



pennsylvania

DEPARTMENT OF HUMAN SERVICES

MAY 16 2018

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
Certificate #: 430810

Dear Ms. Keddie:

As a result of the Department of Human Services' Licensing annual licensing inspection on November 20, 2017 and November 21, 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.

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,

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: 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		RECEIVED
I-1 01/24/2014 Township of South Fayette	C-2 LP 07/06/1999 PA Dept L&I	MAR 30 2018 WEST VIRGINIA HILL COUNTY OFFICE Human Services Department
Staffing Hours		
Resident Support: 0	Total Daily Staff: 185	Working Staff: 139
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
11/20/2017: Pfaff, Vicki; Flinner-Alman, Lisa; Park, Beth		
11/21/2017: Pfaff, Vicki; Flinner-Alman, Lisa; Park, Beth		
Off-Site Inspection Dates and Inspectors, if Applicable		
03/08/2018: Pfaff, Vicki		
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: 158	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 158	
Area:	Have Mental Illness: 5	
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: 27	
Number of Current Hospice Residents: 6	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 30		

Violation Report: 43081 - 03/08/2018 - Pfaff, Vicki
 PCH Name: COUNTRY MEADOWS OF SOUTH HILLS II

MAR 30 2018

WEST PHEON FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.84 - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120°F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

2a. DESCRIPTION OF VIOLATION
 On 11/20/18 at 10:55 a.m., the temperature of the 2 burners on the Bunn coffee warmer in the Building #2 dining room measured in excess of 350 degrees Fahrenheit. The warmer was accessible to residents and unattended by staff.

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.

We will switch to enclosed brewers by May 31, 2018. There will be no exposed hot surfaces. Ongoing compliance will be ensured by the Culinary Associate servicing the dining room and the Dining Room Coordinator. Weekly audits of the meal time to ensure compliance will be completed by the Dining Director or Executive Director.

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) Diana Ponterio Vice President of Operations Date March 30, 2018

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

The above plan of correction is approved as of <u>4/12/18</u> (Date)	Plan of correction implementation status as of <u>4/12/18</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

MAR 30 2018

Violation Report: 43081 - 03/08/2018 - Pfaff, Vicki
PCH Name: COUNTRY MEADOWS OF SOUTH HILLS II

WEST HESSINGTON OFFICE
Human Resources / Training

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

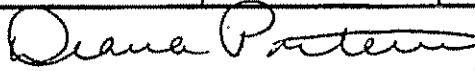
Resident #1 is proscribed Nystatin topical powder - Apply topically under breasts twice daily as needed for excoriation. However, the prescription label on the medication indicates - Apply topically under left breast redness twice daily X 10 days.

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.

A new medication direction label was obtained from the pharmacy on 11/23/2017. The co-workers were re-educated on Medication Cart Management on 12/8/2017 (see attached). Ongoing compliance will be ensured through monthly cart audits completed by the Assistant Director of Wellness or Director of Wellness.

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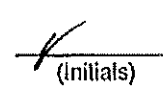
Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Diana Ponterio Vice President of Operations
Date March 30, 2018

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

The above plan of correction is approved as of 4/2/18 (Date)

Plan of correction implementation status as of 4/2/18 (Date)

The above plan of correction was approved by  (Initials)

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