

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

January 14, 2026

[REDACTED]
COUNTRY MEADOWS OF HERSHEY ASSOCIATES
[REDACTED]

RE: COUNTRY MEADOWS OF HERSHEY
451 SAND HILL ROAD
HERSHEY, PA, 17033
LICENSE/COC#: 34283

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/22/2025, 10/23/2025 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 HERSHEY **License #:** 34283 **License Expiration:** 01/31/2026
Address: 451 SAND HILL ROAD, HERSHEY, PA 17033
County: DAUPHIN **Region:** CENTRAL

Administrator

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

Legal Entity

Name: COUNTRY MEADOWS OF HERSHEY ASSOCIATES
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 10/01/2002 **Issued By:** Labor & Industry

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 183 **Waking Staff:** 137

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:** 0
Reason: Complaint, Incident **Exit Conference Date:** 10/23/2025

Inspection Dates and Department Representative

10/22/2025 - On-Site: [REDACTED]
10/23/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 190 **Residents Served:** 137

Secured Dementia Care Unit
In Home: Yes **Area:** Connections **Capacity:** 44 **Residents Served:** 34

Hospice
Current Residents: 6

Number of Residents Who:
Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 137
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 1
Have Mobility Need: 46 **Have Physical Disability:** 3

Inspections / Reviews

10/22/2025 Partial
Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 11/24/2025

11/25/2025 - POC Submission
Submitted By: [REDACTED] **Date Submitted:** 12/10/2025
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 12/02/2025

Inspections / Reviews *(continued)*

12/03/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/10/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/10/2025

01/14/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/10/2025

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], Resident [REDACTED] was sitting next to a [REDACTED] resident in the secure [REDACTED] care unit living room. Resident [REDACTED] moved the [REDACTED] resident's nightgown and placed [REDACTED] hand on the left upper thigh of the [REDACTED] resident. Per staff interviews, this touch was not consented to by the [REDACTED] resident. The home did not report this incident to the local Area Agency on Aging.

Plan of Correction

Accept [REDACTED] - 12/03/2025)

Immediate Corrections Taken:

- At Country Meadows, the safety and wellbeing of our residents is our highest priority. We take all survey findings seriously and are committed to addressing any concerns promptly and thoroughly to maintain the highest standard of care.
- Upon staff observation of the physical contact, the PCA immediately separated both residents and ensured the safety of the [REDACTED] resident.
- The [REDACTED] resident was returned to [REDACTED] apartment and assessed for distress by staff. No injuries or expressed fear were noted and Resident [REDACTED] was redirected to [REDACTED] apartment. Both residents were monitored throughout the remainder of the shift for any signs of distress or behavioral escalation.
- POA's and providers of both residents were made aware that following morning.
- Following the DHS inspection, the facility reported the incident to the Area Agency on Aging by DON originally on 11/21/25 and then again on 11/25/25 to receive confirmation fax that was not received originally.
- Resident [REDACTED] had ongoing assessments and evaluations with Seniority Behavioral Health.
- Resident [REDACTED] had a 1:1 service for behavioral oversight.
- Resident [REDACTED] was discharged from our campus for ongoing concerns on 6/12/2025.

Correction Plan:

Staff Re-Education & Training:

- DON, ED or designee to conduct mandatory training for all coworkers on Reg 15a as well as company policy for reporting resident incidents to DHS and contacting Area Agency on Aging by 11/30/25.
- DON, ED or designee to reinforce and re-educate coworkers on immediate action to be taken post resident to resident incidents to keep all residents safe while following DHS regulatory compliance as well as company policy and procedure by 11/30/25.
- DON, ED or designee to reinforce and re-educate clinical coworkers on internal investigation processes for resident-to-resident incidents by 11/30/25.
- DON, ED or designee to conduct mandatory training and education for all staff on appropriate physical touch in a secured dementia environment by 11/30/25.

Monitoring & Auditing:

- DON or designee will audit 24-hour nursing report daily for one month to ensure timely reporting, compliance and collaborative intervention planning starting 11/11/25. If anything is noted of significance, it will be reported

15a - Resident Abuse Report (continued)

immediately and proper follow up with staff will occur to continue to educate them on items that need to be reported to management for timely reporting if incidents.

- DON or designee will conduct 3 resident interviews each week for one month starting 11/11/25 to ensure that residents feel safe and secure in the home.

Licensee's Proposed Overall Completion Date: 12/02/2025

Implemented [redacted] - 01/14/2026)

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], Resident [redacted] was sitting next to a [redacted] resident in the secure [redacted] care unit living room. Resident [redacted] moved the [redacted] resident's nightgown and placed [redacted] hand on the left upper thigh of the [redacted] resident. Per staff, this touch was not consented to by the [redacted] resident. The home did not report this incident to the Department.

