

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

February 24, 2023

[REDACTED]
COUNTRY MEADOWS OF HERSHEY ASSOCIATES
[REDACTED]

RE: COUNTRY MEADOWS OF HERSHEY
451 SAND HILL ROAD
HERSHEY, PA, 17033
LICENSE/COC#: 34283

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/08/2023 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 HERSHEY License #: 34283 License Expiration: 01/31/2024
 Address: 451 SAND HILL ROAD, HERSHEY, PA 17033
 County: DAUPHIN Region: CENTRAL

Administrator

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

Legal Entity

Name: COUNTRY MEADOWS OF HERSHEY ASSOCIATES
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C 2 LP Date: 10/01/2002 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 203 Waking Staff: 152

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 02/08/2023

Inspection Dates and Department Representative

02/08/2023 On Site [REDACTED], [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 190 Residents Served: 155

Secured Dementia Care Unit
 In Home: Yes Area: Connections Capacity: 44 Residents Served: 36

Hospice
 Current Residents: 11

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 154
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 48 Have Physical Disability: 1

Inspections / Reviews

02/08/2023 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/23/2023

02/14/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 02/24/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/21/2023

Inspections / Reviews *(continued)*

02/17/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/24/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 02/24/2023

02/24/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/24/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED]/2023 at approximately [REDACTED] PM, resident #1 punched resident #2 in the upper left arm. The home did not report this incident to the Department.

Plan of Correction

Accept ([REDACTED] - 02/17/2023)

- Executive Director submitted the abuse incident report to Department of Human Services on 2/9/23. Residents did not have any ill effects post incident.
- On or before 3/6/23 the Executive Director/designee will re-educate Manager on Duty and LPNs on reporting allegations of abuse per chapter 2600.16c. Education records will be submitted electronically.
- Executive Director/designee will complete 3 random audits per week for 1 month starting the week of February 13th to ensure allegations of abuse are reported to the Department of Human Services in a timely manner. Audits will be reviewed for quality assurance.
- The Executive Director is responsible for completing and sending incident reports to the department and for full compliance with this regulation.

Licensee's Proposed Overall Completion Date: 02/16/2023

Implemented ([REDACTED] - 02/24/2023)

254a - Records Discharge/Active

2. Requirements

2600.

254.a. Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.

Description of Violation

On 2/8/23 at 3:50 PM, a laptop computer located on the medication cart in the hallway outside of rooms [REDACTED] was unlocked, and unsupervised. The laptop screen was open and included personally identifiable information for 16 residents.

Plan of Correction

Accept ([REDACTED] - 02/17/2023)

- Executive Director locked the computer screen immediately at the time of the inspection on 2/8/23
- On or before 3/6/23 the DON/designee will re-educate Med Associates and LPNs on keeping residents records confidential per chapter 2600.254a. Education records will be submitted electronically.
- Director Of Nursing/designee will complete 5 random audits per week for 1 month starting the week of February 13th to ensure residents personally identifiable information is not visible on unattended med carts. Audits will be reviewed for quality assurance.
- The Director Of Nursing or designee will be responsible for compliance with this regulation.

254a - Records Discharge/Active (continued)

Licensee's Proposed Overall Completion Date: 02/16/2023

Implemented ([REDACTED] 02/24/2023)