



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 13 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 December 12, 2016 and December 13, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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FEB 09 2017

WEST REGION FIELD OFFICE
Human Services Licensing

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

Page 1 of 4

PCH Name: COUNTRY MEADOWS OF SOUTH HILLS II		License Number: 43081
Address: 3570 WASHINGTON PIKE, BRIDGEVILLE, PA 15017		County: Allegheny
Administrator: Suzanne Keddle		Region: WEST
Legal Entity Name: COUNTRY MEADOWS ASSOCIATES		
Legal Entity Address: 830 CHERRY DRIVE, HERSHEY, PA 17033		
Certificate(s) of Occupancy		
C-2 LP	I-1	
01/20/1999	01/24/2014	
Dept L & I	Township of South Fayette	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 208	Working Staff: 156
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 12/12/2016: Barry, Courtney; Quinn, Suzanne; Roser, Ashley 12/13/2016: Barry, Courtney; Quinn, Suzanne; Roser, Ashley		
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: 175	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 176	
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: 33	
Number of Current Hospice Residents: 11	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 45		

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43081 - 12/12/2016 - Barry, Courtney PCH Name: COUNTRY MEADOWS OF SOUTH HILLS II	
1. REGULATION 55 Pa.Code §2600 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.	
2a. DESCRIPTION OF VIOLATION On 12/12/16, at 11:25 a.m., the temperature in the second floor freezer in building #4's measured 6°F.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p>The freezer had been opened multiple times to gather French fries as they were cooked in batches for lunch. The freezer temp is checked and logged twice daily (morning and dinner) to verify proper operation of the equipment (See attached) We will continue to monitor temperatures twice daily to verify proper functioning of the equipment. The Dining Director or Executive Chef will ensure ongoing compliance by checking all refrigerator and freezer temperatures weekly. 2/15/17 MS.</p>	
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 February 8, 2017	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>2/15/17</u> (Date)	Plan of correction implementation status as of <u>2/15/17</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress MS <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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Violation Report: 43081 - 12/12/2016 - Barry, Courtney
PCH Name: COUNTRY MEADOWS OF SOUTH HILLS II

1. REGULATION 55 Pa.Code §2600
2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION
Resident #1's Spironolact 25mg was discontinued by the prescriber on 9/24/16; however, on 12/13/16 this medication was still stored in the medication cart.

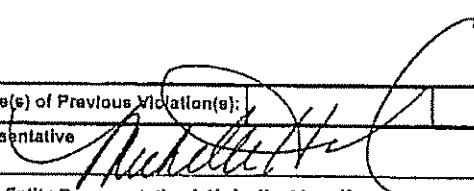
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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All medications are to be removed from the cart when the discontinue order is received.
On December 19, 21 and 22, 2016, all medication associates and LPN shift Leaders were re-educated on the proper removal of all discontinued medications. Effective December 22, 2016, The LPN shift Leader on the nighttime shift(11p-7a) will be responsible to review all orders for discontinued medications received that day and verify that the medication has been removed from the cart.
The Assistant Director of Wellness (ADOW) will ensure ongoing compliance. *by monitoring all medication storage areas at least every other month to ensure discontinued and expired medications and medications for residents no longer served at the home are destroyed in a safe manner according to regulation 2600.183f. 2/15/17 MS*

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Violation Report: 43081 - 12/12/2016 - Barry, Courtney PCH Name: COUNTRY MEADOWS OF SOUTH HILLS II		WEST REGION FIELD OFFICE Human Services Licensing	
1. REGULATION 55 Pa.Code §2600 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.			
2a. DESCRIPTION OF VIOLATION Resident #1 is prescribed Hyoscyamine 0.125mg-1 tablet sublingually every four hours as needed for secretions; however, on 12/13/16 this medication was not available in the home.			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>			
<p>Upon investigation, the hyoscyamine 0.125 had been seen on the cart by the co-workers who had administered medications on 12/10, 12/11 and 12/12. These co-workers could describe the medication and they were all consistent as to the location of the medication on the cart. On 12/13/2016, Diamond pharmacy had completed the monthly cycle fill of all medications on that cart. The medication must have been inadvertently removed by the pharmacy. The LPN shift leader will assure all medications ordered are available. The ADOW will ensure ongoing compliance.</p> <p><i>Immediately - The administrator or designee will develop and implement a policy and procedure to ensure prescribed medications are available for administration to include after the monthly cycle fill by the pharmacy. 2/15/17 MS</i></p>			
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