On [redacted] at approximately 11:47 AM, Resident [redacted] was transferred to the emergency room due to an episode of unresponsiveness. The home did not report this incident to the Department.

On [redacted] Resident [redacted] experienced an episode of syncope and unresponsiveness. The resident transferred to the emergency room and subsequently hospitalized from [redacted], where the resident was treated for acute kidney injury secondary to [redacted]. The home did not report this incident to the Department.

Plan of Correction

Accept [redacted] 12/03/2025)

Immediate Corrections Taken:

- At Country Meadows, the safety and wellbeing of our residents is our highest priority. We take all survey findings seriously and are committed to addressing any concerns promptly and thoroughly to maintain the highest standard of care.

Resident [redacted]:

- The [redacted] resident was reassessed for signs of distress; no injury was noted.
- Both residents were monitored closely following the event.
- Following the DHS inspection, all incidents were retrospectively submitted on 11/21/25 by DON and then again on 11/25/25 to receive confirmation fax we did not receive originally.

Residents [redacted] & [redacted]:

- The residents were appropriately assessed by staff in the home and then transferred to the emergency room immediately at the time of the event.
- Staff did not recognize that "unresponsiveness" is a reportable incident, as the requirement is located within the appendix of the RCG, not in the primary regulation text or main reporting table typically used by staff.
- Following the DHS inspection, all incidents were retrospectively submitted on 11/21/25 by DON and then again

16c - Written Incident Report (continued)

on 11/25/25 to receive confirmation fax we did not receive originally.

Correction Plan:

Staff Re-Education & Training:

- DON, ED or designee to conduct mandatory training for all coworkers on Reg.16c as well as company policy for reporting resident incidents to DHS by 11/30/25.
- DON, ED or designee will re-train all management staff, nursing staff on reporting unresponsive episodes that require hospitalization by 11/30/25.
- DON, ED or designee to reinforce and re-educate coworkers on immediate action to be taken post-resident-to-resident incidents to keep all residents safe while following DHS regulatory compliance as well as company policy and procedure by 11/30/25.
- DON, ED, or designee to reinforce and re-educate on internal investigation processes for resident-to-resident incidents by 11/30/25.
- DON, ED or designee to conduct mandatory training and education for all staff on appropriate physical touch in a secure dementia environment by 11/30/25.

Monitoring & Auditing:

- DON or designee will audit the 24-hour nurse report for one month to ensure timely reporting, compliance, and collaborative intervention planning starting 11/11/25 to ensure comprehension of re-training provided. DON or designee will hold random care huddles as needed to ensure open lines of communication.
- DON or designee will ensure maintained compliance.

Licensee's Proposed Overall Completion Date: 12/02/2025

Implemented [redacted] - 01/14/2026)

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

According to staff interviews, Resident [redacted], who resided in the secure care dementia unit, exhibited sexually inappropriate behaviors on multiple occasions from February 2025 to June 2025. Resident [redacted] would touch the thighs of [redacted] residents in common areas, make sexual statements towards [redacted] staff and would attempt to lure [redacted] residents into [redacted] bedroom. On [redacted] at approximately 3:45 PM, Staff Member B observed Resident [redacted] grabbing the [redacted] of Resident [redacted]

On [redacted] at approximately 8:50 PM, Staff Member A witnessed Resident [redacted] punch Resident [redacted] in the mouth. As a result of the incident, Resident [redacted] sustained a cut in the inner part of [redacted] lip.

Repeated Violation - [redacted], et al

42b - Abuse (continued)

Plan of Correction

Accept [REDACTED] - 12/03/2025)

Immediate Corrections Taken:

Resident [REDACTED]:

- All residents potentially affected were assessed for physical injury and emotional distress; none were found to be distressed or injured at the time of incidents.
- Upon learning of the incidents during the Department's visit, leadership immediately conducted a full retrospective review of all events, documentation, and interventions from February–June 2025.
- The family was previously informed on multiple occasions that Resident #1 required a higher level of care due to escalating disinhibition and poor impulse control related to cognitive decline and Parkinson's Disease progression.
- Behavioral Health services were actively involved, and all consultation notes were reviewed to ensure no missed recommendations.
- Resident [REDACTED] was discharged on [REDACTED] due to behavioral escalation despite interventions, multidisciplinary involvement, and unsuccessful attempts to safely maintain the resident in a personal care setting.

Resident [REDACTED]

- Staff immediately separated the residents, assessed Resident [REDACTED], and contacted on-call nursing for evaluation. Both resident's POA's and PCP's were immediately made aware.
- Resident [REDACTED] injury was minor (cut to inner lip) and treated immediately. On call provider for PCP was notified immediately. Resident [REDACTED] was physically seen by [REDACTED] PCP the following day as well, no other concerns were noted during this visit.
- Resident [REDACTED] was transferred to the hospital the following day.
- Upon medical and psychiatric evaluation, Resident [REDACTED] did not return to the facility and was officially discharged 6/9/25--As the behavior exceeded the safety parameters of a personal care environment.
- The incident was reported timely and appropriately to DHS and AAA.

