



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: November 20, 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 March 17, 2015 and April 17, 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.

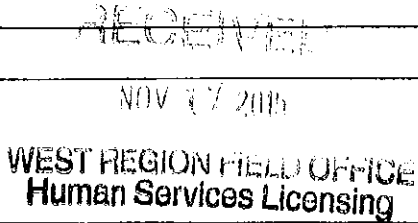
Sincerely,

A handwritten signature in black ink that reads "Susie Pollock" with a stylized flourish at the end.

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: 43086
Address: 3560 WASHINGTON PIKE, BRIDGEVILLE PA 15017		County: Allegheny
Administrator: Suzanne Keddy		Region: WEST
Legal Entity Name: COUNTRY MEADOWS ASSOCIATES		
Legal Entity Address: 830 CHERRY DRIVE, HERSHEY, PA 17033		
Certificate(s) of Occupancy C-2 LP 07/06/1999 Dept. of L&I		
<b>Staffing Hours</b>		
Resident Support: N/A	Total Daily Staff: 144	Waking Staff: 108
Type of Inspection: Partial	BHA Docket Number: N/A	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 03/17/2015: Rosol, Jennifer 04/17/2015: Rosol, Jennifer		
<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: 72 Secured Dementia Care Unit in Home: Yes Area: Entire building Secured Dementia Unit Capacity, if Applicable: 100 Number of Residents Served in Secured Dementia Care Unit, if applicable: 72 Number of Current Hospice Residents: 2 Number of Hospice Residents in past year: 5		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 72 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 72 Have a Physical Disability: 1

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NOV 17 2015

Violation Report: 43066 - 03/17/2015 - Rosol, Jennifer  
PCH Name: COUNTRY MEADOWS OF SOUTH HILLS I

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600 15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons

2a. DESCRIPTION OF VIOLATION

On 3/7/15, at approximately 1:00 p.m., an allegation of abuse against resident #1 was reported to staff person C, administrator. The home did not report the allegation to the local area agency on aging until 3/8/15 at 1:05 p.m.

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 allegation of abuse on 3/7/15 was reported 5 minutes over the allowable 24 hour period allowed by regulation. All managers will be re-trained on or before November 30, 2015 on reporting regulations as well as Country Meadows policy and procedures. All future incidents will be reported to DHS as per DHS guidelines and Country Meadows policy. The Campus Executive Director and Director of Wellness will monitor all future incidents for continued reporting compliance.

Immediately If the home receives an allegation of resident abuse the home will immediately take the following steps:

- Report the allegation of resident abuse in accordance with the Older Adults Protective Services Act (35 P.S. §10225.701 -- §10225.707) and 6 Pa.Code § 15.21 – §15.27.
- Suspend the staff person or persons involved in the alleged resident abuse or place the staff person on a plan of supervision that has been approved by the Department and the local Area Agency on Aging.
- Report the allegation of resident abuse to the Department in accordance with § 2600.16(c).
- Report the allegation of resident abuse to the resident and the resident's designate person.
- Begin an internal investigation of the abuse allegation.

SMP 11-18-15

Within 15 days of receipt of the plan of correction: The administrator or designated staff person will review all reported incidents at least weekly to ensure any suspected abuse of a resident is reported in accordance with the Older Adult Protective Services Act (35 P.S. §10225.701 – §10225.707) and 6 Pa. Code §15.21 – §15.27.

Within 45 days of receipt of the plan of correction: All staff, including management will complete the Pennsylvania Department on Aging Older Adult Protective Services Act Self Study course which can be located at: [http://www.portal.state.pa.us/portal/server.pt/community/self\\_study\\_course/18031/unit\\_1\\_overview/616726](http://www.portal.state.pa.us/portal/server.pt/community/self_study_course/18031/unit_1_overview/616726) Self-study test results for all staff, including management shall be kept.

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 November 13, 2015

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

The above plan of correction is approved as of 11-18-15  
(Date)

Plan of correction implementation status as of 11-18-15  
(Date)

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

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

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NOV 17 2015

Violation Report: 43066 - 03/17/2015 - Rosol, Jennifer  
PCH Name: COUNTRY MEADOWS OF SOUTH HILLS I

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2a. DESCRIPTION OF VIOLATION

On 3/7/15, an allegation of abuse was made against staff person A regarding resident #1. The home immediately suspended staff person A on 3/7/15; however, staff person A returned to work, unsupervised on 3/11/15. The Department did not investigate the allegation of abuse until 3/17/15.

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 staff person was immediately suspended pending investigation at the time of the initial report of alleged abuse. Once the investigation was completed and the allegations were found not to be abuse, a plan of supervision was developed and executed so the staff person could return to work (see attached exhibit A). The Campus Executive Director, Director of Wellness and the Executive Director of building 1 will all monitor any such issues in the future to ensure that a plan of supervision is developed and sent into DIIS prior to any coworker accused of abuse and for whom the accusation is fully investigated and determined unsubstantiated, is able to return to work.

