



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]

Mailing Date: May 30, 2017

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

RE: Country Meadows of Hershey  
451 Sand Hill Road  
Hershey, Pennsylvania 17033  
Certificate # 342830

Dear Ms. Hamilton:

As a result of the Department of Human Services' licensing inspection on April 26, 2017 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,

Brett Swanger  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary



Violation Report: 34283 - 04/26/2017 - McCloskey, Jason  
 PCH Name: COUNTRY MEADOWS OF HERSHEY

**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 has failed to create and implement a policy in accordance with this regulation as evidenced by the lack of written documentation of the steps taken to investigate the following reportable incidents:

- bruising of an unknown origin noted on resident 1 on 3-3-17
- fall and head injury of resident 2 on 3-5-17

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

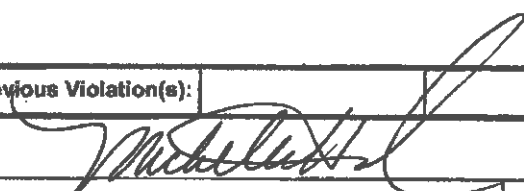
*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

Country Meadows has written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions (see attached Exhibit A). The staff involved in the documentation and reporting of events did in fact document and report incidents as prescribed in Country Meadows policy. The nurse failed to document the incidents in the addendum to the RASP as a significant change or addition of care required. Nurses will receive inservice training by June 1, 2017. The Administrator, Director of Wellness, and Assistant Director of Wellness will monitor 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 May 26, 2017

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

The above plan of correction is approved as of 5/30/17  
 (Date)

Plan of correction implementation status as of 5/30/17  
 (Date)

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

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

Violation Report: 34283 - 04/26/2017 - McCloskey, Jason  
 PCH Name: COUNTRY MEADOWS OF HERSHEY

**1. REGULATION 55 Pa.Code §2600**

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

**2a. DESCRIPTION OF VIOLATION**

On 4-26-17 at 10:06am, the electronic medication administration records were left open and accessible atop the medication cart in the second-floor hallway across from the personal care coordinator's office.

**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 failed to use the proper procedures and was counseled and retrained on confidentiality 5/21/17 (see attached). All staff persons involved in or assigned medication administration have been trained in the proper procedure to maintain and protect confidentiality of resident information. The Administrator, Director of Wellness and Assistant Director of Wellness will monitor for ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative *[Signature]*  
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative Michelle Hamilton (Required on EVERY Page) Chief of Senior Living Operations	Date May 26, 2017
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The above plan of correction is approved as of <u>5/30/17</u> (Date)	Plan of correction implementation status as of <u>5/30/17</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 34283 - 04/28/2017 - McCloskey, Jason  
 PCH Name: COUNTRY MEADOWS OF HERSHEY

**1. REGULATION 55 Pa.Code §2600**

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

**2a. DESCRIPTION OF VIOLATION**

Resident 2 had a serious change in ambulatory ability as evidenced by documentation of falls occurring on 1-5-17, 2-19-17, 3-5-17, and 3-13-17 and corroborated by staff person A, the administrator. The most recent assessment, dated 7-1-16, does not identify the change in resident's mobility and increased needs associated with the frequent falls. No subsequent assessment was completed by the home to address this change.

**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.*

Country Meadows requires annual completion of assessment and support plans. Any significant changes are to warrant a new/revised assessment. Minor changes in care are to be documented on the Addendum.

The falls and interventions for resident #2 were documented on the support plan under the Addendum as a change but did not state all required information from the Addendum (see attached). The nursing team will receive in-servicing on proper documentation to the Addendum (Target date June 1, 2017).

The Administrator, Director of Wellness, and Assistant Director of Wellness will monitor for ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 May 26, 2017
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(Date)

Plan of correction implementation status as of 5/30/17  
(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: 34283 - 04/26/2017 - McCloskey, Jason  
 PCH Name: COUNTRY MEADOWS OF HERSHEY

**1. REGULATION 55 Pa.Code §2600**

2600.234(d) - The support plan shall be revised at least annually and as the resident's condition changes.

**2a. DESCRIPTION OF VIOLATION**

Resident 2 had a serious change in condition as evidenced by documentation in the home's communication log and corroborated by staff person A, the administrator. According to the home, the resident required the assistance of 2 people with all transitions effective 3-4-17. The current assessment, dated 7-1-16, does not identify the resident as requiring a two-person assist.

**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 nursing staff documented the change in transfer assist from one-person to two-person in the nursing notes section of the new electronic record. The nurse failed to add the change to the Addendum section of the electronic RASP. Nurses will receive in-servicing relating to the proper means to document changes in care for a resident in the Addendum portion of the RASP. Inservice training will be completed by 6/1/2017. The Administrator, Director of Wellness, and Assistant Director of Wellness will monitor for ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative *Michelle Hamilton*  
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative Michelle Hamilton (Required on EVERY Page) Chief of Senior Living Operations	Date May 26, 2017
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The above plan of correction was approved by KSAS  
 (Initials)

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Violation Report: 34283 - 04/26/2017 - McCloskey, Jason  
 PCH Name: COUNTRY MEADOWS OF HERSHEY

**1. REGULATION 55 Pa.Code §2600**

2600.236 - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

**2a. DESCRIPTION OF VIOLATION**

Direct care staff person B had only 2 hours of training in dementia care during training year April 2016 through March 2017.

**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.*

This was not Direct Care staff person B's primary work area; staff person B was filling in. We will work with our Training and Development Coordinator to ensure all PRN co-workers have the additional 6 hours of annual training related to dementia care and services going forward if they will be scheduled in the secured dementia unit. The administrator will monitor 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 Michele Hamilton  
 (Required on EVERY Page) Chief of Senior Living Operations

Date May 26, 2017

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 (Initials)