*Correction Plan:**Staff Re-Education & Training:*

- DON, ED or designee to conduct all direct care coworker training on identifying and managing sexual disinhibition in dementia by 11/30/25.
- DON, ED or designee to re-educate all clinical coworkers on factual, objective, documenting by 11/30/25.
- DON, ED or designee to provide all clinical coworkers training on immediate internal investigation processes by 11/30/25.
- DON, ED, or designee to conduct all direct care staff education on abuse/neglect as well as proper reporting procedures by 11/30/25.

Monitoring & Auditing:

- DON or designee will conduct 3 resident interviews each week for one month starting 11/11/25 to ensure that residents feel safe and secure in the home.
- DON or designee will ensure on-going compliance is maintained.

Licensee's Proposed Overall Completion Date: 12/02/2025

Implemented [REDACTED] - 01/14/2026)

142a - Secure Medical Care

4. Requirements

2600.

142.a. The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

Description of Violation

During the period [REDACTED] resident [REDACTED] experienced increased behaviors and [REDACTED]. The home has not documented the resident's need for additional care, resulting in the resident attempting [REDACTED] on [REDACTED] in [REDACTED] room. Resident was transported to the emergency room for treatment.

On [REDACTED] and [REDACTED] the resident's physician ordered the home to provide 15-minute observations/supervision, and the removal of belts, cords, and sharp objects from the room. During the inspection on [REDACTED] the home's administrator confirmed the home did not complete 15-minute checks for the resident, is not able to provide this service, and the resident is still residing in the home.

On [REDACTED], several cords were present in resident [REDACTED] bedroom to include cell phone charging cord, emergency pendant alarm cord by bedside and computer charging cord at dining room table.

Plan of Correction

Accept [REDACTED] - 12/03/2025)

Immediate Corrections Taken:

- At country meadows, the safety and wellbeing of our residents is our highest priority. We take all survey findings seriously and are committed to addressing any concerns promptly to maintain the highest standard of care.
- In house provider and behavioral health were immediately made aware after DHS inspection that every 15-minute checks that were recommended in their visit summary documentation was not an appropriate intervention for this setting. This was documented in a summary, not on an order form.
- Resident [REDACTED] has been sent to the emergency department on 3 separate occasions relating to [REDACTED] mental health concerns and stating [REDACTED] wanted to harm [REDACTED] (5/2/25, 5/24/25, & 10/22/25). Each hospitalization [REDACTED] was sent back and the emergency department physicians reported [REDACTED] " [REDACTED] are not legitimate". The most recent hospitalization on 10/22/25 suggested a secured memory support neighborhood.
- Country Meadows team members had constant communication with POAs, PCP, and Behavioral health for recommendations and suggestions.
- Resident [REDACTED] was receiving 1:1 service during waking hours via BrightStar.
- Resident [REDACTED] was receiving palliative care services for [REDACTED]. Family was not agreeable to hospice services.
- Resident [REDACTED] was discharged from facility on [REDACTED] for secured memory support placement at Linden Village.

Correction Plan:

Staff Re-education & Training:

- ED, DON or designee to provide all clinical coworkers re-training and education on Reg. 142a as well as campus policy and procedure for updating assessment and support plans surrounding resident needs and care will be completed by 11/30/25.
- ED, DON or designee to provide all clinical coworkers re-training and education on internal investigation processes related to mental health/ and or behavioral concerns that require immediate oversight and intervention will be completed by 11/30/25.

Monitoring and Auditing:

- DON or designee to audit physician/behavioral health documentation and visit summaries weekly for 6 weeks to ensure updated resident needs are reflected on assessment and support plans starting 11/11/25.

142a Secure Medical Care (continued)

- DON and or designee will ensure on going compliance.
- DON or designee cadence for monitoring and auditing RASPS are approximately 23 RASPS per week (Approximately 17% weekly over a 6 week period)

Licensee's Proposed Overall Completion Date: 12/02/2025

Implemented [REDACTED] 01/14/2026)

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

Staff have been instructed to frequently monitor Resident [REDACTED] due to documented sexually inappropriate behaviors towards [REDACTED] residents since February 2025. However, Resident [REDACTED] assessment was not updated with this need until [REDACTED]

Resident [REDACTED] physician and psychiatrist ordered 15 minute frequent supervision checks for the resident and the resident is currently receiving additional 1:1 supervision from 7am 11pm. However, the resident's [REDACTED] assessment and subsequent addendums completed on [REDACTED], and [REDACTED] indicates the resident's 1:1 support was increased from 5 hours a day to 8 hours a day.

