



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SENT VIA EMAIL: cfroats@countrymeadows.com

Mailing Date: February 24, 2020

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on November 14, 2019 and November 15, 2019, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Janine Wenzig".

Janine Wenzig
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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: *4122574566* Email: *DPONTERIO@COUNTRYMEADOWS.COM*

Legal Entity

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

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *04/04/1995* Issued By: *Labor & Industry*
Type: *C-2 LP* Date: *01/20/1999* Issued By: *Labor & Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *193* Waking Staff: *145*

Inspection

Type: *Full* BHA Docket #: Notice: *Unannounced*
Reason: *Renewal*

Inspection Dates and Department Representative

11/14/2019 - On-Site: Lisa Flinner-Alman, Karen Georgoulis, Laurie Garrigan, Janine Wenzig

11/15/2019 - On-Site: Lisa Flinner-Alman, Karen Georgoulis, Laurie Garrigan

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *200* Residents Served: *161*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *161*
Diagnosed with Mental Illness: *11* 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 10/26/19, at approximately 2:00 a.m., resident #1 alleged staff person A pushed her out of bed. The allegation was not reported to the local Area Agency on Aging until 10/28/19.

Repeat Violation: 7/15/19

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.)

The allegation was reported on 10/28/2019. Management and nursing were provided education/training on reportable incidents and the correct timeline for reporting. Training sign in sheets will follow.

The managers and nurses will be trained annually on abuse reporting.

The Executive Director and Director of Nursing will monitor all reportable incidents to ensure timely reporting going forward.

Legal Entity Representative

Diana Pontorio

Signature

Diana Pontorio Sr VP

Printed Name and Title


2/20/20

Date

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The above plan of correction is approved as of 2/20/2020
(Date)

Plan of correction implementation status as of 2/20/2020
(Date)

The above plan of correction was approved by 
(Initials)

- Implemented
- Not Implemented

15b - Supervisor Plan

Regulations

2600.
15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On 10/26/19, at approximately 2:00 a.m., resident #1 alleged staff person A pushed her out of bed. Staff person A was suspended immediately following the incident, however, returned to work on 11/7/29, prior to the conclusion of the Department's investigation, and provided unsupervised direct care services to residents.

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.)

Area Agency on Aging was on site to investigate the allegation of abuse on 10/29/19. On 11/1/19 Area Agency on Aging informed us of their findings that this allegation was unfounded. The staff member returned to work. DHS inspectors came to investigate this allegation two weeks later on 11/14 and 11/15/19.

Managers were provided an in-service that both Aging and DHS must clear the coworker before he/she can return to work unless a plan of supervision is provided, per the regulation. The Campus Executive Director will ensure in the future that either the coworker will remain out on suspension even when Aging has determined the allegation to be unfounded, or a plan of supervision will be provided for the coworker upon their return to work while awaiting DHS investigation of the alleged abuse.

Legal Entity Representative

Diana Ponterio

Signature

Diana Ponterio Sr VP 2/20/20

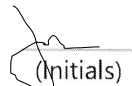
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16c - Written Incident Report

Regulations

2600.
16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 10/26/19 at approximately 2:00 a.m., resident #1 alleged staff person A pushed her out of bed. This incident was not reported to the Department until 10/28/19.

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.)

The allegation was reported on 10/28/2019. Management and nursing were provided education/training on reportable incidents and the correct timeline for reporting. Training sign in sheets will follow.

The managers and nurses will be trained annually on abuse reporting.

The Executive Director and Director of Nursing will monitor all reportable incidents to ensure timely reporting going forward.

Legal Entity Representative

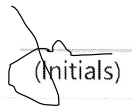

Signature

Diana Pontero Sr VP 2/20/20
Printed Name and Title Date

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65a - FS Orientation 1st Day

Regulations

2600. 65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

Description of Violation

Agency staff person A, whose first day of work was 8/23/19, did not receive orientation in any of the required topics in accordance with 2600.65a.

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.)

Staff person A was trained on 11/16/19, which was her next day to work after the audit revealed she had not completed all of her training. Management, including the campus scheduler, have been in-serviced that all substitute staffing need all of the required orientation topics. A full audit will be completed by 3/1/2020 to ensure that paperwork for all substitute personnel is complete.

The Campus Executive Director or designee will monitor for ongoing compliance.

Legal Entity Representative

Diana Ponterero
Signature

Diana Ponterero Sr-VP 2/20/20
Printed Name and Title Date

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65b - Rights/Abuse 40 Hours

Regulations

2600.
65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

Description of Violation

Agency staff person A, whose first day of work was 8/23/19, has completed their 40th scheduled work hour; however, has not received orientation in any of the required topics in accordance with 2500.65b.

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.)

**Staff person A was trained on 11/16/19, which was her next day to work after the audit revealed she had not completed all of her training. Management, including the campus scheduler, have been in-serviced that all substitute staffing need all of the required orientation topics. A full audit will be completed by 3/1/2020 to ensure that paperwork for all substitute personnel is complete.
The Campus Executive Director or designee will monitor for ongoing compliance.**

Legal Entity Representative



Signature

Diana Pontero Sr VP 2/20/20
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85a - Sanitary Conditions

Regulations

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 11/14/19 at 11:45 a.m., there was pile of soiled sheets on an incontinence pad on the floor in the large shower room off of the country kitchen on the 3rd floor of building 4.

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 soiled linens were immediately removed. Staff have been educated to use the provided receptacles for any soiled linen. A second brute has been ordered to keep in this central area to prevent this from happening in the future.

The Executive Director and Assistant Director of Nursing will monitor the area frequently for ongoing compliance.

Legal Entity Representative


Signature

Diana Pontero Sr VP 2/20/20
Printed Name and Title Date

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141b1 - Annual Medical Evaluation

Regulations

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

The medical evaluation, dated 8/6/19, for resident #1 is blank in the areas of date of birth and blood pressure.

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.)

Moving forward the Assistant Director of Nursing or designee will routinely audit for completeness of the DME forms as they are returned to us from the physician. Any DME forms that do not have all information completed will be addressed. Resident one has since been discharged from the facility.

Legal Entity Representative

Diana Pontero

Signature

Diana Pontero Sr VP 2/20/20

Printed Name and Title

Date

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225c - Additional Assessment

Regulations

2600.
225.c. The resident shall have additional assessments as follows:

Description of Violation

The assessment for resident #2 is blank under the ability to self-administer medications. The resident's medical evaluation, dated 10/29/19, indicates the resident cannot self-administer medications.

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 assessment for resident #2 has been corrected to indicate that the resident cannot self-medicate and medications will be administered by our trained staff or nurse. This section was mistakenly missed when completing the RASP for this resident. The Director of Nursing and Assistant DON will monitor assessments for compliance going forward.

Legal Entity Representative

Diana Ponterio
Signature

Diana Ponterio Sr VP 2/20/20
Printed Name and Title Date

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