

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

May 10, 2023

[REDACTED], ADMINISTRATOR  
COUNTRY MEADOWS OF HERSHEY ASSOCIATES  
[REDACTED]  
[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 04/04/2023, 04/05/2023, 04/06/2023, 04/07/2023 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]  
[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:** Labor and Industry

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 186      **Waking Staff:** 140

**Inspection Information**

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**

**Reason:** Renewal, Incident      **Exit Conference Date:** 04/06/2023

**Inspection Dates and Department Representative**

04/04/2023 - On-Site: [REDACTED]

04/05/2023 - On-Site: [REDACTED]

04/06/2023 - On-Site: [REDACTED]

04/07/2023 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 190      **Residents Served:** 137

**Secured Dementia Care Unit**

**In Home:** Yes      **Area:** Connections      **Capacity:** 44      **Residents Served:** 34

**Hospice**

**Current Residents:** 11

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 136

**Diagnosed with Mental Illness:** 1      **Diagnosed with Intellectual Disability:** 1

**Have Mobility Need:** 49      **Have Physical Disability:** 3

**Inspections / Reviews**

04/04/2023 Full

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 04/21/2023

Inspections / Reviews *(continued)*

04/18/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/09/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/10/2023

05/10/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/09/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

63a - First Aid/CPR Training

1. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 3/25/23, from 11:00 PM to 3:00 AM, more than 130 residents were present in the home. During this time, only 2 staff persons were present in the home with current certification in CPR and first aid.

On 3/26/23, from 11:00 PM to 7:00 AM, more than 130 residents were present in the home. During this time, only 1 staff person was present in the home with current certification in CPR and first aid.

Plan of Correction

Accept [redacted] - 04/18/2023)

- Director of Nursing/Assistant Director of Nursing have trained CPR to the remainder of the nightshift coworkers on 3/30/23. Documentation to be provided.
- Effective 4/17/23 the Director of Nursing/designee will ensure that new nightshift coworkers are trained in CPR within 2 weeks of hire date.
- Beginning the week of 4/17/23, Executive Director/designee will complete 3 random audits per week for 1 month to ensure nightshift has enough CPR trained coworkers. Documentation to be provided.
- The Director of Nursing will be responsible for compliance with this regulation.

Licensee's Proposed Overall Completion Date: 04/14/2023

Implemented [redacted] - 05/09/2023)

86b - Bathroom

2. Requirements

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

The bathrooms in bedrooms 213 and 214 do not have windows. The exhaust fans located in these bathrooms were inoperable.

Plan of Correction

Accept [redacted] - 04/18/2023)

- Director of Maintenance put in a work ticket on 3/20/23 with Ainsworth in March to fix the exhaust fans, necessary parts have been ordered but there is a delay in delivery.
- On or before 5/8/23, Director of Maintenance will install new fans in 213 and 214.
- Beginning the week of 4/17/23, Director of Maintenance/designee will complete 3 random audits per week for 1 month to ensure bathroom exhaust fans are operational.
- The Director of Maintenance will be responsible for compliance with this regulation.

Licensee's Proposed Overall Completion Date: 04/14/2023

Implemented [redacted] - 05/09/2023)

103g - Storing Food

3. Requirements

2600.  
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

Two large trays of meat sauce in the walk-in cooler were opened and unsealed.

Plan of Correction

Accept ( ) - 04/18/2023)

- Meat sauce was cooling on ice in the walk-in cooler. Chef Manager immediately covered the meat sauce upon discovery on 4/6/23.
- On or before 5/8/23, Director of Dining Services/designee will educate Culinary Associates on proper food storage. Documentation to be provided
- Beginning the week of 4/17/23, Director of Dining Services/designee will complete 3 random audits per week for 1 month to ensure items in the walk-in cooler are sealed/covered. Documentation to be provided.
- The Director of Dining Services will be responsible for compliance with this regulation.

Licensee's Proposed Overall Completion Date: 04/14/2023

Implemented ( ) - 05/09/2023)

183b - Meds and Syringes Locked

4. Requirements

2600.  
183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On ( ) at ( ) PM, bottles of ( ) gel caps, ( ) capsules, ( ), a blister card of ( ) tablets, and several tubes of ( ) ointments were unlocked and accessible in Resident 1's bedroom. Resident #1 is not assessed to self-administer their medications.

Plan of Correction

Accept ( ) - 04/18/2023)

- Associate Executive Director has locked the apartment door immediately upon discovery on 4/6/23.
- On or before 5/8/23, Director of Nursing/designee will re-assess residents who self-administer medications to ensure they are able to keep their apartment door locked or is willing to keep all medications in a locked container or cabinet, to be provided by us.
- Beginning the week of 4/17/23, Director of Nursing/designee will complete 3 random audits per week for 1 month to ensure medications of residents who self-administer are locked and not accessible to other residents. Documentation to be provided.
- The Director of Nursing will be responsible for compliance with this regulation.

Licensee's Proposed Overall Completion Date: 04/14/2023

Implemented ( ) - 05/09/2023)

183e - Storing Medications

5. Requirements

2600.

183e Storing Medications (continued)

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

There were two loose pills observed in the Connections medication cart.

Plan of Correction

Accept ( ) - 04/18/2023

- Director of Nursing appropriately discarded of loose medications immediately upon discovery on 4/5/23.
- On or before 5/8/23, Director of Nursing will educate Medication Associates on medication storage. Documentation to be provided.
- Beginning the week of 4/17/23, Director of Nursing/designee will complete 3 random audits per week for 1 month to ensure medication carts are free of loose pills. Documentation to be provided.
- The Director of Nursing will be responsible for compliance with this regulation.

Licensee's Proposed Overall Completion Date: 04/14/2023

Implemented ( ) - 05/10/2023

185a - Implement Storage Procedures

6. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident 2 is prescribed ( ) 1 tablet daily, orally, on Wednesdays. On Wednesday 4/5/23, this medication was not available in the home.

Plan of Correction

Accept ( ) - 04/18/2023

- Medication was delivered by pharmacy and administered to Resident 2 on ( )
- On or before 5/8/23, Director of Nursing will educate Medication Associates to re order medications according to facility policy. Documentation to be provided.
- Beginning the week of 4/17/23, Director of Nursing/designee will complete 3 random audits per week for 1 month to ensure medications are reordered in a timely manner. Documentation to be provided.
- The Director of Nursing will be responsible for compliance with this regulation.

Licensee's Proposed Overall Completion Date: 04/14/2023

Implemented ( ) - 05/09/2023

187b - Date/Time of Medication Admin.

7. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident 2 is prescribed ( ), 1 capsule six times daily. Resident 2's medication administration record does not include the initials of the staff person who administered this medication on ( ) at ( ).

187b - Date/Time of Medication Admin. (continued)

**Plan of Correction**

Accept (████ - 04/18/2023)

- Investigation indicated that Resident 2 did receive the medication as ordered.
- On or before 5/8/23, Director of Nursing will re-educate Medication Associates on ensuring documentation in electronic medication administration record once medication has been given to the resident. Documentation to be provided.
- Beginning the week of 4/17/23, Director of Nursing/designee will complete 3 random audits per week for 1 month to ensure there is no missed documentation in the electronic medication administration record. Documentation to be provided.
- The Director of Nursing will be responsible for compliance with this regulation.

Licensee's Proposed Overall Completion Date: 04/14/2023

Implemented (████ - 05/10/2023)