

Department of Human Services
Bureau of Human Service Licensing

August 25, 2022

[REDACTED], VP OF OPERATIONS & REGULATORY COMPLIANCE
[REDACTED]
[REDACTED]

RE: COUNTRY MEADOWS OF WEST
SHORE
4837 EAST TRINDLE ROAD
MECHANICSBURG, PA, 17050
LICENSE/COC#: 33352

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/29/2021, 11/30/2021 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 WEST SHORE* License #: *33352* License Expiration: *08/31/2022*
Address: *4837 EAST TRINDLE ROAD, MECHANICSBURG, PA 17050*
County: *CUMBERLAND* Region: *CENTRAL*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *COUNTRY MEADOWS OF WEST SHORE LLC*
[REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *11/19/2002* Issued By: *L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *130* Waking Staff: *98*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #: *0*
Reason: *Renewal* Exit Conference Date: *11/30/2021*

Inspection Dates and Department Representative

11/29/2021 - On-Site: [REDACTED]
11/30/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *180* Residents Served: *79*

Secured Dementia Care Unit

In Home: *Yes* Area: *connections* Capacity: *92* Residents Served: *51*

Hospice

Current Residents: *12*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *78*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *51* Have Physical Disability: *0*

Inspections / Reviews

11/29/2021 - Full

Lead Inspector: [REDACTED] *renne* Follow-Up Type: *POC Submission* Follow-Up Date: *12/27/2021*

Inspections / Reviews (*continued*)

08/17/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *08/24/2022*

08/23/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *08/30/2022*

08/25/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

82c - Locking Poisonous Materials

1. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

The laundry room, located on the second floor of the secured dementia care unit (SDCU), contained various poisonous materials including the following: a 1.32 oz. bottle of Dislodge drain opener, 32 oz. Zeph Air clean white cotton odor remover and a bottle of peroxide multi surface cleaner. These items were unlocked, unattended, and accessible to residents. Not all the residents of the home, including those on the first and second floor, have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept

- Laundry doors were installed by Director of Maintenance Darrell Jefferys on 12/2/2021.
- Staff was re-educated on 12/2/2021 during shift changes.
- Doors will be checked monthly by Executive Director or designee to ensure mechanisms are functioning properly.
- Monthly spot checks initiated 1/5/2022.

Completion Date: 08/24/2022

Document Submission

Implemented

Documentation showing monthly checks signed off on are attached.

86a - Ventilation

1. Requirements

2600.

86.a. All areas of the home that are used by the resident shall be ventilated. Ventilation includes an operable window, air conditioner, fan or mechanical ventilation that ensures airflow.

Description of Violation

Resident 1's bathroom has an exhaust fan that is covered with a thick coating of dust which inhibits airflow.

Plan of Correction

Accept

- Room 307 exhaust fan was cleaned by housekeeper [REDACTED] on 11/30/2021.
- All housekeeping staff were educated on 11/30/2021 to check and clean exhaust fans as they clean individual rooms.
- Exhaust fan cleaning was added to the routine housekeeping tasks on 12/6/2021.
- Exhaust fan monthly spot checks initiated on 1/5/2022 by housekeeping supervisor or designee.

Completion Date: 08/24/2022

Document Submission

Implemented

Documentation attached.

185a - Implement Storage Procedures

1. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

185a - Implement Storage Procedures (continued)

Description of Violation

Resident 1's glucose readings were entered incorrectly in the medication administration record (MAR) on the following dates at bedtime:



Plan of Correction

Accept

Staff were re-educated on December 1st, 2021 and December 2nd, 2021 during shift huddles. DON and ADON to conduct monthly reviews of glucometers and MAR's.

Completion Date: 08/24/2022

Document Submission

Implemented

No further documentation is required.

233c - Key-Locking Devices

1. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the home's locking mechanism are not conspicuously posted near the door/gate of the Secured Dementia Care Unit courtyard. leading to the exterior part of the property.

Plan of Correction

Accept

On day of inspection the Director of Maintenance installed signage with the code for the gate as per the regulation. Director of Maintenance and the Executive Director will ensure that the sign remains posted and is updated as needed going forward.

Completion Date: 12/21/2021

Document Submission

Implemented

No further documentation is required.