

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]
[REDACTED]

RE: COUNTRY MEADOWS OF WEST
SHORE
4905 EAST TRINDLE ROAD
MECHANICSBURG, PA, 17050
LICENSE/COC#: 33353

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 #: 33353 License Expiration: 08/31/2024
 Address: 4905 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: 108 Waking Staff: 81

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal 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: 108

Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:

Hospice
 Current Residents: 3

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 107
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 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: 09/06/2024

Reviewer: [REDACTED]

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

09/09/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/06/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

184a - Resident's Meds Labeled

1. 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.

Description of Violation

Resident 1 is prescribed Glargin YFGN INJ 100U/ML Inject 47 Units Subcutaneously in the morning. The Glargin YFGN INJ 1000/ML dosage was changed on 08/06/24 from 40 units to 47 units. However, on 8/14/24 at approximately 11:30 AM, the pharmacy label for the medication still indicated a dosage of 40 units.

Plan of Correction

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

- The pharmacy label was immediately corrected on 8/14/24.
- The resident never received an incorrect dosage of insulin.
- ADON re-educated the medication associates on proper labeling of medications when there is a dosage change on 8/22/24. Documentation will be provided.
- Med Cart audits will be completed on 8/22 and 9/1/24 and documentation will be provided.
- The ADON or designee will be responsible for ongoing compliance with this regulation.

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

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