

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

September 9, 2024

[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 08/13/2024, 08/14/2024, 08/15/2024 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: 08/31/2024
 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: Department of Labor & Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 134 Waking Staff: 101

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Incident Exit Conference Date: 08/15/2024

Inspection Dates and Department Representative

08/13/2024 - On-Site: [REDACTED]
 08/14/2024 - On-Site: [REDACTED]
 08/15/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 180 Residents Served: 67

Secured Dementia Care Unit
 In Home: Yes Area: Connections Capacity: 92 Residents Served: 45

Hospice
 Current Residents: 8

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 66
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 67 Have Physical Disability: 0

Inspections / Reviews

08/13/2024 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/31/2024

Inspections / Reviews *(continued)*

08/29/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/05/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/06/2024

09/09/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/05/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

42b - Abuse

1. 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 06/03/24 at approximately 11:20am, Resident #1 stated to staff [REDACTED] pushed Resident #2 which resulted in Resident #2 losing [REDACTED] balance, falling to the floor, and suffering a large bump on the left rear of Resident #2's head.

On 7/11/24 at approximately 8:33pm, staff observed Resident #1 grab Resident #2 by the shoulders. As staff were assisting Resident #2 with walking away from Resident #1, Resident #1 reached for Resident #2's right forearm and was attempting to twist Resident #2's forearm resulting in Resident #2 suffering a bruise to the right arm near Resident #2's elbow.

On 8/15/24 at approximately 12:30am, Resident #1 and Resident #2 were observed by staff having an argument. Staff observed Resident #1 push Resident #2 causing Resident #2 to fall to the floor, resulting in a large hematoma on Resident #2's forehead above the resident's left eye. The staff contacted 911 and Resident #2, was transported to the hospital via Emergency Medical Service.

Plan of Correction

Accept ([REDACTED] - 08/29/2024)

Regarding the incident on 6/3/2024

- For the occurrence on 6/3/2024

o PCPs and POAs were notified at time of incident on 6/3/24.

o Residents were relocated to other areas of the neighborhood on 6/3/24

o Resident #1 was treated with antibiotics for a UTI as of 6/26/2024

o Resident #2 was placed on our UTI protocol and faxed their PCP to get an order to check the resident's urine on 6/3/24

o Resident #2 was given Tylenol right after this incident on 6/3/24.

o Resident #2 did have some medication changes on 6/5/2024 and 6/11/2024.

For the incident on 7/11/2024,

- For the occurrence on 7/11/2024

o PCPs and POAs were notified on 7/11/24.

o Both residents were redirected to other areas of the neighborhood and staff provided some 1:1 with Resident #2 on 7/11/24

o Resident #1 was seen by [REDACTED] PCP on 7/16/2024 and received medication changes on 7/12/2024, 7/18/2024 and 8/6/2024.

o Resident #2 received some medication changes on 7/12/2024 and 7/16/2024 and was also seen by [REDACTED] PCP on 7/23/2024.

Regarding the incident on 8/15/2024,

- For the occurrence on 8/15/2024

o PCPs and POAs were notified on 8/15/24.

42b - Abuse (continued)

- o Resident #1 received 2 days of 24/7 private duty on 8/15 and 8/16/24. Family then set up private duty services for this resident for 2 weeks Monday – Friday 6 pm -12 am.
- o Resident #1 had some medication changes on 8/15/2024 and on 8/19/2024.
- o Resident #1 was seen by their PCP on 8/19/2024.
- o Resident #2 was relocated to our first floor [REDACTED] on 8/16/2024.
- ? Since resident #2 moved to our 1st floor [REDACTED] has been doing very well and not future concerns have been noted.
- Education will be provided to all caregivers about abuse and ways to deescalate a situation before it becomes a resident-to-resident altercation. This training will be completed by September 13th 2024. Documentation will be provided.
- The DON and ADON and Associate ED will be responsible for ongoing safety of our residents and compliance with this regulation.

Licensee's Proposed Overall Completion Date: 08/29/2024

Implemented ([REDACTED]) - 09/09/2024)

183e - Storing Medications

2. Requirements

2600.

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

On 8/14/24 at 12:06pm, there was a green round pill observed loose in the 2nd floor Connections medication cart. The medication was identified by staff as Ferrous Gluconate 324MG Elemental Iron, belonging to Resident #3.

Plan of Correction

Accept ([REDACTED]) - 08/29/2024)

- The pill was immediately removed from the cart on 8/14/24 and properly disposed of.
- Weekly cart audits will be completed starting 9/3/24 for 3 weeks to ensure no loose pills have fallen out of the packaging. Documentation will be provided.
- Biweekly audits will then continue starting 9/23/24 to be completed by the ADON or designee.
- Med Associates will be re-educated on regulation 183e on or before 9/13/24. Documentation to be provided.
- The director of nursing will be responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 09/23/2024

Implemented ([REDACTED]) - 09/09/2024)

184a - Resident's Meds Labeled

3. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
4. The prescribed dosage and instructions for administration.

Description of Violation

On 8/14/24 at 12:06pm, a bottle of Ferrous Gluconate 324MG Elemental Iron was observed in the 2nd Floor Connections medication cart, identified by staff as belonging to Resident #3 but did not include the name of the

184a - Resident's Meds Labeled (continued)

resident on the medication bottle.

Plan of Correction

Accept () - 08/29/2024)

- Family brought in this bottle of ferrous gluconate. The bottle was immediately labeled with the residents name on 8/14/24.
- Med Associates will be re-educated on regulation 184a on or before 9/13/24. Documentation will be provided.
- DON and ADON will be responsible for ongoing compliance with this regulation.

Licensee's Proposed Overall Completion Date: 09/13/2024

Implemented () - 09/09/2024)

185a - Implement Storage Procedures**4. 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 #4 is prescribed Morphine Sulf Soln 20MG/ML. Take 0.25ML (5MG) Orally / sublingually every 4 hours as needed for pain.

On 08/14/24 at 12:35pm, the Individual Resident Controlled Medication Record showed that on 8/12/24 at 5:06pm the amount of Morphine on hand was 17.50ML, the amount administered to the resident was 0.25ML, and the amount remaining was 17.25. However, the amount of medication remaining in the bottle was observed to be approximately 16.00ML on 8/14/24, leaving approximately 1.25 ML of the medication unaccounted for.

Plan of Correction

Accept () - 08/29/2024)

- The unaccounted for 1.25ML was immediately reported to the DON to begin an investigation on 8/14/24.
- Re-education for all nurses and med associates will be completed on or before 9/13/24 on proper dosing and administration of liquid morphine. The documentation and policy will be provided.
- The DON and ADON will be responsible to audit the narcotic count to ensure accuracy for 3 weeks starting 9/3/24. Documentation will be provided.
- The DON and ADON will be responsible for ongoing accuracy of the narcotic count by conducting random audits going forward.

Licensee's Proposed Overall Completion Date: 09/13/2024

Implemented () - 09/09/2024)