



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: June 18, 2015

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

RE: Country Meadows of Leader Heights
2760 Pine Grove Road
York, Pennsylvania 17403
Certificate # 350800

Dear Ms. Hamilton:

As a result of the Department of Human Services' licensing inspections on March 14, 2015 and May 20, 2015 of the above facility, the violation with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

The violation 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, appearing to read "Brett Swanger".

Brett Swanger
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 35080 - 04/14/2015 - Rouse, McKinley
 PCH Name: COUNTRY MEADOWS OF LEADER HEIGHTS

1. REGULATION 55 Pa.Code §2600

2600.23(a) - A home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

The support plan for Resident #1 dated 01/19/2014, states, "Assist as needed" for both Toileting- Bladder and Toileting- Bowel. This support plan also states, "Monitor for safety with transfers." under Transferring Needs. Staff Member A was providing this resident with toileting assistance on 03/27/2015 and left the bathroom with the resident positioned on the toilet. The resident fell while trying to transfer independently when Staff Member A was outside of the bathroom.

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 co-worker left the bathroom to retrieve clothing from the adjacent bedroom. She has been counseled on proper procedures for resident care.

The Executive Director and Director of Wellness will monitor ongoing to ensure procedures are being followed, and support plans are implemented.

On 3/28/15, Resident #1's Resident Assessment and Support Plan was amended to include fall preventions ("PCA's to ensure gathering all equipment/clothes prior to showering resident & ensuring resident has proper footwear"). *BAS*

Direct Care Staff will receive reeducation on reviewing and following each Resident Assessment and Support Plan for changes to assure the identified care needs are being provided. The home shall maintain supportive documentation for the reeducation of staff. *BAS*

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 June 15, 2015

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

The above plan of correction is approved as of 6/17/15
 (Date)

Plan of correction implementation status as of 6/17/15
 (Date)

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

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