

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

March 30, 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 02/11/2026 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:** 01/31/2027
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 and Industry

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 143 **Waking Staff:** 107

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 02/12/2026

Inspection Dates and Department Representative

02/11/2026 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 190 **Residents Served:** 101

Secured Dementia Care Unit

In Home: Yes **Area:** Pathways **Capacity:** 44 **Residents Served:** 34

Hospice

Current Residents: 7

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 134
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 1
Have Mobility Need: 42 **Have Physical Disability:** 4

Inspections / Reviews

02/11/2026 - Partial

Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 03/06/2026

Inspections / Reviews *(continued)*

03/16/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/26/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/27/2026

03/30/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/26/2026

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 [REDACTED], at 9:07AM, a laptop computer located on the medication cart at the entrance of the Pathways Unit, was open displaying multiple residents' information. It was unattended and accessible to anyone in the area.

Plan of Correction

Accept [REDACTED] - 03/16/2026)

- Upon observation by DHS that the eMAR system remained accessible while the medication associate stepped away from the cart, immediate corrective action was taken. The Associate Executive Director, who was accompanying the surveyors, logged the medication associate out of the eMAR system at the time to secure protected health information.
- The medication associate received immediate verbal re-education regarding HIPAA and the protection of PHI, specifically as it relates to electronic access and maintaining securing systems at all times.
- A formal HIPAA and electronic PHI protection in-service was conducted by campus ED and DON for the clinical team during the staff meeting held on 1/17/26. Attendance was documented.
- Ongoing reminders have been and will continue to be incorporated into shift huddles and new hire orientation to reinforce accountability related to electronic PHI.
- Campus ED and DON provided all clinical coworkers re-education and re-training on DHS regulation 17, HIPAA compliance, PHI, and eMAR policy & procedure on 1/17/26.
- DON or designee will conduct random medication cart audits daily for 60 days to ensure compliance with electronic PHI protection standards. Audits will monitor that eMAR systems are logged out or secured when not actively in use.
- DON or designee will be responsible for completing and documentation of these audits.
- Any non-compliance identified during audit will result in immediate re-education and progressive accountability if warranted.

Licensee's Proposed Overall Completion Date: 03/06/2026

Implemented [REDACTED] - 03/30/2026)

42b - Abuse

2. 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 [REDACTED], at approximately 9:30PM, Resident [REDACTED] was being assisted by 2 staff members for PM care. Resident [REDACTED] was not cooperative with staff and was yelling.

Staff Member A entered the bathroom where care was being provided and attempted to relieve the other staff

42b Abuse (continued)

member. Resident [REDACTED]'s behaviors escalated, and the resident struck Staff Member A in the head. In response, Staff Member A grabbed and held the wrists of Resident [REDACTED]. Resident [REDACTED] attempted to bite Staff Member A. While holding the wrists of Resident # [REDACTED], Staff Member A stated to Resident [REDACTED] "Go ahead and bite me {Resident [REDACTED] name} and I will bite you back" and "I don't care if I lose my job". Staff Member A released their hold on Resident [REDACTED] after several minutes and left the room.

As a result of the incident, Resident # [REDACTED] sustained redness on the wrists.

Plan of Correction**Accept ([REDACTED] - 03/16/2026)**

- Upon learning of the allegation, the campus initiated an internal investigation. Staff members present during the incident were interviewed and written statements were obtained. Resident [REDACTED] was assessed for behavioral concerns every shift for 3 days and received every shift skin assessment for 3 days. No concerns or skin issues were noted during assessments.
- Staff Member A was immediately suspended pending investigation to ensure the safety and wellbeing of residents.
- The incident was reported to the Area Agency on Aging (AAA) and the Department of Human Services (DHS) in accordance with mandatory reporting requirements.
- Following completion of the internal investigation process, Staff Member A was terminated from employment.
- The resident's family PCP, and behavioral health were notified of the incident and were kept informed of investigative steps throughout the process. Updates regarding the internal investigation and interview findings were provided to AAA during the course of the investigation.

