

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

September 30, 2025

[REDACTED], SENIOR VP OF OPERATIONS
COUNTRY MEADOWS LEADER HEIGHTS LLC
[REDACTED]
[REDACTED]

RE: COUNTRY MEADOWS OF LEADER
HEIGHTS
2760 PINE GROVE ROAD
YORK, PA, 17403
LICENSE/COC#: 35080

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/26/2025, 08/27/2025 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]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: COUNTRY MEADOWS OF LEADER HEIGHTS License #: 35080 License Expiration: 09/01/2026
 Address: 2760 PINE GROVE ROAD, YORK, PA 17403
 County: YORK Region: CENTRAL

Administrator

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

Legal Entity

Name: COUNTRY MEADOWS LEADER HEIGHTS LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP	Date: 02/28/2011	Issued By: L&I
Type: I-2	Date: 01/24/2014	Issued By: york township
Type: I-2	Date: 04/28/2011	Issued By: york township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 193 Waking Staff: 145

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 08/27/2025

Inspection Dates and Department Representative

08/26/2025 - On-Site: [REDACTED]
 08/27/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 215 Residents Served: 152

Secured Dementia Care Unit

In Home: Yes Area: Connections Capacity: 48 Residents Served: 39

Hospice

Current Residents: 10

Number of Residents Who:

Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 152
Diagnosed with Mental Illness: 0	Diagnosed with Intellectual Disability: 0
Have Mobility Need: 41	Have Physical Disability: 2

Inspections / Reviews

08/26/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/19/2025

Inspections / Reviews (*continued*)

09/22/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/29/2025

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/26/2025

09/24/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/29/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/27/2025

09/30/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/29/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 8/26/25 at approximately 10:30 AM, the privacy coding document from the August 2024 renewal inspection was unlocked, unattended, and accessible on the main bulletin board in the home. The privacy coding included identification of multiple residents, including resident #1, #2 and #3.

Plan of Correction

Accept (█) - 09/24/2025)

The Privacy Disclosure was removed from the box on 8/26/25 by the Executive Director.

Executive Director reviewed regulation on 8/27/25 with Vice President of Operations via phone. VPO explained that pulling the report from the BHSL website is better because it is already redacted or ensuring that the privacy disclosure is removed when posting the finalized reports that are received. (Education attachment #1)

Executive Director will ensure that all posted documents do not contain personal information. The Executive Director or designee will check the postings monthly starting on 9/22/25 for the next 3 months to ensure accuracy and appropriate privacy.

Licensee's Proposed Overall Completion Date: 09/24/2025

Implemented (█) - 09/30/2025)

42s - Privacy

2. Requirements

2600.

- 42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

The home has video cameras that record inside resident hallways on the first, second, and third floors of the building of the personal care units and secure dementia care unit.

Plan of Correction

Accept (█) - 09/24/2025)

The cameras in question were reviewed with █ Regional Director for BHSL. We clarified there are no cameras on the 3rd floor. █ also reviewed the view for the first-floor cameras and agreed they were fine to record. Signs are at each camera site notifying of the camera's use and the camera use is also explained in the signed Resident Agreements executed upon moving into the home. █ felt the SCDU elevator camera still needed to be disabled.

The video camera facing the elevator located within the Secured Dementia Care Unit was disabled as of 9/17/25 by the Executive Director. (Documentation attachment #2b)

Training provided to the Executive Director regarding 2600.42(s) regarding the use of video recording within the home by Vice President of Operations, on 9/22/2025 via phone. (Education attachment #2a)

42s - Privacy (continued)

The facility will apply for a waiver for the SCDU camera in the near future until an approval is made, we will keep the cameras disabled.

Licensee's Proposed Overall Completion Date: 09/24/2025

Implemented (█) - 09/30/2025

103e - Left Overs

3. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

On 8/26/25, there was an unlabeled and undated a piece of cake in the kitchen freezer.

Plan of Correction

Accept (█) - 09/24/2025

A Coworker removed two single serve containers of pureed rice which were located in a correctly labeled box. The coworker served one of the containers and placed the second on the shelf as opposed to placing it back into the correctly labeled box. The inspector noted it was cake but it was not cake it was containers of single serve pureed rice.

The pureed rice was removed and discarded at the time of inspection as the seal was compromised.

The Dining Director or designee will meet with all kitchen coworkers to be retrained to return unused containers to the labeled box or to label the unused container itself by 9/17/2025. (Education attachment #3a and 3b)

The Director of Dining or designee will complete an inspection of the refrigerators weekly for the next 3 months to ensure compliance to start the week of 9/22/2025.

