

Department of Human Services
Bureau of Human Service Licensing

July 29, 2022

[REDACTED], SR. VICE PRESIDENT OF OPERATIONS/REGULATORY COMPLIANCE
[REDACTED]
[REDACTED]

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 06/28/2022, 06/29/2022, 06/30/2022, 07/01/2022, 07/05/2022 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

July 26, 2022

[REDACTED], SR. VICE PRESIDENT OF OPERATIONS/REGULATORY COMPLIANCE
[REDACTED]
[REDACTED]

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 licensing inspections on 06/28/2022, 06/29/2022, 06/30/2022, 07/01/2022, 07/05/2022 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,
[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: *08/22/2022*
Address: *3570 WASHINGTON PIKE, BRIDGEVILLE, PA 15017*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *07/06/1999* Issued By: *L&I*
Type: *C-2 LP* Date: *01/20/1999* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *158* Waking Staff: *119*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint, Incident* Exit Conference Date: *07/05/2022*

Inspection Dates and Department Representative

06/28/2022 - On-Site: [REDACTED]
06/29/2022 - On-Site: [REDACTED]
06/30/2022 - On-Site: [REDACTED]
07/01/2022 - On-Site: [REDACTED]
07/05/2022 - 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: *16*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *120*
Diagnosed with Mental Illness: *34* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *38* Have Physical Disability: *4*

Inspections / Reviews

06/28/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/24/2022*

07/26/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/29/2022*

07/29/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

25a - Written Contract and Review

1. Requirements

2600.

25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident’s designated person if any, prior to signature.

Description of Violation

The contract for resident #1, admitted [REDACTED], was not dated when signed.

Plan of Correction

Accept

- Effective 8/31/22 all managers have been informed that resident contracts must be signed and dated by the resident.
- On or before 8/31/22 the business office managers will review all current resident files and ensure all residents have signed and dated their contract or it has been properly noted that the resident was not able to sign.

Completion Date: 07/25/2022

Document Submission

Implemented

No further documentation required.

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

The vinyl was cracked, exposing the fabric underneath on the edges of both armrests of resident #2’s wheelchair, posing a potential skin tear hazard.

Plan of Correction

Accept

- The safety of our residents is our top priority.
- On 7/1/22 we received a script to replace resident #2’s wheelchair. While we were waiting for the wheelchair to arrive, our maintenance team repaired the cracked vinyl of both armrests immediately so they do not present a skin tear hazard. The new wheelchair was received and replaced the old one for resident 2 on 7/20/22.
- On 7/6/22 all wheelchairs and walking assistive devices were checked in both buildings to ensure they were in good repair and presented no hazards to the resident(s).
- We are implementing a monthly wheelchair and walking assistive device safety check which will be completed by the Director of Resident Services the third Thursday of every month. All issues will be addressed immediately by either replacing or repairing by the nursing team or maintenance team.

Completion Date: 07/25/2022

Document Submission

Implemented

No further documentation required.

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

85a - Sanitary Conditions (continued)

Description of Violation

On 6/30/22, an unlabeled bar of soap was on the ledge of the sink in the country kitchen located in building 4.

Plan of Correction

Accept

- On 6/30/22 the unlabeled bar of soap has been removed from the country kitchen in Building 4.
- The ED and Director of Resident Services will hold and document an in-service with all care staff by 8/31/22 reviewing that no bar soap should be used and that all staff are to use the soap dispensing machines available at every sink.
- During Ed and Director of Resident Services walk throughs this will be checked throughout the day to ensure only approved and labeled soap dispensers are being used.

Completion Date: 07/25/2022

Document Submission

Implemented

Documentation attached.

183d - Prescription Current

1. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident #4's prescription for [redacted] was discontinued [redacted]; however, on 6/29/22, it was still stored in the medication cart.

Plan of Correction

Accept

- On 6/29/22 resident #4's discontinued medication was removed from the medication cart.
- Starting in August, the midnight nurse will conduct monthly medication cart audits the 1st Thursday of every month to ensure no discontinued medications are on the cart.
- The ED and DON will hold and document an in-service with all medication associate staff by 8/31/22 outlining the process of discontinuing a medication for a resident and the importance of removing it from the cart as soon as it is discontinued.

Completion Date: 07/25/2022

Document Submission

Implemented

Documentation attached.

184a - Labeling OTC/CAM

1. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident #5 is ordered [redacted] inject units subcutaneously before meals and at bedtime if blood sugar:

0-140=0

141-180=1

181-220=2

184a - Labeling OTC/CAM (continued)

221-260=3
 261-300=4
 301-340=5
 341-400=6

However, the label on bottle indicates inject 4 units subcutaneously three times a day with meals and at bedtime if blood sugar:

70-140=0
 141-180=2
 181-220=4
 221-260=6
 261-300=8
 301-340=10
 341-400=12

Plan of Correction**Accept**

- On 6/29/22 the direction change sticker was placed on the bottle of insulin.
- When insulin is delivered for a resident, the nurse or manager on duty will check and insure the pharmacy label matches the MAR. If it does not match, then a direction change sticker will be placed on the insulin.
- The ED and DON will hold and document an in-service with all medication associate staff by 8/31/22 outlining the receiving process of all insulin vials for a resident and the importance of ensuring the pharmacy label matches the MAR and the use of the direction change sticker when they do not match.

Completion Date: 07/25/2022

Document Submission**Implemented**

Documentation attached