



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

eMailing date: November 17, 2022

[REDACTED]  
Country Meadows of South Hills LLC  
830 Cherry Drive  
Hershey, Pennsylvania 17033

RE: Country Meadows of South Hills I  
3560 Washington Pike  
Bridgeville, Pennsylvania 15017  
License #: 43066

Dear [REDACTED]

As the result of your home's recent request to adjust the use of the physical space, the Department has granted an approval for a revised license issued under the authority of 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). The approved capacity revision request is an increase from a 50-bed capacity for the Secured Dementia Care Unit to a capacity of 100. The expiration date of the license remains unchanged.

Any future requests for changes in capacity should be forwarded to the Department for review and consideration in accordance with the applicable regulations. The revised license is enclosed.

Sincerely,

*Jamie L. Buchenauer*

Jamie L. Buchenauer  
Deputy Secretary  
Office of Long-term Living

Enclosure  
License

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

**Facility Information**

Name: *COUNTRY MEADOWS OF SOUTH HILLS I* License #: *43066* License Expiration: *09/11/2023*  
Address: *3560 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: [REDACTED]  
[REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

*C2 L-P 3/24/1987 LABOR & INDUSTRY*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *110* Waking Staff: *83*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint* Exit Conference Date: *09/30/2022*

**Inspection Dates and Department Representative**

*09/27/2022 - On-Site:* [REDACTED]  
*09/28/2022 - On-Site:* [REDACTED]  
*09/29/2022 - Off-Site:* [REDACTED]  
*09/30/2022 - Off-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *100* Residents Served: *55*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Entire Building* Capacity: *100* Residents Served: *55*

**Hospice**

Current Residents: *9*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *55*  
Diagnosed with Mental Illness: *12* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *55* Have Physical Disability: *0*

## Inspections / Reviews

09/27/2022 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *11/10/2022*

11/08/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: *11/14/2022*

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *11/10/2022*

11/15/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: *11/14/2022*

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

On 9/27/22, two bottles of nail polish remover, with manufacturers labels indicating "If ingested, seek medical attention immediately and contact a local poison control center" were unlocked and accessible to residents in the "Fox Chapel" activities room office.

Not all residents of the home, including resident #1 have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept (████ - 11/08/2022)

- The safety of our residents is our top priority. Please note that the materials that were found were not in a secured area and these residents are safe to have poisonous materials. The purpose of this inspection was to determine if we will be allowed to secure this area of the building at which time all poisonous materials will be removed or locked up.
- The two bottles of nail polish remover have been removed that day and placed in a locked cabinet that is inaccessible to residents.
- Once secured we will ensure there are no poisonous materials accessible to our residents at all times by completing walk throughs on a daily basis. These walk throughs are completed by nurses, shift managers, the Connections Manager and Associate Executive Director.

Licensee's Proposed Overall Completion Date: 11/04/2022

Implemented (████ 11/15/2022)

88a - Surfaces

2. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 9/27/22, an approximate 7" by 5" section of the plaster was torn on the wall to the right of the Fox Chapel activities room office door.

Plan of Correction

Accept (JW - 11/08/2022)

- The section of plaster that was torn on the wall to the right of the office in our Fox Chapel activities area was repaired on 10/7/2022.
- As the Connections Manager and Associate Executive Director do their daily walk throughs they will assess all areas of the building that are in need of immediate repair and get those repairs completed in a timely manner.
- Maintenance Director will handle all necessary repairs

Licensee's Proposed Overall Completion Date: 11/04/2022

Implemented (JW - 11/15/2022)

95 - Furniture and Equipment

3. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 9/27/22, the following items were found in teh "Fox Chapel" dining room:

- Multiple cabinet door handles were bent and in disrepair in the serving area, including cabinets 2, 3, 4, 5, 6. Additionally, the handle was bent on the 4th drawer from the left of the wall above the lower cabinet
- The right side of the top drawer of the chest of drawers was missing the handle, leaving a screw exposed, posing a skin tear hazard. The drawers were located under the wall-mounted television.
- The door handle was bent on the first lower cabinet under the old serving line area.

Plan of Correction

Accept ( [redacted] - 11/08/2022)

- All cabinet or drawer door pull handles have been either repaired or replaced in the serving area so they are straight and show no signs of disrepair. This was completed on 10/7/2022.
- The missing handle on the right side of the top drawer of the chest of drawers has been replaced and presents no skin tear hazard. This was completed on 10/7/2022.
- As the Connections Manager and Associate Executive Director do their daily walk throughs they will assess all areas of the building that are in need of immediate repair and get those repairs completed in a timely manner.

Licensee's Proposed Overall Completion Date: 11/04/2022

Implemented ( [redacted] 11/15/2022)