Licensee's Proposed Overall Completion Date: 09/24/2025

Implemented (█) - 09/30/2025

190c - Record of Training

4. Requirements

2600.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

Staff member A's 2025 annual Summary and Requalification form did not indicate if the student was requalified or failed to requalify, the students signature and date or the date of the trainer's signature of completion.

Plan of Correction

Accept (█) - 09/24/2025

The Director of Nursing and Assistant Director of Nursing corrected Staff Member A's form to include passing or failure, signature and date of both the Medication Associate and the Trainer. The Director of Nursing audited and

190c - Record of Training (continued)

updated all Medication Associate's current training forms as of 9/18/25.

The Director of Nursing and Assistant Director of Nursing are responsible for the completion of the Medication Associate training and the proper completion of the applicable form and were re-educated on this process on this date to include:

Effective immediately, all re-qualification forms used for Medication Associates will:

- 1) Indicate whether re-qualification was obtained,
- 2) Medication Associates signature and date,
- 3) Trainer's signature and date.

This training was completed on 9/10/2025 by the Executive Director. (Education attachment #4)

The Executive Director will verify the proper completion of the forms monthly for the next 3 months in ensure proper compliance to begin 9/22/2025.

Licensee's Proposed Overall Completion Date: 09/24/2025

Implemented (█) - 09/30/2025)

227d - Support Plan Medical/Dental**5. 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

Resident #4's assessment, dated █ indicated a bed cane is installed on their bed to assist with bed mobility. However, the resident's support plan, dated █ did not include the specific need for the device, the intended use and any risks associated with the use, the resident's ability to use the device safely for the purpose it was intended, identification of the specific device to be used and whether a cover is required to meet FDA guidelines.

Resident #5's assessment, dated █ indicated the resident is Deaf. However, the resident's support plan, dated █ did not include the resident's use of a bed shaker connected to the fire alarm system to alert the resident in the event of a fire and a flashing light in lieu of a doorbell to alert the resident of a visitor at the bedroom door.

Resident #6's assessment, dated █ indicated the resident's use of a bed cane to assist with mobility. However, the resident's support plan, dated █ did not include the intended use and any risks associated with the use, the resident's ability to use the device safely for the purpose it was intended, or identification of the specific device to be used and whether a cover is required to meet FDA guidelines.

Plan of Correction

Accept (█) - 09/24/2025)

A retraining of the 3 Care Managers, Directors of Nursing, and Assistant Director of Nursing regarding the required use of bed cane verbiage was completed on 9/18/25 of all residents using bed canes The team also reviewed

227d - Support Plan Medical/Dental (continued)

required documentation for residents who use other types resident supports (including bed shaker) on 08/28/25. (See Education attachment 5-A, 5-B, and 5-B2).

An audit of resident support, including bed canes, care plans was conducted to ensure compliance for appropriate documentation of the supports as listed above. The DON and ADON corrected any necessary care plans with an addendum. This will be completed by 9/18/25 including for Resident's 4 & 6 (see attachment 5d).

An audit of Resident #5's care plan was completed on 08/28/25 to ensure compliance for documentation via an addendum (Documentation attachment 5C).

A monthly physical check of resident bed canes and bed shaker will be completed and the required care plan verbiage will be verified by the Care Managers and or Nursing Department Designee as part of these monthly checks to begin 9/22/2025.

Licensee's Proposed Overall Completion Date: 09/24/2025

Implemented ([redacted] - 09/30/2025)

227e - Self Administer Medication

6. Requirements

2600.

227.e. The resident's support plan must document the ability of the resident to self-administer medications or the need for medication reminders or medication administration.

Description of Violation

Resident #7's assessment, dated [redacted] indicated the resident can self administer medications with assistance in offering medications at prescribed times and the resident's support plan, dated [redacted] indicated medication associates will administer medications to the resident per physician's orders. However, resident #7 self-administers Biofreeze and Refresh eye drops without assistance from staff which is not reflected in the resident's support plan.

Resident #8's assessment and support plan, dated [redacted] indicated the resident cannot self-administer medications. However, Resident #8 self-administers Tums, per the physician's order dated [redacted]

Plan of Correction

Accept ([redacted] - 09/24/2025)

The DON updated the RASP to notate the self-administration for both resident #7 (See attachment 6-B) and resident #8 (See attachment 6-C) on 9/16/2025.

The DON provided retraining 9/17/25 to the LPNs who will now make an addendum to the Resident Assessment Plan when a change to the administration of medications should occur. When a new RASP is completed, it will be updated based on the mentioned addendum. (Attachment 6a)

The Director of Nursing or designee will verify monthly that self-administration medications have been updated on an addendum has been completed for the next 3 months to ensure the policy is executed completely to begin 9/22/2025.

Licensee's Proposed Overall Completion Date: 09/24/2025

227e - Self Administer Medication (*continued*)

Implemented (█ - 09/30/2025)