pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 1 2 2017

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

RE: Country Meadows of South Hills II
3570 Washington Pike
Bridgeville, Pennsylvania 15017
License #: 430810

Dear Ms. Hamilton:

As a result of the Department of Human Services' annual licensing inspections on March 22, 2016, March 23, 2016 and March 24, 2016 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,

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: COUNTRY MEADOWS OF SOUTH HILLS II	License Number: 43081
Address: 3670 WASHINGTON PIKE, BRIDGEVILLE, PA 15017	County: Allegheny
Administrator: Suzanne Keddie	Region: WEST
Legal Entity Name: COUNTRY MEADOWS ASSOCIATES	
Legal Entity Address: 830 CHERRY DRIVE, HERSHEY, PA 17033	

Certificate(s) of Occupancy

I-1	Other	Other
01/24/2014	01/24/2014	01/24/2014
South Fayette Twp	South Fayette Twp	South Fayette Twp

Staffing Hours

Resident Support: 0	Total Daily Staff: 219	Waking Staff: 164

Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced

Reason(s) for Inspection(s)
Renewal, Incident

On-Site Inspections Dates and Department Representatives On-Site
03/22/2016: Garrigan, Laurie; Rahuba, Matt
03/23/2016: Garrigan, Laurie; Rahuba, Matt
03/24/2016: Garrigan, Laurie; Rahuba, Matt

Off-Site Inspection Dates and Inspectors, If Applicable

Other Details

Partial or Full Triggers:	Random Indicators:

Resident Demographic Data as of Inspection Dates

Licensed Capacity: 200	Number of Residents who:
Number of Residents Served: 179	Receive Supplemental Security Income: 0
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 179
Area:	Have Mental Illness: 4
Secured Dementia Unit Capacity, If Applicable:	Have an Intellectual Disability: 0
Number of Residents Served in Secured Dementia Care Unit, If applicable:	Have a Mobility Need: 40
Number of Current Hospice Residents: 6	Have a Physical Disability: 0
Number of Hospice Residents in past year: 30	

Violation Report: 43081 - 03/22/2016 - Garrigan, Laurie
PCH Name: COUNTRY MEADOWS OF SOUTH HILLS II

1. REGULATION 55 Pa.Code §2600

2600.16(b) - The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

The home's policy and procedure titled, "Resident Falls Program" states, "If there is any question of head injury and/or if the assessment finds the resident to be unstable or to have deformity of any body part, a call to 911 is required and the resident is sent to the hospital for evaluation and treatment."

On 6/8/15 at approximately 2:30 a.m., resident #1 was found face down on the floor next to his/her bed, tangled in a walker with their left arm pinned underneath. Resident #1 was bleeding from a 4cm x 3cm laceration on the left forehead, had tenderness and a 4cm skin tear on his/her left shoulder, bilateral knee abrasions and was complaining of "having pain all over" and "having pain in my ear drums". Resident #1 was assessed by the nursing staff of the home, first aid was applied and the resident was transferred back to bed with staff assistance. Hospice was notified at 2:45 a.m. and arrived in the home at approximately 3:50 a.m.; however, emergency management services were not notified until 4:30 a.m. The resident was transported to the hospital at 4:56 a.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.

Resident #1 fell at 2:35 a.m. and rang [redacted] call bell. Resident #1 was assessed by the shift leader who called the Assistant Director of Wellness to assist her. Resident #1 had been incontinent of bowel and had sustained skin tears that required dressings. Hospice was called at 2:45 a.m. and arrived at 3:30 a.m. Resident #1 was sent to Saint Claire Hospital at 4:30 a.m. On June 8th, 9th and 10th, 2015, the Assistant Director of Wellness met with all nurses, including the shift leader responsible for managing the fall of Resident #1. The meetings were held to review the process of managing falls with residents, including appropriate response to falls with injury when a resident's care is being managed by hospice. In late June and early July 2015, the Assistant Director of Wellness met with all nurses over a 3-week period to review and reeducate the nursing procedure for residents with head injuries (see attached.). After the DHS on-site follow-up 3/22-3/24, the Director of Wellness (DOW) sent an email to all nursing co-workers reviewing procedures to manager concerns with residents on Hospice (see attached). Subsequently, on April 8th & 11th, the DOW completed the comprehensive review of "The Effective Management of Hospice Residents" including "Management of Hospice Residents Post Fall" and the Falls policy. Residents with falls resulting in obvious and significant injury will be sent to the ER immediately. Education and monitoring will be ongoing for all co-workers, including review of the Falls Policy. The administrator and/or designee will be responsible 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 (Required on EVERY Page)	Michelle Hamilton Chief of Senior Living Operations		Date	October 25, 2016

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

The above plan of correction is approved as of 11/2/16 (Date)

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

Plan of correction implementation status as of 11/2/16 (Date)

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

Violation Report: 43081 - 03/22/2016 - Garrigan, Laurie
PCH Name: COUNTRY MEADOWS OF SOUTH HILLS II

1. REGULATION 55 Pa.Code §2600
2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION
At 10:45 a.m., two bags of english muffins were opened and unsealed in the main walk-in kitchen refrigerator. (Observed 3/23/16)

At 10:58 a.m., the plastic wrap was ripped on the tray of shrimp in the main kitchen freezer, exposing the shrimp. (Observed 3/23/16)

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 food items were immediately discarded. The Dining Director and Assistant Director met with the Dining co-workers on April 18 & 19 to review Sanitation and food handling. The Dining Director and Associate Director will be responsible for ongoing compliance and education of the co-workers (see attached.)

