



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: November 16, 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 October 27, 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 - 10/27/2015 - Springs, Israel
 PCH Name: Country Meadows of Leader Heights

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 10/11/15 at 6:35 am, staff observed Resident #8 slam a walker into Resident #9's walker and then Resident #8 proceeded to smack Resident #9 on the shoulder with no resultant injury. Staff reported the incident to administrative staff on 10/12/15 at 1:30 pm. The Department was not notified of the incident until 10/13/15 at 1:22 pm, more than 24 hours after staff was aware of the incident.

On 10/11/15, at 10:00 am Resident #1 followed Resident #7 into Resident #7's bathroom. Staff overheard Resident #7 yelling, responded to the bathroom, and observed Resident #1 slapping Resident #7 on the upper arm with no resultant injury. The Department was not notified until a report was transmitted to the Department on 10/12/15 at 10:20 am, more than 24 hours after staff was aware of the incident.

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.

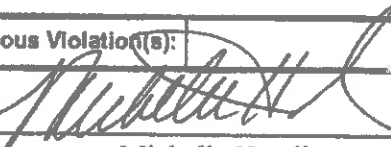
Both incidents were a result of the failure of staff to report resident to resident incidents to management immediately. The facility has adequate management coverage daily, including weekends, to report unusual incidents to DHS per regulation. All managers were retrained on 11/9/15 on reporting regulations as well as policy and procedure. All other coworkers will be retrained on reporting incidents immediately by November 30, 2015.

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 compliance.

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 11/16/15
 (Date)

Plan of correction implementation status as of 11/16/15
 (Date)

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

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

Violation Report: 35080 - 10/27/2015 - Springs, Israel

PCH Name: Country Meadows of Leader Heights

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident # 7, admitted on [redacted] 2015, had a medical evaluation on [redacted] 2015. This evaluation was conducted more than 60 days prior to the date of admission.

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

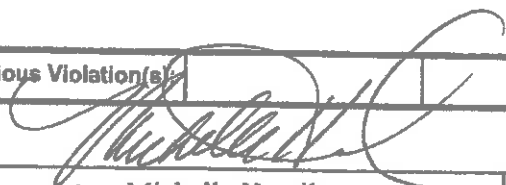
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

All managers and nursing staff were retrained on 11/9/15 (see attached exhibit B) regarding DHS regulation for obtaining DME's. The department specifies that all DME's must be obtained within 60 days prior or 30 days following admission. Campus Executive Director and Director of Wellness will monitor to ensure timely completion of the medical evaluations for ongoing compliance.

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

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