

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

November 30, 2023

[REDACTED], ADMINISTRATOR
COUNTRY MEADOWS OF YORK LLC
830 CHERRY DRIVE
HERSHEY, PA, 17033

RE: COUNTRY MEADOWS OF YORK
1920 TROLLEY ROAD
YORK, PA, 17408
LICENSE/COC#: 33354

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/27/2023 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 YORK **License #:** 33354 **License Expiration:** 08/31/2024
Address: 1920 TROLLEY ROAD, YORK, PA 17408
County: YORK **Region:** CENTRAL

Administrator

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

Legal Entity

Name: COUNTRY MEADOWS OF YORK LLC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 05/01/1996 **Issued By:** Labor and Industry
Type: C-2 LP **Date:** 06/14/1999 **Issued By:** Labor and Industry
Type: I-2 **Date:** 08/15/2012 **Issued By:** West Manchester Township

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 158 **Waking Staff:** 119

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 09/27/2023

Inspection Dates and Department Representative

09/27/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 215 **Residents Served:** 126
Secured Dementia Care Unit
In Home: Yes **Area:** Connections **Capacity:** 48 **Residents Served:** 32
Hospice
Current Residents: NM
Number of Residents Who:
Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 126
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 32 **Have Physical Disability:** 0

Inspections / Reviews

09/27/2023 Partial
Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 10/13/2023

Inspections / Reviews (*continued*)

10/16/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/23/2023

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 10/20/2023

10/19/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/23/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/30/2023

11/30/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/23/2023

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], an incident of alleged sexual abuse occurred. This incident was observed by Staff Member A. This incident was immediately reported to Staff Member B. However, an Act 13 Mandatory Abuse Report was not reported to the local area agency on aging until [redacted] at [redacted] PM.

Plan of Correction

Accepted [redacted] - 10/17/2023)

- At the time of this event the residents were immediately separated and kept safe. No injury was found for either resident.
- The staff members involved did not notify the Executive Director in a timely manner but as soon as they did the DHS report was sent in. A call was placed to Aging on 8/22/23 at 2:35pm directly following the submission of the DHS reportable. The police report was filed on 8/22/23 at 3pm. The police responded the same day. The Act 13 paperwork was submitted once we had the police report number to include on the ACT 13 report.
- Director of Nursing will meet with all Licensed Practical Nursing staff on Thursday October 19, 2023 to review Act 13 Mandatory Reporting including how to complete a report within required time frame.
- Starting October 20, 2023 a trained designee will be available on every shift to submit required documents to AAA within time constraints if needed.
- Meeting agenda and Sign in Sheets will be submitted as proof of training at completion of meetings on Friday October 20, 2023.
- Director of Nursing retrain all coworkers on mandatory abuse reporting on or before October 31, 2023.
- The Director of Nursing and Executive Director will ensure that either they or a trained designee is available on every shift to submit required reports to DHS and Aging in a timely manner going forward.

Proposed Overall Completion Date: 10/16/2023

Proposed Overall Completion Date: 10/31/2023

Licensee's Proposed Overall Completion Date: 10/31/2023

Implemented [redacted] - 11/30/2023)

16c - Written Incident Report

2. 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] at approximately [redacted] an alleged sexual abuse incident occurred in the home. The home did not report this incident to the Department until [redacted] at [redacted].

16c Written Incident Report (continued)

Plan of Correction

Accept (█ - 10/17/2023)

- At the time of this event the residents were immediately separated and kept safe. No injury was found for either resident.
- The staff members involved did not notify the Executive Director in a timely manner but as soon as they did the DHS report was sent in.
- Director of Nursing will meet with all Licensed Practical Nursing staff on Thursday October 19, 2023 to review DHS reporting including how to complete a report within required time frame.
- Starting October 20, 2023, a trained designee will be available on every shift to submit required documents to DHS within time constraints if needed.
- Meeting agenda and Sign in Sheets will be submitted as proof of training at completion of meetings on Friday October 20, 2023.
- Director of Nursing retrain all coworkers on mandatory abuse reporting on or before October 31, 2023.
- The Director of Nursing and Executive Director will ensure that either they or a trained designee is available on every shift to submit required reports to DHS and Aging in a timely manner going forward.

Proposed Overall Completion Date: 10/16/2023

Licensee's Proposed Overall Completion Date: 10/31/2023

Implemented (█ - 11/30/2023)

42b - Abuse

3. 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 █, Resident #1's PCP was notified via fax that the resident was displaying "increased sexual behavior and inappropriate touching". On █ the home requested Resident #1's designated contact "provide 1:1 with resident for short term and consider private duty". On █, Resident #1's designated contact was notified by the home that private duty was "something that we need urgently" and "requested private duty 24/7 until observed change in behaviors and actions towards other residents and female staff noted". Resident #1 also received a physician's order on █ to start █ in the evening for "behaviors". On █, the home discussed the status of acquiring private duty with Resident #1's designated contact and "expressed urgency to have this start". Private duty services from an outside agency started on █ for 3 to 5 hours per day during waking hours only. On █ at approximately █, Resident #1 was observed to be performing a sexual act on Resident #2; Resident #2 is adjudicated totally incapacitated. On █, the home requested to be notified of any "staffing gaps" from the private duty service who was to be providing 1:1 staffing during waking hours. On █, Resident #1's designated contact was notified of the need for "24/7 coverage". On █, Resident #1 received a physician's order to increase Risperdal to 1mg for behaviors. On █, the home designated a PCA as 1:1 private duty for Resident #1 during the overnight hours. On █ at approximately █, Resident #1 was observed to be

42b - Abuse (continued)

performing a sexual act on Resident #3.

