

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

July 25, 2023

[REDACTED], ADMINISTRATOR
COUNTRY MEADOWS OF WEST SHORE LLC
[REDACTED]

RE: COUNTRY MEADOWS OF WEST
SHORE
4837 EAST TRINDLE ROAD
MECHANICSBURG, PA, 17050
LICENSE/COC#: 33352

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/26/2023, 06/27/2023 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 WEST SHORE **License #:** 33352 **License Expiration:** 08/31/2023

Address: 4837 EAST TRINDLE ROAD, MECHANICSBURG, PA 17050

County: CUMBERLAND **Region:** CENTRAL

Administrator

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

Legal Entity

Name: COUNTRY MEADOWS OF WEST SHORE LLC

Address: [REDACTED]

Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 11/19/2002 **Issued By:** Labor and Industry

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 121 **Waking Staff:** 91

Inspection Information

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

Reason: Renewal **Exit Conference Date:** 06/27/2023

Inspection Dates and Department Representative

06/26/2023 - On-Site: [REDACTED]

06/27/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 180 **Residents Served:** 75

Secured Dementia Care Unit

In Home: Yes **Area:** Connections **Capacity:** 92 **Residents Served:** 46

Hospice

Current Residents: 6

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 73

Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0

Have Mobility Need: 46 **Have Physical Disability:** 0

Inspections / Reviews

06/26/2023 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 07/15/2023

07/17/2023 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 07/24/2023

Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 07/24/2023

Inspections / Reviews *(continued)*

07/25/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/24/2023

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 6/27/2023, the home's licensing inspection summary, dated 6/9/2022, was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept () - 07/17/2023)

On 6/28/2023 a copy of the licensing inspection summary from 6/9/2023 was posted in a conspicuous and public place in our building 4 lobby area. Our Associate Executive Director followed up on 6/29/2023 to ensure this documentation is in place and posted for the public view. The Connections Management Team will be educated by the Associate Executive Director on this regulation to ensure this documentation remains posted for everyone to reference. This education occurred on 7/2/2023. Our Associate Executive Director will ensure this is posted monthly by conducting an audit to make sure this paperwork remains posted in public view.

Licensee's Proposed Overall Completion Date: 07/13/2023

Implemented () - 07/25/2023)

82c - Locking Poisonous Materials

2. 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

Three small bottles of Sparkle Fresh mouthwash and 11 bottles of Med Spa roll-on deodorant with labels stating to contact poison control right away if ingested were unlocked, unattended, and accessible to residents in the utility / supply room marked "attic access."

A 121 fluid ounce container of Homeline Cleaning Bleach and two containers of MicroKill Bleach Wipes with warning labels to "call poison control center or doctor for advice" were unlocked, unattended, and accessible to residents in the ice cream parlor.

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

Repeated Violation - 11/29/2021

Plan of Correction

Accept () - 07/17/2023)

Investigation determined that our attic access door lock malfunctioned. Our maintenance team was notified and they were able to fix this lock immediately on 6/26/2023. All cleaning products were also removed from the ice cream parlor on 6/26/2023. An audit was conducted on 6/27/2023 by our Associate Executive Director to ensure that this door was locking correctly and that all poisonous materials were removed from the ice cream parlor. Our Housekeeping Supervisor educated her team on 7/12/2023, ensuring that all poisonous materials must be kept locked up when not in use. Our PCA Coordinators updated their monthly environment checklist on 6/28/2023 to include a safety check to ensure that all poisonous materials are kept locked up when not in use. The Associate

82c - Locking Poisonous Materials (continued)

Executive Director or designee will ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 07/13/2023

Implemented (█ - 07/25/2023)

85d - Trash Receptacles**3. Requirements**

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 6/26/2023 at 9:50 AM there were two small trash cans which were full and unattended in the third-floor activity room. At 9:55 AM there was a large recycling bin that was full of trash and had no lid in the third-floor kitchenette.

At 10:00 AM, there was no lid on the trash can in the second-floor kitchenette.

At 10:10 AM, there was no lid on the trash can in the first-floor kitchenette.

Plan of Correction

Accept (█ - 07/17/2023)

On 6/27/2023, the trash can on the 1st and 2nd floor kitchenettes were exchanged with other trash cans with lids. The small trash cans in the 3rd floor activity room were removed from these areas and new trash cans were purchased on 7/11/2023. The recycling bin on the 3rd floor has been removed from the kitchen. An audit was completed by our Associate Executive Director to ensure that all trash cans have lids on them. PCA Coordinators will also add this to their monthly environmental checklists to ensure that lids are on all trash cans in our common areas as well as in our kitchens. The Associate Executive Director or designee will ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 07/13/2023

Implemented (JM - 07/25/2023)

105g - Lint Removal and Duct Cleaning**4. Requirements**

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 6/26/2023, there was a layer of lint in the lint trap of the small dryer in the third-floor laundry room and dryers #1 and #2 in the first-floor laundry room. There were no clothes in these dryers.

Plan of Correction

Accept (█ - 07/17/2023)

Lint was removed from all of the dryers on the afternoon of 6/26/2023. The Associate Executive Director followed up to make sure all the lint was removed from these dryers in the evening of 6/26/2023. Staff education was given to all Connections PCA's on 6/28/2023 reminding everyone that lint needs removed after each use and it will also be discussed at the staffing meeting held on 7/11/2023 and on 7/13/2023. PCA Coordinators will add a task to each of the PCA sets on all three shifts by 7/5/2023 to ensure that we inspect all of the lint traps and make sure all the link

105g - Lint Removal and Duct Cleaning (continued)

is emptied from every dryer by the end of each shift to prevent any fire hazards. The Associate Executive Director will ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 07/13/2023

Implemented (█) - 07/25/2023)

121a - Unobstructed Egress

5. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 6/26/2023 at 10:20 AM, four outdoor chairs blocked egress from the first-floor exit to the patio in the courtyard.

Plan of Correction

Accept (█) - 07/17/2023)

On 6/26/2023, four chairs were removed from the egress area on our 1st floor in the courtyard and signs were posted on both the inside and outside of the door stating "please do not block this exit." Staff education was also given to our caregivers on 6/30/2023 reminding them that when we are moving chairs and tables around our courtyard, they need to be aware of the exit doors and ensure that they are free from any obstacles. PCA Coordinators completed a safety check in the unit on 6/30/2023 and ensured that these chairs were removed and signs were posted. PCA Coordinators have added a safety check to their environmental checklist to verify that this door is free of any obstacles. The Associate Executive Director or designee will ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 07/13/2023

Implemented (█) - 07/25/2023)