

Department of Human Services  
Bureau of Human Service Licensing

August 19, 2020

COUNTRY MEADOWS ASSOCIATES  
830 CHERRY DRIVE  
HERSHEY, PA, 17033

RE: COUNTRY MEADOWS OF SOUTH  
HILLS I  
3560 WASHINGTON PIKE  
BRIDGEVILLE, PA, 15017  
LICENSE/COC#: 43066

Dear Ms. Ponterio,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/24/2020, 06/25/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Jody Garvey  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary (LIS)

cs: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSE INSPECTION SUMMARY - PUBLIC**

**Facility Information**

Name: *COUNTRY MEADOWS OF SOUTH HILLS I* License #: *43066* License Expiration Date: *09/11/2020*  
Address: *3560 WASHINGTON PIKE, BRIDGEVILLE, PA 15017*  
County: *ALLEGHENY* Region: *WESTERN*

**Administrator**

Name: *John Moses* Phone: *4122574566* Email: *jmoses@countrymeadows.com*

**Legal Entity**

Name: *COUNTRY MEADOWS ASSOCIATES*  
Address: *830 CHERRY DRIVE, HERSHEY, PA, 17033*  
Phone: *4122572855* Email: *DPonterio@countrymeadows.com*

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *03/24/1987* Issued By: *Labor and Industry*

**Staffing Hours**

Resident Support Staff: Total Daily Staff: *106* Waking Staff: *80*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint* Exit Conference Date: *06/25/2020*

**Inspection Dates and Department Representative**

*06/24/2020 - Off-Site: Laurie Garrigan*  
*06/25/2020 - Off-Site: Laurie Garrigan*

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *100* Residents Served: *62*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Shady Side* Capacity: *50* Residents Served: *35*

**Hospice**

Current Residents: *2*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *62*  
Diagnosed with Mental Illness: *6* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *44* Have Physical Disability: *0*

## Inspections / Reviews

## 06/24/2020 - Partial

Lead Inspector: *Laurie Garrigan*Follow-Up Type: *POC Submission*Follow-Up Date: *07/08/2020*

## 7/1/2020 - POC Submission

Lead Reviewer: *Jody Garvey*Follow-Up Type: *POC Submission*Follow-Up Date: *07/07/2020*

## 7/9/2020 - POC Submission

Lead Reviewer: *Jody Garvey*Follow-Up Type: *Document Submission*Follow-Up Date: *08/30/2020*

## 8/19/2020 - Document Submission

Lead Reviewer: *Jody Garvey*Follow-Up Type: *Not Required*

225a - Assessment 15 Days

1. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department’s assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

An assessment was not completed for resident #1, who was admitted to the home on 12/30/19.

Plan of Correction - 07/09/2020

Accept

This resident moved in on 12/30/2019 and moved out on 1/24/2020. The assessment was missed and since is no longer a resident, an assessment cannot be done now.

Going forward, all new move ins will be reviewed by the DON/ADON for completion of the assessment and support plan. Our nursing team will be retrained on the assessment process and requirements on or before July 30th, 2020.

An audit of all new move ins since January will be conducted by our ADON to ensure that all new move ins have an assessment in their record per regulation. This audit will be completed by July 31st, 2020. Final documentation will be sent upon completion of audit.

Completion Date: 07/08/2020

Document Submission - 08/19/2020

Implemented

Documentation attached showing the attendance for training on the assessment process.