Plan of Correction

Accept (█ - 10/17/2023)

- At the time of these events the residents were immediately separated and kept safe. No injury was found for resident #2 or #3.
- Staff immediately on █ contacted the physician about resident #1's behavior. █ was redirected and staff requested private duty from the POA on █. The family was trying to find a home care company to provide one on one.
- Resident discharged from facility on █
- Going forward the Memory Unit Manager will audit Licensed Practical Nurses Progress Notes of current residents on or before October 20, 23 for any residents needing increased supervision due to increased behaviors to ensure all residents are safe.
- If the audit results in immediate need for supervision, Memory Unit Manager will contact families/guardians for need to supply an outside agency for 1:1 private duty. The Memory Unit Manager will provide 1:1 staff until family can obtain an outside agency immediately.
- Audit Log will be submitted to DHS by October 23, 2023.
- Memory Unit Manager will audit Licensed Practical Nurses Progress Notes for increased behaviors that would warrant increased supervision monthly for 3 months, November 2023 through to and including January 2024.
- Memory Unit Manager will educate staff at staff huddles on October 18, 2023, October 19, 2023, October 24, 2023 and October 27, 2023 of what 1:1 entails and ensuring we provide continuity in 1:1 coverage. Memory Unit Manager will include education on behaviors of concern that need to be reported immediately to Licensed Practical Nurses on duty, Director of Nursing and or Executive Director. Meeting agenda and sign in sheets to be provided to DHS.

Proposed Overall Completion Date: 10/16/2023

Licensee's Proposed Overall Completion Date: 01/31/2024

Implemented (█ - 11/30/2023)

202 - Prohibitions

4. Requirements

2600.

202. The following procedures are prohibited:

- 4. A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. A chemical restraint does not include a drug ordered by a physician or dentist to treat the symptoms of a specific mental, emotional or behavioral condition, or as pretreatment prior to a medical or dental examination or treatment.

Description of Violation

On █ Resident #1 received physician's orders to begin █ at bedtime for "behaviors". On █, Resident #1 was prescribed █ daily for "preventative measure". According to Staff Member C, these medications are administered to lower Resident #1's sexual drive and behaviors towards others.

Plan of Correction

Accept (█ - 10/17/2023)

- At no time was a chemical restraint used with this resident.
- The order was written by the resident's physician. The provider is obligated to follow physician orders as written and does not have any ability to change an order written by the physician. Suggestions can and will be made to the physician to change how it is written.

202 Prohibitions (continued)

- Resident discharged from facility on [REDACTED].
- On September 28, 2023 and October 11, 2023 Director of Nursing completed audit on all psychotropic medications that were accepted from Physicians that were linked to behaviors.
- Director of Nursing to meet with Licensed Practical Nursing staff on Thursday October 19, 2023 to review process to request diagnosis from physician for all psychotropic medications ordered for behaviors.
- Meeting agenda and Sign in Sheets will be submitted as proof of training at completion of meetings on Friday October 20, 2023.
- Campus Executive Director and Director of Nursing to meet with facility's Medical Director on October 17, 2023 to explain need for all psychotropic medications to be ordered and linked to a diagnosis. Meeting minutes to be submitted on October 18, 2023.
- Campus Executive Director, Director of Nursing or Licensed Practical Nurse will review all new orders for psychotropic medications to ensure ongoing compliance starting on October 12, 2023.

Proposed Overall Completion Date: 10/16/2023

Licensee's Proposed Overall Completion Date: 10/20/2023

Implemented [REDACTED] - 10/23/2023)

225c - Additional Assessment**5. Requirements**

2600.

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

2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #1's assessment was completed on [REDACTED]. On [REDACTED], the home determined that the resident requires 24/7 1:1 supervision. On [REDACTED], Resident #1 received a physician's order to begin [REDACTED] for behaviors. On [REDACTED], an incident of alleged sexual abuse occurred between Resident #1 and another resident in the home. On [REDACTED], the [REDACTED] was increased to [REDACTED] for continued behaviors. A second incident of alleged sexual abuse occurred on [REDACTED] between Resident #1 and another resident in the home. Resident #1's RASP was not updated to reflect resident's need for 24/7, 1:1 supervision or the resident's sexual acts towards others until [REDACTED].

Plan of Correction

Directed ([REDACTED] - 10/17/2023)

- Resident #1's RASP was updated on [REDACTED].
- Director of Nursing will meet with and educate the Memory Unit Manager and Director of Resident Services of Regulation 2600.225 emphasizing 2600.225(c) (2): immediate need for additional assessment if condition of the resident significantly changes prior to annual assessment on October 25, 2023.
- Memory Unit Manager and Director of Resident Services are to complete audit of current residents' tasks to ensure current needs are reflected on current assessment by November 10, 2023.
- Audit Log will be submitted to DHS by November 15, 2023.
- Multidisciplinary team, potential members including but not limited to, Campus Executive Director, Director of Nursing, Director of Resident Services, Memory Unit Manager and staff from Dietary, Therapy, Dynamic Living, Chaplain and Housekeeping to meet at end of each month and as needed for a significant change, to discuss RASPs due for annual update to ensure ongoing compliance.

225c - Additional Assessment (continued)

Proposed Overall Completion Date: 10/16/2023

(Directed)

- Resident Services, Memory Unit Manager and staff from Dietary, Therapy, Dynamic Living, Chaplain and Housekeeping to meet at end of each month and as needed for a significant change, to discuss RASPs due for annual update or change to ensure ongoing compliance starting no later than 11/30/2023.*

Directed Completion Date: 11/30/2023

Implemented (█ - 11/30/2023)