

Department of Human Services
Bureau of Human Service Licensing

July 9, 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 licensing inspections on 06/24/2020, 06/25/2020 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations 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**

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, Jogarvey@pa.gov*

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*

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 - 07/01/2020

Do Not Accept

This 15 day assessment was overlooked. Our policy and procedures require an assessment to be done within 15 days per regulation. Our electronic record triggers the assessment dates. This resident was only with us for a short stay. The Director of Nursing and Assistant Director of Nursing will monitor all new move ins to ensure compliance going forward.

Completion Date: 06/29/2020

Update - 06/29/2020

All plans of correction must include an immediate fix, a long term fix and a monitoring process and have a date of completion for each step.

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 she 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