 71 Number of Current Hospice Residents: 3 Number of Hospice Residents in past year: 12		<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 71 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 71 Have a Physical Disability: 0

Violation Report: 43066 - 01/06/2015 - Whitney, Diane PCH Name: COUNTRY MEADOWS OF SOUTH HILLS I	WEST REGION FIELD OFFICE Human Services Licensing
---	--

**1. REGULATION 55 Pa.Code §2600**  
 2600.161(d) - A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

**2a. DESCRIPTION OF VIOLATION**  
 On 10/8/14, resident #1 was prescribed a mechanical soft diet. The home does not make this diet available to the resident. During lunch on 1/6/15, resident #1 was served a hamburger with a bun, cut in half. According to the National Dysphagia Diet (NDD), Dysphagia Mechanically-Altered diet guidelines, foods should be, cohesive, moist; semisolid that requires some chewing ability, fork-mashable fruits and vegetables. Excluded are most bread products, crackers and other dry foods.

**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 ordered a Mechanical Soft Diet – on 10/8/2014

This violation has been reviewed with the Assistant Director of Wellness, Dining Services Manager, Sr. Culinary Associate and acting Executive Director on 6/20/15. The Dining Services Manager and Culinary Associates completed our computerized Dysphagia Training program in April.

The computerized training as well as our policy outlines operational guidelines for ensuring residents receive the recommended diets ordered by their physician. Complete 6/24/15.

The acting Executive Director has taken appropriate steps to audit the process and implement the guidelines to ensure diets are followed as ordered. Complete 6/24/15.

The Dining Services Supervisor will conduct in-person training for culinary staff including culinary cooks and dining assistants. This training will be conducted by 7/1/15.

Proper training and review of proper procedures have been taken to ensure that all residents receiving a dysphagia diet will receive their meals directly from the kitchen and that all guidelines will be followed properly. The nursing staff have received additional training and instruction, and will observe residents during meal times to ensure proper diets are followed. Complete date will be 7/1/15.

The Dining Service Supervisor, Acting Executive Director and Assistant Director of Wellness will monitor for ongoing compliance.

All altered diets have been reviewed for accuracy. Staff training as indicated above has been completed. Acting Executive Director and Dining Supervisor have been monitoring meal times to ensure altered diets are prepared and served as prescribed.

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 June 24, 2015
---	--------------------

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

The above plan of correction is approved as of <u>8-7-15</u> (Date)	Plan of correction implementation status as of <u>8-7-15</u> (Date)
The above plan of correction was approved by <u>Smf</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>Smf</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented