

Department of Human Services
Bureau of Human Service Licensing

June 16, 2022

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

RE: COUNTRY MEADOWS OF YORK
1920 TROLLEY ROAD
YORK, PA, 17408
LICENSE/COC#: 33354

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/03/2022, 05/04/2022, 05/05/2022 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 YORK* License #: *33354* License Expiration: *08/31/2022*
 Address: *1920 TROLLEY ROAD, YORK, PA 17408*
 County: *YORK* Region: *CENTRAL*

Administrator

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

Legal Entity

Name: *COUNTRY MEADOWS OF YORK LLC*
 Address: *830 CHERRY DRIVE, HERSHEY, PA, 17033*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: <i>C-2 LP</i>	Date: <i>05/01/1996</i>	Issued By: <i>L&I</i>
Type: <i>C-2 LP</i>	Date: <i>06/14/1999</i>	Issued By: <i>L&I</i>
Type: <i>I-2</i>	Date: <i>08/15/2012</i>	Issued By: <i>West Manchester Township</i>

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *171* Waking Staff: *128*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *05/05/2022*

Inspection Dates and Department Representative

05/03/2022 - On-Site: [REDACTED]
 05/04/2022 - On-Site: [REDACTED]
 05/05/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *215* Residents Served: *117*

Secured Dementia Care Unit

In Home: *Yes* Area: *Connections* Capacity: *48* Residents Served: *33*

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: <i>0</i>	Are 60 Years of Age or Older: <i>117</i>
Diagnosed with Mental Illness: <i>4</i>	Diagnosed with Intellectual Disability: <i>0</i>
Have Mobility Need: <i>54</i>	Have Physical Disability: <i>1</i>

Inspections / Reviews

05/03/2022 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *05/19/2022*

05/20/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *05/27/2022*

05/31/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *06/07/2022*

06/16/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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.

Description of Violation

The Glucometer for Resident #1 has a blood Sugar reading of [redacted] recorded on [redacted] at 11.54 AM which is not recorded on the resident's Medication Administration Record (MAR).

The Glucometer for Resident #2 has a blood Sugar reading of [redacted] on [redacted] at 7:17 AM which is not recorded on the resident's MAR.

Plan of Correction

Directed

- The DON reviewed every resident with glucose monitoring ordered on 5/5/22 to ensure all readings were accurately recorded. There were no other errors found.
- Medication Associate/Nurse will audit documentation of every glucose monitor with the recorded result in the MAR to ensure accuracy weekly for 4 weeks to begin 5/23/22.
- All medication associates and nurses will be retrained on how to properly monitor and record blood glucose readings on or before June 1, 2022. Documentation will be provided to DHS.

(Directed)

The blood sugar reading for Resident #1 of [redacted] on [redacted] at 11.54 AM will be added to resident's Medication Administration Record (MAR) by 6/1/22.

The blood sugar reading for Resident #2 of [redacted] recorded on [redacted] at 7:17 AM will be added to resident's Medication Administration Record (MAR) by 6/1/22. (N.N. 5/31/22)

Completion Date: 05/23/2022

Document Submission

Implemented

Training Documentation Attached

187d - Follow Prescriber's Orders

1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

The prescribed medication [redacted] for Resident #3 to be administered [redacted] at bedtime, was not available for administration on 5/4/21

Plan of Correction

Accept

- All medication carts were checked to ensure that all ordered medications are on site on 5/5/2022.
- The Director of Nursing or nurse will be responsible to ensure that all ordered medications are on site at all times. This will be verified by the DON or designee through weekly cart checks to begin on 5/23/22.
- Medication Associates and nurses will be retrained on how to reorder meds a minimum of 7 days prior to the supply being depleted. Training will occur on or before June 1, 2022 and documentation will be provided to DHS.

187d - Follow Prescriber's Orders (continued)**Completion Date:** 05/23/2022**Document Submission****Implemented***Training Documentation Attached***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 keypad number for exit door #42 that leads from the Secure Dementia Care Unit (SDCU) Connections to the Personal Care Hallway was not posted.

Plan of Correction**Accept**

- *Executive Director immediately had maintenance conspicuously post keypad number above keypad on exit door #42 on 5/4/22.*
- *Executive Director rounded to ensure all other Secure Dementia Care Unit doors had keypad numbers posted on 5/4/22*
- *Executive Director in discussion with Secure Dementia Care Unit Coordinator and Maintenance Director reminded of need of compliance to this regulation on 5/4/22*
- *Executive Director in discussion with Secure Dementia Care Unit Coordinator and Maintenance Director will round to ensure keypad number remains posted during daily rounds on the SDU.*
- *Secure Dementia Care Unit Coordinator to educate staff of need to ensure keypad number posting are posted at all times on or before June 15, 2022. Documentation to be provided.*

Completion Date: 05/23/2022**Document Submission****Implemented***Will submit documentation on or before 6/15/2022 as noted.*