

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

September 29, 2025

[REDACTED], CHIEF OPERATING OFFICER
COUNTRY MEADOWS OF WEST SHORE LLC
[REDACTED]
[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 08/25/2025, 08/26/2025 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 WEST SHORE License #: 33352 License Expiration: 08/31/2026
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: 112 Waking Staff: 84

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 08/26/2025

Inspection Dates and Department Representative

08/25/2025 - On-Site: [Redacted]
08/26/2025 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 180 Residents Served: 68
Secured Dementia Care Unit
In Home: Yes Area: Connections Capacity: 92 Residents Served: 45
Hospice
Current Residents: 7
Number of Residents Who:
Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 68
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 44 Have Physical Disability: 0

Inspections / Reviews

08/25/2025 - Full
Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 09/15/2025

09/15/2025 - POC Submission
Submitted By: [Redacted] Date Submitted: 09/22/2025
Reviewer: [Redacted] Follow-Up Type: Document Submission Follow-Up Date: 09/22/2025

Inspections / Reviews *(continued)*

09/29/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/22/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

105g - Lint Removal and Duct Cleaning

1. 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 8/25/25, there was an accumulation of lint in the lint trap of the dryer on the first floor. There were no clothes in the dryer at the time.

Plan of Correction

Accept (█) - 09/15/2025)

Lint was removed immediately upon discovery on 8-26-2025.

Staff will complete a fire safety training. In this training, we will go over dryer safety and why it's important to remove lint after each load of laundry. This training and form will be completed by 9-19-2025. Our Manager on Duty or designee will be checking the lint compartments daily for the next 2 weeks to ensure that the lint is removed from the dryers to prevent any fire hazards.

Moving forward after this time frame, the designee will continue to educate all new staff about the expectation of emptying the lint traps after each load of laundry in hopes of preventing a fire hazard.

Licensee's Proposed Overall Completion Date: 09/19/2025

Implemented (█) - 09/29/2025)

132c - Fire Drill Records

2. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

Beginning with the January 2025 fire drill, the home does not include the total number of residents evacuated during fire drills but counts only residents evacuated from the area where the simulated fire occurs. These drills include those conducted on:

- 8/11/25 at 5:59 AM, 67 residents present, 22 evacuated
- 7/24/25 at 6:44pm, 74 residents present, 24 evacuated
- 6/7/25 at 10:49am, 74 residents present and 20 evacuated
- 5/14/25 at 11:52 PM, 72 residents present 30 evacuated

Plan of Correction

Accept (█) - 09/15/2025)

The team discussed expectations with the inspector on 8-26-2025.

The Connections ED will be completing a training form to go over all the expectations of what all needs

132c - Fire Drill Records (continued)

documented on our fire drill records. Our maintenance team and executive directions will be completing this training to make sure everyone knows how to complete this form per state regulations which includes the amount of resident that are present during the time of the fire drills and the number of residents that have been evacuated. Both of these categories must be the same number. This training will be completed by 9-19-2025.

The Executive Director or designee will be reviewing the form once it is completed after a fire drill for the next 3 months to make sure this information is correct moving forward.

Licensee's Proposed Overall Completion Date: 09/19/2025

Implemented (█) - 09/29/2025)

227d - Support Plan Medical/Dental**3. Requirements**

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident 1, dated █, indicates the resident has a need for a bed cane. The resident's support plan, dated █, does not include the risks of using the device and the resident's ability to use the device safely.

The assessment for resident 2, updated █ indicates the resident has a halo-style bed cane. The resident's support plan, dated █, does not address the risks of using the device and whether a cover is needed.

Plan of Correction

Accept (█) - 09/15/2025)

An audit was completed of all residents that have bed canes or halo devices to review what RASPs needed to be updated on 8-26-2025.

The Connections ED will be completing a training with every team member that assists with completing the RASPs for our resident to educate the team on the following information that we will be documented in a resident's RASP if they are using a bed cane or Halo device. "(Resident Name) requires a bedside mobility device for bed mobility, repositioning, transferring in and out of bed, and for safety and stability. (Resident name) has been deemed safe and supported by MD order, therapy team, and/or clinical leadership to safely use this device. Resident and POA have been informed of the associated risks that may include but not limited to strangulation, suffocation, and entrapment. This has been documented in an informed consent. (Resident name) uses a (Halo Safety Ring or Bed Cane) and these comply with FDA guidelines and the device per Country Meadows policy will require a cover and should be covered at all times. This training will be completed by 9-19-2025.

To fix this concern with any current RASPs, we will be placing an addendum into their care plans stating the above information on or before the date of 9-17-2025.

227d - Support Plan Medical/Dental (continued)

When their annual RASP needs updated, we will make sure this documentation is stated in their RASPs moving forward. This wording will also be placed in any future RASPs that have these devices.

Licensee's Proposed Overall Completion Date: 09/19/2025

Implemented (█ - 09/29/2025)