Education was provided to all clinical and direct care staff by campus ED on the following dates 2/23/26, 2/24/26 & 2/26/26 regarding:

- Abuse and neglect prevention/Policy & procedure
 - Resident rights and dignity
 - Appropriate response to resident behavioral escalation
 - Internal investigation procedures
 - Mandatory reporting requirements
- The DON or designee will complete random observational audits of staff interactions weekly for 60 days starting 3/6/26.
 - The DON or designee will conduct random Connections resident interviews weekly for 60 days starting 3/6/26.
 - Any non compliance identified during audit will result in immediate re education and progressive accountability if warranted.

Licensee's Proposed Overall Completion Date: 03/06/2026

Implemented ([REDACTED] - 03/30/2026)**100b - Removal Snow/Obstructions****3. Requirements**

100b - Removal Snow/Obstructions (continued)

2600.

100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Description of Violation

On [REDACTED] at 9:12AM, there was an approximate 3-4-inch accumulation of snow on the sidewalk outside of the back door of the small dining area in the Pathways Unit that leads to a parking lot and an outside sitting area.

Plan of Correction

Accept ([REDACTED] 03/12/2026)

- Maintenance team immediately shoveled and salted the area on 2/12/26 after being aware of the obstruction.
- On 2/12/26 Maintenance Director provided verbal education on snow removal for all areas, even those without complete walk ways.
- All maintenance and department head team will receive education on Regulation 100b and company policy and procedure for snow removal, emergency exits, and compliance for safety measures by 3/10/26.
- Maintenance director or designee will conduct daily internal and external checks for all entrances and exits for 30 days starting 3/6/2026 to ensure all areas are clear and free from any obstructions or safety concerns.

Licensee's Proposed Overall Completion Date: 03/10/2026

Implemented ([REDACTED] - 03/30/2026)

202 - Prohibitions

4. Requirements

2600.

202. The following procedures are prohibited:

- 6. A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move [REDACTED] arms, legs, head or other body parts freely, is prohibited. A manual restraint does not include prompt [REDACTED] escorting or guiding a resident to assist in the ADLs or IADLs.

Description of Violation

On [REDACTED] at approximately 9:30PM, Resident [REDACTED] was being assisted by 2 staff members for PM care. Resident [REDACTED] was not cooperative with staff and was yelling.

Staff Member A entered the bathroom where care was being provided and attempted to relieve the other staff member. Resident # [REDACTED] behaviors escalated, and the resident struck Staff Member A in the head. In response, Staff Member A grabbed and held the wrists of Resident [REDACTED]. Resident [REDACTED] attempted to bite Staff Member A. While holding the wrists of Resident [REDACTED], Staff Member A stated to Resident [REDACTED], "Go ahead and bite me {Resident [REDACTED]'s name} and I will bite you back" and "I don't care if I lose my job". Staff Member A released their hold on Resident [REDACTED] after several minutes and left the room.

As a result of the incident, Resident [REDACTED] sustained redness on the wrists.

202 - Prohibitions (continued)

Plan of Correction

Accept (█ - 03/16/2026)

- Upon learning of the allegation, the campus initiated an internal investigation. Staff members present during the incident were interviewed and written statements were obtained. Resident #1 was assessed for behavioral concerns every shift for 3 days in addition to skin assessments every shift for 3 days. No concerns or skin issues were noted during assessments.
- Staff Member A was immediately suspended pending investigation to ensure the safety and wellbeing of residents.
- The incident was reported to the Area Agency on Aging (AAA) and the Department of Human Services (DHS) in accordance with mandatory reporting requirements.
- Following completion of the internal investigation process, Staff Member A was terminated from employment.
- The resident's family, PCP, and behavioral health were notified of the incident and were kept informed of investigative steps throughout the process. Updates regarding the internal investigation and interview findings were provided to AAA and DHS during the course of the investigation.

Education was provided to all clinical and direct care staff by campus ED on 2/23/26, 2/24/26 & 2/26/26 regarding:

- Abuse and neglect prevention/Policy & procedure
 - Restraints-all types included in abuse/neglect training
 - Resident rights and dignity
 - Appropriate response to resident behavioral escalation
 - Internal investigation procedures
 - Mandatory reporting requirements
-
- The DON or designee will complete random observational audits of staff to resident interactions weekly for 60 days.
 - The DON or designee will conduct random Connections resident interviews weekly for 60 days.
 - Any non-compliance identified during audit will result in immediate re-education and progressive accountability if warranted.

Licensee's Proposed Overall Completion Date: 03/06/2026

Implemented (█ - 03/30/2026)