

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

March 13, 2023

[REDACTED]
COUNTRY MEADOWS OF SOUTH HILLS LLC
[REDACTED]

RE: COUNTRY MEADOWS OF SOUTH
HILLS I
3560 WASHINGTON PIKE
BRIDGEVILLE, PA, 15017
LICENSE/COC#: 43066

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/31/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

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: [REDACTED] Email: [REDACTED]

Legal Entity

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

Certificate(s) of Occupancy

Type: I-2 Date: 09/20/2017 Issued By: South Fayette Twp

Staffing Hours

Resident Support Staff: Total Daily Staff: 84 Waking Staff: 63

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 01/31/2023

Inspection Dates and Department Representative

01/31/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 100 Residents Served: 47
 Secured Dementia Care Unit
 In Home: Yes Area: Shady Side Capacity: 50 Residents Served: 26
 Hospice
 Current Residents: 9
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 47
 Diagnosed with Mental Illness: 12 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 37 Have Physical Disability: 0

Inspections / Reviews

01/31/2023 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/12/2023

02/28/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 03/10/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/07/2023

Inspections / Reviews *(continued)*

03/08/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/10/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 03/15/2023

03/13/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/10/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [REDACTED], at approximately [REDACTED], staff person A entered resident #1's room while making [REDACTED] routine safety rounds in the home's Secure Dementia Care Unit (SDCU) and observed resident #2 asleep in resident #1's roommate's bed. Resident #1 was hovering over resident #2, exposing [REDACTED] private area and rubbing [REDACTED] on [REDACTED]. However, the home did not report this allegation of sexual abuse to the Department until 1/21/23 at 1:28 p.m.

Plan of Correction

Directed (JK - 03/08/2023)

- The safety of our residents is our top priority.
- On 2/7/2023, the Campus ED held an in-service training for all department directors who are responsible for doing DHS reportables on what types of reportables need to be immediately reported to DHS and what reportables can be reported within a 24-hour time period. (see in-service sheet).
- In addition, we also reviewed that even though all the facts may not be known at the time of alleged abuse, you can always submit the report as "initial" and follow the report up with a "final" once all facts are known and presented.
- Area Agency on Aging will be contacted and scheduled to do an in-service with all co-workers as well related to the abuse reporting incident on 1/20/2023. [REDACTED] who is the Protective Service Director for LifeSpan was contacted on 3/2/2023 and is looking at [REDACTED] calendar to set a date and time to come out and do the in-service for our campus.

DIRECTED

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall review all allegations of abuse to ensure compliance with Regulation 2600.15(a). 3/8/23 JK

Directed Completion Date: 03/06/2023

Implemented (JK - 03/13/2023)

42b - Abuse

2. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED] at approximately [REDACTED] staff person A entered resident #1's room while making [REDACTED] routine safety rounds in the home's SDCU and observed resident #2 asleep in resident #1's roommate's bed. Resident #1 was hovering over resident #2, exposing [REDACTED] private area and rubbing it on [REDACTED].

Plan of Correction

Accept (JK - 03/08/2023)

- The safety of our residents is our top priority.
- Even though neither resident recalls the incident ever happening, our shift manager did witness the incident and confirmed what took place. [REDACTED] took proper action to separate the residents immediately and diffuse the incident from escalating further.

42b - Abuse (continued)

- Communication with the Area Agency on Aging, local police, both resident families and both resident PCPs was done immediately. In addition, subsequent shift reports were given to all care staff informing them of the incident and to be vigilant of these two residents so no further incidents would result.
- There was no indication that this incident was going to happen.
- The Act 70 Mandatory Reporting Form(attached) will be utilized with all alleged abuse incidents and faxed immediately with a time stamp received regardless of the Area Agency on Aging being called or not.
- In addition, the Associate Executive Director of our secured dementia building will interview two residents a week for three months to ensure that residents are not being abused or neglected. After these three months, the Associate Executive Director will continue to interview two residents a month for three months to ensure that residents are not being abused or neglected. The Associate Executive Director will use the attached list of questions and capture the residents' responses and share the results with the Campus Executive Director. This process started on 3/6/2023. The weekly interviews will end 6/6/2023 and the monthly interviews will take over. Monthly interviews will end 9/6/2023.

Licensee's Proposed Overall Completion Date: 03/06/2023

Implemented (JK - 03/13/2023)

225c - Additional Assessment**3. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.

Description of Violation

Resident #1's most recent assessment, dated [REDACTED] indicates the resident has moderate supervision needs and a moderate problem with judgment; however, on [REDACTED] at approximately [REDACTED], staff person A entered resident #1's room while making [REDACTED] routine safety rounds in the home's SDCU and observed resident #2 asleep in resident #1's roommate's bed. Resident #1 was hovering over resident #2, exposing [REDACTED] private area and rubbing it on [REDACTED].

Resident #2's most recent assessment, dated [REDACTED] indicates the resident has moderate supervision needs and a moderate problem with judgment; however, multiple staff interviews indicate that the resident regularly wanders through the halls, stopping in other residents' rooms to look around or sleep in their beds. On [REDACTED] at approximately [REDACTED] staff person A entered resident #1's room while making [REDACTED] routine safety rounds in the home's SDCU and observed resident #2 asleep in resident #1's roommate's bed. Resident #1 was hovering over resident #2 exposing [REDACTED] private area and rubbing it on [REDACTED].

Plan of Correction

Accept (JK - 03/08/2023)

- Resident 1's RASP was updated on [REDACTED] with an addendum (attached) to outline [REDACTED] behavioral tendencies with an updated support plan to help ensure this situation does not happen again.
- This new addendum has been reviewed during subsequent shift reports with all care staff so everyone is aware of the necessary update.
- Resident 2's entire RASP was updated on [REDACTED] (attached) since [REDACTED] was nearing [REDACTED] annual medical evaluation due in March 2023. Under "Assessment – Supervision" on page 5 it is noted [REDACTED] needs extensive supervision with [REDACTED] wandering since [REDACTED] likes to go in other rooms and lay down and needs to be checked on frequently and be redirected if [REDACTED] wanders in a room that is not [REDACTED] own.
- This new RASP has been reviewed during subsequent shift reports with all care staff so everyone is aware of the

225c - Additional Assessment (continued)

necessary updates.

• All current residents' assessments and care plans will be reviewed for accuracy and completeness. Updates that are needed will be completed as quickly as possible. This has been completed on 3/6/2023.

Licensee's Proposed Overall Completion Date: 03/06/2023

Implemented (JK - 03/13/2023)