



**MAILING DATE: September 13, 2019**

Ms. Corrie Froats  
Campus Executive Director  
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. Froats:

As a result of the Department's Bureau of Human Services Licensing inspection on July 15, 2019, of the above facility, the citations 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.

Sincerely,

A handwritten signature in black ink that reads "Jon B. Kimberland".

Jon Kimberland  
Human Services Licensing Supervisor

Enclosure  
Violation Report

9/4/19

## Violation Report

## Facility Information

Name: COUNTRY MEADOWS OF SOUTH HILLS II  
 Address: 3570 WASHINGTON PIKE, BRIDGEVILLE, PA 15017  
 County: ALLEGHENY Region: WESTERN

License Number: 43081

## Administrator

Name: Corrie Froats Phone: 412-257-4566 Email: DPONTERIO@COUNTRYMEADOWS.COM

## Legal Entity

Name: COUNTRY MEADOWS ASSOCIATES  
 Address: 830 CHERRY DRIVE, HERSHEY, PA, 17033

## Certificate(s) of Occupancy

Type: I-1	Date:	Issued By:
Type: C-2 LP	Date: 07/06/1999	Issued By: Department of Labor and Industry

## Staffing Hours

Resident Support Staff: 0	Total Daily Staff: 198	Waking Staff: 149
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## Inspection

Type: Partial	BHA Docket #:	Notice: Unannounced
Reason: Complaint, Incident		

## Inspection Dates and Department Representative

07/15/2019 - On-Site: Trish Bartlett

## Resident Demographic Data as of Inspection Dates

## General Information

License Capacity: 200	Residents Served: 166
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## Secured Dementia Care Unit

In Home: No	Area:	Capacity:	Residents Served:
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## Hospice

Current Residents: 6

## Number of Residents Who:

Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 166
Diagnosed with Mental Illness: 13	Diagnosed with Intellectual Disability: 7
Have Mobility Need: 32	Have Physical Disability: 7

## 15a - Resident Abuse Report

### Regulations

2600.

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

### Description of Violation

On 7/9/19 at approximately 11:00 p.m., resident #1 verbally notified staff person A, the LPN of an allegation of potential physical abuse. Resident #1 indicated the resident was "pushed onto the bed by a man/woman and the resident hit his/her head." However, the allegation of physical abuse was not reported to the local Area Agency on Aging until 7/10/19 at approximately 2:30 p.m.

Multiple additional staff persons were made aware of the allegation of physical abuse but did not immediately notify the local Area Agency on Aging to include:

- \* Staff person A notified staff person B, campus director of nursing via telephone at approximately 11:45 p.m. on 7/9/19.
  - \* Staff person A sent an email on 7/9/19 to administrative staff with details of the allegation on 7/9/19. Staff person C, the ADON became aware of the email and allegation at approximately 8:00 a.m. on 7/10/19.
  - \* Staff person C and staff person D, LPN evaluated the resident at approximately 8:00 a.m. on 7/10/19 regarding the allegation.
  - \* Staff person E, the administrator and person C were aware of the allegation and spoke with resident #1 regarding the allegation at approximately 9:15 a.m. on 7/10/19.
- approximately 11:45 p.m. on 7/9/19.
- \* Staff person A sent an email on 7/9/19 to administrative staff with details of the allegation on 7/9/19. Staff person C, the ADON became aware of the email and allegation at approximately 8:00 a.m. on 7/10/19.
  - \* Staff person C and staff person D, LPN evaluated the resident at approximately 8:00 a.m. on 7/10/19 regarding the allegation.
  - \* Staff person E, the administrator and person C were aware of the allegation and spoke with resident #1 regarding the allegation at approximately 9:15 a.m. on 7/10/19.

### 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.)

See Page 2A of 3

See attachment

- 1.) Report sent to Department of Human Services on 07/09/2019, date of the incident. Reported to Area Agency on Aging on 7/9/2019, this was the date that we became aware of the incident. We called in the verbal report on 7/09/2019 and completed the Act 13 on 7/10/19.
- 2.) All staff were trained on the requirement of reporting suspected abuse immediately to Area on Aging according to regulation 2600.15.a within the time frame defined by AAA. (see attachment – submitted training prior to receiving report)
- 3.) To prevent further violations, staff will continue to be trained upon hire and annually on Abuse Prevention and Reporting.
- 4.) Ongoing compliance will continue to be monitored by Campus Director of Nursing and Campus Executive Director.

Immediately: The administrator or designated staff person shall monitor all allegations of abuse to ensure all allegations of abuse are reported in accordance with the Older Adult Protective Services Act. 9/5/19



9/5/19



15a - Resident Abuse Report (continued)

Legal Entity Representative

*Diana Ponterio*

Signature

Diana Ponterio, Sr VP of Ops/Reg Compliance 8/9/2019

Printed Name and Title

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 9/5/19  
(Date)

Plan of correction implementation status as of 9/5/19  
(Date)

The above plan of correction was approved by *DP*  
(Initials)

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