

Department of Human Services
Bureau of Human Service Licensing

October 20, 2022

[REDACTED]
COUNTRY MEADOWS OF SOUTH HILLS LLC
[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 09/12/2022, 09/13/2022, 09/22/2022, 09/26/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Janine Wenzig

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing

October 12, 2022

[REDACTED]
COUNTRY MEADOWS OF SOUTH HILLS LLC
[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 09/12/2022, 09/13/2022, 09/22/2022, 09/26/2022 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,
Janine Wenzig

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: *08/22/2023*
 Address: *3570 WASHINGTON PIKE, BRIDGEVILLE, PA 15017*
 County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *COUNTRY MEADOWS OF SOUTH HILLS LLC*
 Address: *830 CHERRY DRIVE, HERSHEY, PA, 17033*
 Phone: *4122574566* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *05/22/1999* Issued By: *Labor & Industry*
 Type: *I-2* Date: *03/18/2011* Issued By: *Chippewa Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *159* Waking Staff: *119*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Incident* Exit Conference Date: *09/22/2022*

Inspection Dates and Department Representative

09/12/2022 - On-Site: [REDACTED]
 09/13/2022 - Off-Site: [REDACTED]
 09/22/2022 - Off-Site: [REDACTED]
 09/26/2022 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *200* Residents Served: *119*

Secured Dementia Care Unit

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

Hospice

Current Residents: *19*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *118*
 Diagnosed with Mental Illness: *40* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *40* Have Physical Disability: *4*

Inspections / Reviews

09/12/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/10/2022*

10/12/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *10/14/2022*

10/20/2022 - Document Submission

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

15b - Supervisor Plan

1. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On 8/28/22 at 2:07 p.m., resident #1 made an allegation that staff person A assaulted [REDACTED] the night before. The home did not immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident. Staff person A worked unsupervised as follows:

9/1/22 - 11:00 p.m. - 7:00 a.m.; 9/2/22 - 3:00 p.m. - 11:00 p.m. & 11:00 p.m. - 7:00 a.m.; 9/3/22 - 3:00 p.m. - 11:00 p.m. & 11:00 p.m. - 7:00 a.m. /4/22 - 3:00 p.m. - 11:00 p.m. & 11:00 p.m. - 7:00 a.m.; 9/5/22 - 11:00 p.m. - 7:00 a.m.; 9/7/22 - 3:00 p.m. - 11:00 p.m. & 11:00 p.m. - 7:00 a.m.; 9/9/22 - 3:00 p.m. - 11:00 p.m. & 11:00 p.m. - 7:00 a.m.; 9/10/22 - 3:00 p.m. - 11:00 p.m.; and 9/11/22 - 3:00 p.m. - 11:00 p.m.

Plan of Correction

Accept

- An in-service will be held on 10/18/2022 with the Campus Executive Director, the Campus Director of Nursing, the Executive Director of Building 4, and the Associative Director of Building 1.
 - The in-service will cover and review in detail the 2600.15 section of Abuse Reporting Covered by Law. We will discuss and review the latest abuse incident, what went right and what could have been done better.
 - This includes an understanding of who needs to be contacted, who may need to be suspended until they are cleared for work by DHS and if not suspended, how to develop and implement a plan of supervision for staff that are involved in the alleged incident.
- In the future, any co-worker accused of abusing a resident will be suspended immediately and remain on suspension until the abuse is cleared by DHS.

Completion Date: 10/07/2022

Document Submission

Implemented

Documentation Attached