



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: March 22, 2018

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

RE: Country Meadows of South Hills I
3560 Washington Pike
Bridgeville, Pennsylvania 15017
Certificate #: 430660

Dear Ms. Hamilton:

As a result of the Department of Human Services' licensing inspection on January 16, 2018, 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,

A handwritten signature in black ink, appearing to read "Janine Wenzig".

Janine Wenzig
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PCH Name: COUNTRY MEADOWS OF SOUTH HILLS I		License Number: 43066
Address: 3560 WASHINGTON PIKE, BRIDGEVILLE, PA 15017		County: Washington
Administrator: Jessica Ciancio		Region: WEST
Legal Entity Name: COUNTRY MEADOWS ASSOCIATES		
Legal Entity Address: 830 CHERRY DRIVE, HERSHEY, PA 17033		RECEIVED
Certificate(s) of Occupancy C-2 LP 03/24/1987 L&I		MAR 05 2018 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 115	Waking Staff: 86
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 01/16/2018: McConnell, Deb		
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: 100 Number of Residents Served: 65 Secured Dementia Care Unit In Home: Yes Area: Shadyside Hallway Secured Dementia Unit Capacity, if Applicable: 50 Number of Residents Served in Secured Dementia Care Unit, If applicable: 39 Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 15		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 65 Have Mental Illness: 2 Have an Intellectual Disability: 0 Have a Mobility Need: 50 Have a Physical Disability: 0

Violation Report: 43066 - 01/16/2018 - McConnell, Deb
PCH Name: COUNTRY MEADOWS OF SOUTH HILLS I

WEST REGION FIELD OFFICE
Nursing Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.23(a) - A home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

The assessment and support plan, dated 11/20/17, for resident #1 and the assessment and support plan for resident #2, dated 2/1/17, indicate the residents require the assistance of 2-persons with transferring. However, on 1/16/18, the residents were assisted to the bathroom by only 1 staff person.

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 staff will be re-educated by March 31, 2018 on the importance of following the resident's support plan when providing assistance to the resident.

Training will include a review of safety precautions for resident transfers and transfers are addressed in the RASP. The staff will be reminded to always call for a second person to assist with residents requiring two person support. Nursing will review the list of residents who require two person assists at change of shift each day and will monitor the PCA's for compliance.

Ongoing compliance will be monitored by the Assistant Director of Wellness and the 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 Michelle Hamilton
(Required on EVERY Page) Chief of Senior Living Operations

Date March 2, 2018

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

The above plan of correction is approved as of

3/6/18
(Date)

Plan of correction implementation status as of

3/6/18
(Date)

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

The above plan of correction was approved by

(Initials)

Violation Report: 43066 - 01/16/2018 - McConnell, Deb
PCH Name: COUNTRY MEADOWS OF SOUTH HILLS I

MAR 05 2018

WEST VIRGINIA FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #3 is prescribed Citaprolam 10mg, 1 daily at 8:30 a.m., and Labetalol 100mg, 1 twice daily at 8:30 a.m. and 4:30 p.m. However, the January 2018 MAR indicates these medications were given late on the following dates:

Citaprolam:

- *1/18/18 at 9:39 a.m.
- *1/7/18 at 9:48 a.m.
- *1/14/18 at 11:58 a.m.

Labetalol:

- *1/10/18 at 5:38 p.m.
- *1/12/18 at 10:16 a.m.
- *1/16/18 at 9:35 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.

Nurses and Medication Associates will be re-educated by March 30, 2018 on the importance of giving scheduled medications within the appropriate time frame. Shift nurses will be expected to monitor that medications are given on time on their shift. Ongoing compliance will be monitored by the Assistant Director of Wellness.

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 March 2, 2018
--	--------------------

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

The above plan of correction is approved as of 3/6/18
(Date)

The above plan of correction was approved by [Signature]
(Initials)

Plan of correction implementation status as of 3/6/18
(Date)

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