pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 31 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's Bureau of Human Services Licensing annual inspection on April 3, 2018 and April 4, 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.

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 I	License Number: 43066
Address: 3560 WASHINGTON PIKE, BRIDGEVILLE, PA 15017	County: Allegheny
Administrator: Jessica Ciancio	Region: WEST
Legal Entity Name: COUNTRY MEADOWS ASSOCIATES	
Legal Entity Address: 830 CHERRY DRIVE, HERSHEY, PA 17033	

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WEST REGION FIELD OFFICE
Human Services Licensing

Certificate(s) of Occupancy
R-3
09/20/2017
South Fayette Township

Staffing Hours
Resident Support: 0 | Total Daily Staff: 98 | Waking Staff: 74

Type of Inspection: Full | BHA Docket Number: | Notice: Unannounced

Reason(s) for Inspection(s)
Renewal, Incident

On-Site Inspections Dates and Department Representatives On-Site
04/03/2018: Rahuba, Matt; Park, Beth
04/04/2018: Rahuba, Matt; Park, Beth

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: 63
Secured Dementia Care Unit in Home: Yes
Area: Connections (rooms 26 to 51)
Secured Dementia Unit Capacity, if Applicable: 50
Number of Residents Served in Secured Dementia Care Unit, if applicable: 36
Number of Current Hospice Residents: 4
Number of Hospice Residents in past year: 30

Number of Residents who:
Receive Supplemental Security Income: 0
Are 60 Years of Age or Older: 63
Have Mental Illness: 1
Have an Intellectual Disability: 0
Have a Mobility Need: 35
Have a Physical Disability: 0

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WEST REGION FIELD OFFICE
Bureau of Childcare Licensing

Violation Report: 43066 - 04/03/2018 - Rahuba, Matt
PCH Name: COUNTRY MEADOWS OF SOUTH HILLS I

1. REGULATION 55 Pa.Code §2600
2600.102(d)(1) - Toilet and bath areas must have grab bars, hand rails or assist bars.

2a. DESCRIPTION OF VIOLATION
On 4/3/18, no grab bar, hand rail or assist bar was present at the toilet in bedroom #25.

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 toilet seat with a hand rail was immediately added on 4/3/2018. Ongoing compliance will be ensured through environmental room checks by direct care workers and the Director of Maintenance. Ongoing compliance will be monitored by the Executive Director.

Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative (Required on EVERY Page) D Ponterio

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Diana Ponterio, VP of Operations

Date 6/5/18

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

The above plan of correction is approved as of 7/11/18 (Date)

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

Plan of correction implementation status as of 7/11/18 (Date)

- [x] Fully Implemented f
- [ ] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43066 - 04/03/2018 - Rahuba, Matt
PCH Name: COUNTRY MEADOWS OF SOUTH HILLS I

1. REGULATION 55 Pa.Code §2600
2600.103(d) - Food shall be stored off the floor.

2a. DESCRIPTION OF VIOLATION
On 4/3/18, 24 cases of 8 oz. water bottles and 33 cases of 1 gallon water jugs were stored on the floor in the maintenance shed. Also, two, 1 gallon water jugs were stored on the floor of the boiler room.

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.

All water was moved to pallets on 4/4/2018. Water will be stored off of the floor in the maintenance shed. Ongoing compliance will be monitored by the Director of Maintenance through inspections. Ongoing compliance will be monitored by the Executive Director.

Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative (Required on EVERY Page) [signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Diana Pontorio VP of Operations

Date 6/15/18

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

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RECEIVED
JUN 18 2018
WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43066 - 04/03/2018 - Rahuba, Matt
PCH Name: COUNTRY MEADOWS OF SOUTH HILLS I

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 prescribed Trazodone 50mg-Take 1/2 tablet (25mg) every 24 hours as needed; however the pharmacy label indicates Trazodone 50mg-Take 1/2 tablet (25mg) every 2 hours as needed (max 3 doses in 24 hours).

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 as obtained from the pharmacy on 4/4/18. The co-workers were re-educated on Medication Cart Management on 4/20/2018. (See attached).

Ongoing compliance will be ensured through cart audits by the Assistant Director of Wellness or Director or Wellness, at least monthly.

7/11/18

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 Pontenio VP of Operations Date 6/5/18

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