Resident [REDACTED] has the following diagnoses: [REDACTED]
[REDACTED]
[REDACTED] However, the resident's [REDACTED] assessment and subsequent addendums completed on [REDACTED] and [REDACTED] do not include any diagnoses.

Plan of Correction

Accept [REDACTED] - 12/03/2025)

Immediate Corrective action taken:

- At country meadows, the safety and wellbeing of our residents is our highest priority. We take all survey findings seriously and are committed to addressing any concerns promptly to maintain the highest standard of care.
- Resident care plans and addendums were immediately updated to reflect changes when brought to campus attention via DHS.
- DON reached out to Resident [REDACTED] PCP in regard to items that can be in [REDACTED] apartment. PCP discontinued order "No cords" in [REDACTED] apartment.
- In house provider and behavioral health were immediately made aware after DHS inspection that every 15 minute checks that were recommended in their visit summary documentation was not an appropriate intervention for this setting.
- Resident #3 has been sent to the emergency department on 3 separate occasions relating to [REDACTED] mental health concerns and stating [REDACTED] wanted to harm [REDACTED], & [REDACTED] Each hospitalization [REDACTED] was sent back and the emergency department physicians reported [REDACTED] "Suicidal Ideations are not legitimate". The most

225c Additional Assessment (continued)

recent hospitalization on 10/22/25 suggested a secured memory support neighborhood.

- Country Meadows team members had constant communication with POAs, PCP, and Behavioral health for recommendations and suggestions.
- Resident [REDACTED] was receiving 1:1 service during waking hours via BrightStar.
- Resident [REDACTED] was receiving palliative care services for [REDACTED] terminal [REDACTED] diagnosis. Family was not agreeable to hospice services.
- Resident [REDACTED] was discharged from facility on [REDACTED] for secured memory support placement at Linden Village.

Correction Plan:

Staff Re education & Training:

- DON, ED or designee to provide all clinical coworkers re training and education on Reg. 225.c as well as campus policy and procedure for updating assessment and support plans surrounding resident needs and care by 11/30/25.
- DON, ED or designee to provide all clinical coworkers re training and education to ensure all areas of assessment and support plans are completed before locking, printing and discussing with resident and POA by 11/30/25.
- DON, ED or designee provide all clinical coworkers re education and re training on appropriate interventions and in house investigation tools, processes and policy by 11/30/25.

Monitoring and Auditing:

- DON or designee to complete random RASP audits weekly for 6 weeks to ensure RASPS are completed in compliance with DHS regulations as well as company policy starting 11/11/25.
- DON or designee cadence for monitoring and auditing RASPS are approximately 23 RASPS per week (Approximately 17% weekly over a 6 week period)
- DON or designee to will ensure on going compliance.

Licensee's Proposed Overall Completion Date: 12/02/2025

Implemented [REDACTED] - 01/14/2026)

227d - Support Plan Medical/Dental

6. 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

Due to Resident [REDACTED] [REDACTED] inappropriate comments towards staff and behaviors towards [REDACTED] residents, staff report being instructed by management that if there were only [REDACTED] staff working at least two staff had to provide care to the resident for safety. Resident [REDACTED]'s support plan, dated [REDACTED] and [REDACTED] addendum, does not reflect this plan.

227d - Support Plan Medical/Dental (continued)

Plan of Correction

Accept [redacted] - 12/03/2025)

Immediate Corrective Action taken:

- *At country meadows, the safety and wellbeing of our residents is our highest priority. We take all survey findings seriously and are committed to addressing any concerns promptly to maintain the highest standard of care.*
- *Resident #1 was discharged from our campus on 6/12/25 due to these behaviors—unable to update care plan.*
- *DON & ADON discussed auditing and accountability process moving forward for all RASPs.*
- *Significant changes will be discussed at weekly resident care meetings ongoing.*

Correction Plan:

Staff Re-Education & Training:

- *DON, ED or designee to provide all clinical coworkers re-training and education on Reg. 227d as well as campus policy and procedure for updating assessment and support plans surrounding resident needs and care by 11/30/25.*
- *DON, ED or designee to provide all clinical coworkers re-training and education on internal investigation processes related to mental health/ and or behavioral concerns that require immediate oversight and intervention by 11/30/25.*

Monitoring & Auditing:

- *DON or designee to complete random RASP audits weekly for 6 weeks to ensure RASPS are completed in compliance with DHS regulations as well as company policy starting 11/11/25.*
- *DON or designee cadence for monitoring and auditing RASPS are approximately 23 RASPS per week (Approximately 17% weekly over a 6-week period)*
- *DON or designee will ensure on-going compliance.*

Licensee's Proposed Overall Completion Date: 12/02/2025

Implemented [redacted] - 01/14/2026)