

Department of Human Services
Bureau of Human Service Licensing

September 9, 2021

[REDACTED], SR. VICE PRESIDENT OF OPERATIONS/REGULATORY COMPLIANCE
COUNTRY MEADOWS ASSOCIATES
830 CHERRY DRIVE
HERSHEY, PA 17033

RE: COUNTRY MEADOWS OF SOUTH
HILLS II
3570 WASHINGTON PIKE
BRIDGEVILLE, PA, 15017
LICENSE/COC#: 43081

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/07/2021, 06/08/2021, 06/09/2021, 06/14/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *COUNTRY MEADOWS OF SOUTH HILLS II* License #: *43081* License Expiration Date: *08/22/2022*
Address: *3570 WASHINGTON PIKE, BRIDGEVILLE, PA 15017*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *4122574566* Email: [REDACTED]

Legal Entity

Name: *COUNTRY MEADOWS ASSOCIATES*
Address: *830 CHERRY DRIVE, HERSHEY, PA, 17033*
Phone: *4122574566* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *01/20/1999* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *152* Waking Staff: *114*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint, Incident* Exit Conference Date: *06/14/2021*

Inspection Dates and Department Representative

06/07/2021 - On-Site: [REDACTED]
06/08/2021 - On-Site: [REDACTED]
06/09/2021 - On-Site: [REDACTED]
06/14/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *200* Residents Served: *120*

Secured Dementia Care Unit

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

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *120*
Diagnosed with Mental Illness: *6* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *32* Have Physical Disability: *1*

Inspections / Reviews

06/07/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *08/29/2021*

8/31/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *09/06/2021*

9/7/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *09/13/2021*

9/9/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

42s - Privacy

1. Requirements

2600.

- 42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On 6/9/21, no lock was present on the shared bathroom door in bedroom #422 to allow for privacy while using the bathroom.

Plan of Correction

Accept

A complete audit of all shared bathrooms has been completed and latch locks have been ordered. All locks will be installed on or before September 15th, 2021 by our maintenance department. The maintenance director and building managers will ensure thorough routine audits that all shared bathrooms have a working locking mechanism going forward.

Completion Date: 08/30/2021

Document Submission

Implemented

81b - Resident Personal Equipment

1. Requirements

2600.

- 81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On 6/9/21, the enabler on resident #1's bed was loose and moves approximately 4" in each direction.

On 6/9/21, the enabler on resident #2's bed was loose and moves approximately 4" in each direction.

Plan of Correction

Accept

All bed enablers including residents #1 and #2 were reinforced by maintenance and verified by the Campus Executive Director. The enablers will be checked routinely by maintenance for proper fit and documented monthly. If a bed enabler is found to be loose, the staff has been educated to contact maintenance to secure it. Staff members have been educated that enablers with an opening greater than 4.75" must have a cover. Ongoing compliance will be monitored by the Executive Director. (Exhibits #1 #2, and #3).

Completion Date: 08/30/2021

Document Submission

Implemented

86b - Bathroom

1. Requirements

2600.

- 86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

On 6/14/21, the exhaust fan in the bathroom of bedroom#2 was not operable. No outside window is present in this bathroom.

86b - Bathroom (continued)

Plan of Correction**Accept**

The exhaust fan in room #2 has been replaced. Maintenance will audit all bathrooms for functioning fans and replace any as needed. A bi-annual audit will be completed by maintenance to ensure all fans are in working order or replaced as needed. Executive directors will ensure ongoing compliance.

Completion Date: 08/30/2021

Document Submission**Implemented**

92 - Windows

1. Requirements

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

On 6/9/21, no screen was present in the openable window of bedroom #453.

Plan of Correction**Accept**

Screen was replaced. The Executive Director and maintenance will ensure screens are in windows and order new ones as needed to ensure ongoing compliance. Staff trained that if a window is missing a screen or contains a damaged one, they are to report to maintenance immediately. Exhibits #4 and #5.

Completion Date: 08/30/2021

Document Submission**Implemented**

103f - Refrigerator/Freezer Temps

1. Requirements

2600.

- 103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 6/9/21 at approximately 3:00 pm, no thermometer was present in the ice cream refrigerator, located in building #4.

Plan of Correction**Accept**

A thermometer was placed at time of inspection. Staff have been re-trained that all refrigerators and freezers must have a working thermometer at all times and to inform the director if any are missing. The Director of Dining Services will monitor daily to ensure compliance. Exhibit #6 and #7.

Completion Date: 08/30/2021

Document Submission**Implemented**

163b - Sanitary Practices

1. Requirements

2600.

163b - Sanitary Practices (continued)

163.b. Staff persons, volunteers and residents shall follow sanitary practices while working in the kitchen areas.

Description of Violation

On numerous occasions, staff person A, who works in the home's kitchen, was observed eating food off the floor, taking pieces of resident desserts off the dessert tray and eating them, scooping ice cream out of the 5 gallon tub with [REDACTED] fingers, then eating it and eating leftover food off resident plates.

Plan of Correction**Accept**

This co-worker has been counseled in the past. [REDACTED] has been removed from [REDACTED] position in the dining department. The dining director will monitor that all co-workers are following sanitary practices while working in the kitchen and dining rooms. The dining director and/or supervisor are present in the kitchen and dining rooms at each meal. Sanitary practice is monitored through observation and any issues are addressed at that time.

Completion Date: 09/03/2021

Document Submission**Implemented**