Immediately: A designated staff person shall inspect all food storage areas, at least weekly, to ensure all food is stored in closed or sealed containers.

11/2/16

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Violation Report: 43081 - 03/22/2016 - Garrigan, Laurie
PCH Name: COUNTRY MEADOWS OF SOUTH HILLS II

1. REGULATION 55 Pa.Code §2600
2600.131(b) - If the indoor floor area on a floor including the basement or attic is more than 3,000 square feet, there shall be an additional fire extinguisher with a minimum 2-A rating for each additional 3,000 square feet of indoor floor space.

2a. DESCRIPTION OF VIOLATION
At 11:40 a.m., there was only 1 fire extinguisher in the home's attic; however, the attic is over 3,000 square feet. (Observed 3/23/16)

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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On March 23, 2016, the Maintenance Director placed 2 additional fire extinguishers in the attic for a total of 3 fire extinguishers in the attic to cover the square footage. These extinguishers were added to the list of those inspected monthly. The maintenance director will ensure ongoing compliance.

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Violation Report: 43081 - 03/22/2016 - Gardigan, Laurie
PCH Name: COUNTRY MEADOWS OF SOUTH HILLS II

1. REGULATION 55 Pa.Code §2600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
The medical evaluation for resident #2, dated 11/3/15, does not include his/her cognitive functioning health status. This section of the medical evaluation is blank.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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Resident #25 medical evaluation was updated. 11/2/16

We have implemented at 2-person review of all completed medical evaluations. The medical evaluation will be reviewed by the nurse receiving it and forwarded to the Executive Director for review to ensure they are completed accurately before filing. A review of all files was completed in April of 2016 to ensure compliance. The Executive Director and Director of Wellness will be responsible to ensure ongoing compliance.

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Violation Report: 43081 - 03/22/2016 - Garrigan, Laurie
PCH Name: COUNTRY MEADOWS OF SOUTH HILLS II

1. REGULATION 55 Pa.Code §2600

2600.142(a) - The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

On 6/8/15 at approximately 2:30 a.m., resident #1 was found face down on the floor next to his/her bed, tangled in a walker with their left arm pinned underneath. Resident #1 was bleeding from a laceration on the left forehead, had tenderness and an abrasion on his/her left shoulder, and had bilateral knee abrasions. Resident #1 was assessed by the nursing staff of the home, first aid was applied and the resident was transferred back to bed with staff assistance. According to the home's progress notes, the resident was complaining of "having pain all over" and "having pain in my ear drums". Hospice was notified at approximately 2:46 a.m. The hospice nurse arrived in the home at approximately 3:50 a.m. According to the hospice progress notes, the resident had sustained multiple injuries, to include, "a 4cm x 3cm laceration on left forehead, 4cm skin tear on left shoulder, bilat knees have large abrasions, resident c/o left shoulder and left rib pain. Unable to lift left arm. Left lower arm having increase edema during assessment. Pt. did have mood change by the end of my assessment and was agitated. Very difficult to redirect." However, emergency management services were not notified until 4:30 a.m.

On [redacted]16 at 5:30 p.m., resident #1 ceased to breathe. According to the death certificate, the immediate causes of death were "Complications of Blunt Force Trauma of the Head and Neck" and "Fall".

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

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Resident #1 fell at 2:35 a.m. and rang [redacted]call bell. Resident #1 was assessed by the Shift Leader who called the Assistant Director of Wellness to assist her. Resident #1 had been incontinent of bowel and had sustained skin tears that required dressings. Hospice was called at 2:45 a.m. and arrived at 3:30 a.m. Resident #1 was sent to Saint Clair Hospital at 4:30 a.m. The Nurses were re-educated as per violation 2600.16(b). Resident #1's support plan was updated on 2/02/2015 and again on 2/23/2015 with a new DME and Hospice order (see attached). Had resident #1 returned from the hospital, a reassessment of his/her needs would have been completed and a new support plan developed. Support plans are updated every 6 months and with any change in condition by the Shift Leader, Assistant Director of Wellness and Executive Director. See page 2 of 7 for response in lag time between injury and transport to the ER. Ongoing compliance will be monitored by the Executive Director and Director of Wellness.

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Violation Report: 43081 - 03/22/2016 - Garrigan, Laurie
PCH Name: COUNTRY MEADOWS OF SOUTH HILLS II

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
Resident #4's Albuterol Nebulizer 0.083% inhaler was discontinued on 3/6/16; however, the medication was still present in the medication cart on 3/24/16.

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 Albuterol inhaler was discarded immediately. The campus Director of Wellness reviewed procedures for disposing of all discontinued medications at the Nursing workshop on April 8th and April 11th, 2016. Weekly checks of the carts will be completed by the Assistant Director of Wellness or Shift Leader to monitor ongoing compliance (see attached).

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