



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Mailing Date: August 11, 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 July 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 - 07/26/2017 - McCloskey, Jason
 PCH Name: COUNTRY MEADOWS OF HERSHEY

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

On 7-26-17 the home's last renewal inspection, from 1-11-17, was not posted in the home. In addition, the interim inspection report, dated 4-26-17, was not accessible without asking a staff person for a key to remove the report from a locked display case.

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

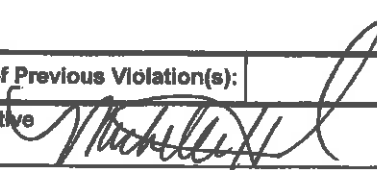
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Immediately following the inspection on 7/26/17, the renewal inspection was posted. In addition, the locking mechanism on the display case was removed. Going forward, the Administrator will post all current inspections by the Department in this accessible display to ensure 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

Date August 11, 2017

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

The above plan of correction is approved as of

8/11/17
 (Date)

Plan of correction implementation status as of

8/11/17
 (Date)

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

The above plan of correction was approved by

BAS
 (Initials)

Violation Report: 34283 - 07/26/2017 - McCloskey, Jason
 PCH Name: COUNTRY MEADOWS OF HERSHEY

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

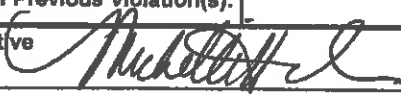
On 5-29-17, an allegation of abuse against resident 1 was reported to staff. Staff reported a second allegation of abuse against resident 2 on 5-30-17. The abuse allegations were not reported to the local area agency on aging.

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.

On 5/30/17, we self-reported to the DHS that a dementia resident hit dementia resident #2 on the back. Staff immediately redirected the resident. Resident #2 did not have any injuries. On 5/30/17, we self-reported to the DHS that dementia resident #1 was found on the floor in another dementia resident's room. Resident #1 stated that another dementia resident pushed her; that resident was not present in the room at that time. The Director of Wellness and Executive Director will ensure that AAA is contacted verbally and/or in writing, and this information will be included on future self-reporting incidents to the DHS.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative <i>(Required on EVERY Page)</i>	
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Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i> Michelle Hamilton Chief of Senior Living Operations	Date August 11, 2017
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Plan of correction implementation status as of 8/11/17
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