



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 15 2019

Ms. Diana Ponterio
Sr. VP of Operations/Regulatory Compliance
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. Ponterio:

As a result of the Department's Bureau of Human Services Licensing annual inspection on December 17 and 18, 2018 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report: 34283 - 12/17/2018 - Hoover, Douglas
 PCH Name: COUNTRY MEADOWS OF HERSHEY

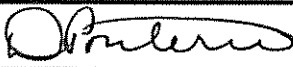
1. REGULATION 55 Pa.Code §2600
 2600.84 - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120°F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming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

2a. DESCRIPTION OF VIOLATION
 On 12/18/18 at 11:15 am, the temperature measured 130 degrees Fahrenheit for the gas fireplace in the 2nd floor auditorium. The protective heat guard did not fully extend up to the top of the fireplace to prevent residents from coming in contact with the metal above the glass faceplate.

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.

At the time of the survey, the fireplace was immediately turned off and will remain off until the ordered custom fireplace heat guards are installed. The heat guards will cover all exposed metal services and will ensure we remain in temperature compliance. The custom heat guards are estimated to arrive this week and will be installed by Monday March 4, 2019. After the heat guards are installed, during the months of fireplace use it will be randomly monitored by maintenance using a temperature heat gun. Heat reflectors have already been installed on all three (3) fireplaces in the building.

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, Sr. VP of Ops / Regulatory Compliance	Date February 22, 2019
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>2/26/19</u> (Date) The above plan of correction was approved by <u>GE</u> (Initials)	Plan of correction implementation status as of <u>2/26/19</u> (Date) <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
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Violation Report: 34283 - 12/17/2018 - Hoover, Douglas

PCH Name: COUNTRY MEADOWS OF HERSHEY

1. REGULATION 55 Pa.Code §2600

2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION

A fire drill was not conducted for February and March of 2018.

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 responsible for carrying out all fire drills was terminated promptly by executive director when found out he did not turn in fire drill logs. All fire drill logs will now be completed on paper and kept in a binder in the executive director's office for review as well as on our intranet for quick review.

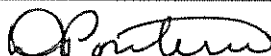
Ongoing, executive director will meet with maintenance director monthly to ensure success of all fire drills and to review schedule for upcoming month to ensure compliance with regulations.

The monthly fire drills will be discussed at the home's periodic quality management reviews. - GE

Repeat Violation: No

Date(s) of Previous Violation(s):

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Violation Report: 34283 - 12/17/2018 - Hoover, Douglas
 PCH Name: COUNTRY MEADOWS OF HERSHEY

1. REGULATION 55 Pa.Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION
 A sleeping hours fire drill was conducted in the main building at 12:36 am on 8/12/17. The next sleeping hours fire drill was not conducted until 5/17/18 at 5:53 am.
 A sleeping hours fire drill was conducted in the East wing at 11:15 pm on 10/11/17. The next sleeping hours fire drill was not completed until 5/21/18 at 5:00 am.

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 responsible for carrying out all fire drills was terminated promptly by executive director when found out he did not turn in fire drill logs. All fire drill logs will not be completed on paper and kept in a binder in the executive director's office for review as well as on our intranet for quick review.

Ongoing, executive director will meet with maintenance director monthly to ensure success of all fire drills and to review schedule for upcoming month to ensure compliance with regulations. This will include the home's plan to conduct a fire drill between the hours of 11 pm and 6 am every six months. The monthly fire drills will be discussed at the home's periodic quality management reviews. - GE

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Violation Report: 34283 - 12/17/2018 - Hoover, Douglas
 PCH Name: COUNTRY MEADOWS OF HERSHEY

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

There was a vial of *Humalog, 100 mL* in the medication room refrigerator for Resident #1 who left the home on 10/29/18.

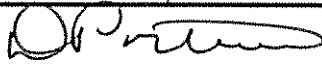
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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 medication room refrigerators will be added to the weekly medication cart checks for cleanliness, expired medications, re-ordering and any needed disposal of medication. Nurses will follow company policy based upon type of medication being destroyed.

Ongoing, director of nursing / designee will ensure compliance with regulation by inspecting medication room refrigerators weekly.

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Violation Report: 34283 - 12/17/2018 - Hoover, Douglas
 PCH Name: COUNTRY MEADOWS OF HERSHEY

1. REGULATION 55 Pa.Code §2600
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
 The pre-admission screening forms, dated 3/1/18 and 11/24/18 for Resident #2 and Resident #3 respectively, were blank on whether the home could meet the needs of the residents.

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 resident files were audited by the office manager. We have reviewed with our marketing team how to properly complete the pre-screen form.

Ongoing, office manager / designee will perform random audits to ensure compliance.

The results of the audits will be discussed at the home's periodic quality management reviews. - GE

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