Immediately: If the home receives an allegation of resident abuse that involves a staff person the home must immediately suspend the staff person involved or place the staff person on a plan of supervision that has been approved by the Department and the Area Agency on Aging. The staff person will remain suspended or on the approved plan of supervision until the home receives approval from the Department that the suspension or supervision plan may be lifted. *SNR 11-18-15*

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 November 13, 2015

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(Date)

Plan of correction implementation status as of 11-18-15  
(Date)

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

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

Violation Report: 43086 - 03/17/2015 - Rosol, Jennifer  
PCH Name: COUNTRY MEADOWS OF SOUTH HILLS I

WEST REGION FIELD OFFICE  
Human Services Licensing

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

On 3/7/15, at approximately 8:00 a.m., staff person B was passing medications when he/she witnessed resident #1 walking down the hall visibly upset. The resident walked over and hugged staff person B and said, "She hurt me, she hurt me." Staff person B escorted the resident to the dining room table, sat the resident down and squatted down next to the chair and asked the resident what happened. The resident kept repeating "The lady in my room hurt me." During this time, staff person A walked into the dining room and stood behind staff person B. Resident #1 immediately said "That's her, the lady that hurt me!" Staff person A replied, "I never hurt you." Resident #1 responded, "You should be ashamed of yourself" and repeatedly called staff person A a "Bitch." The resident became very agitated, stood up and raised their right fist in the air towards staff person A and said "Get away from me!" Staff person A, reached over and grabbed resident #1's wrist and said "You don't hit me." Immediately following this incident, the resident's wrist began to turn red. The resident was so upset she/he refused to eat and complained of pain in the right wrist and chest for the remainder of the day. A few days later, there was a deep purplish-blue bruise on the resident's right wrist.

On 4/1/15, at approximately 11:35 a.m., staff person D was assisting residents to lunch when he/she discovered resident #2 covered in feces. Staff person D called staff person A for assistance. Staff persons A and D went into resident #2's bedroom to clean him/her before lunch. Staff person A obtained a washcloth from the bathroom and attempted to clean resident #2; however, the resident was resisting care and became combative. At this time, staff person A squeezed resident #2's right arm and then sat the resident on the bed. Staff person A and D began to wash the resident's hands; however, the resident continued to resist care. At this time, staff person A slammed the resident's arms down hard, against the wooden bed frame to clean under his/her fingernails while the resident cried out "Ouch". Staff person A & D then escorted the resident to lunch. After lunch, there was bilateral bruising on the resident's wrists, dark blue and purple in color. The resident indicated their wrists hurt.

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 Attached POC for Violation re: 2600.42(b) - Please see page 4<sup>A</sup> of 4 for Plan of Correction <sup>SM</sup>

Within 45 days of receipt of the plan of correction: All staff, including management will complete the Pennsylvania Department on Aging Older Adult Protective Services Act Self Study course which can be located at: [http://www.portal.state.pa.us/portal/server.pt/community/self\\_study\\_course/18031/unit\\_1\\_overview/616726](http://www.portal.state.pa.us/portal/server.pt/community/self_study_course/18031/unit_1_overview/616726) Self-study test results for all staff, including management shall be kept. <sup>SM 11-18-15</sup>

Within 60 days of receipt of the plan of correction: All staff will receive training in abuse reporting and prevention from a Department-approved outside source.

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 Hanfilon  
(Required on EVERY Page) Chief of Senior Living Operations

Date November 13, 2015

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The above plan of correction was approved by SM  
(initials)

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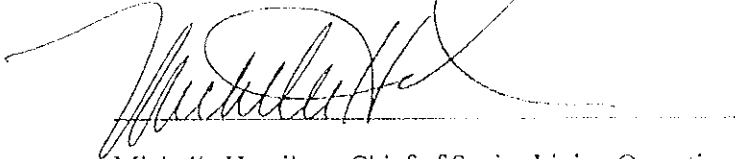
NOV 17 2015

POC/Attachment Re: 2600.42(b)

WEST REGION FIELD OFFICE  
Human Services Licensing

Incident #1 was fully investigated immediately upon report of the alleged abuse. Staff person was immediately suspended pending investigation at the time of the initial report. Once the investigation was completed and the allegations were found not to be abuse, a plan of supervision was developed and executed so the staff person could return to work (see attached exhibit A).

Incident #2: The coworker was immediately suspended upon the report of abuse and an investigation was begun. See exhibit B for full details of this event. The determination was made that this was a substantiated claim and staff person A was terminated from employment on [REDACTED] 15. Full support was provided to the resident and all notifications were made. All staff will be retrained on abuse and abuse reporting by November 30, 2015. The Campus Executive Director, Director of Wellness and the Executive Director of building 1 will all monitor any such issues in the future to ensure the protection and quality of life for our residents and the compliance with all DHS regulations.



Michelle Hamilton, Chief of Senior Living Operations

November 13, 2015

Regional Licensing Approval of Plan of Correction  
Susie Pollock (sw)  
Susie Pollock 11/18/15