

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

March 25, 2026

[REDACTED]  
COUNTRY MEADOWS OF WEST SHORE LLC  
[REDACTED]

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

[REDACTED],  
  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/19/2026 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 WEST SHORE      **License #:** 33353      **License Expiration:** 08/31/2026  
**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:** 11/19/2022      **Issued By:** L&I

**Staffing Hours**

**Resident Support Staff:**      **Total Daily Staff:** 147      **Waking Staff:** 110

**Inspection Information**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Incident      **Exit Conference Date:** 02/19/2026

**Inspection Dates and Department Representative**

02/19/2026 On Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
**License Capacity:** 180      **Residents Served:** 104  
**Secured Dementia Care Unit**  
**In Home:** No      **Area:**      **Capacity:**      **Residents Served:**  
**Hospice**  
**Current Residents:** 4  
**Number of Residents Who:**  
**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 103  
**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 43      **Have Physical Disability:** 2

**Inspections / Reviews**

02/19/2026 - Partial  
**Lead Inspector:** [REDACTED]      **Follow Up Type:** POC Submission      **Follow Up Date:** 03/15/2026

Inspections / Reviews (*continued*)

## 03/12/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/25/2026

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 03/19/2026

## 03/19/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/25/2026

Reviewer: [REDACTED]

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

## 03/25/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/25/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The residence shall immediately report suspected abuse of a home served in the resident's 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] reported to Staff Member A that Staff Member B threw Resident [redacted] into bed a couple nights prior [redacted] hurting [redacted] leg resulting in bruising. Resident [redacted] expressed fear "to come forward about it" because Resident [redacted] was "worried about Staff Member B would react or then treat Resident [redacted] This alleged incident was reported to the Executive Director and Associate Executive Director on [redacted] However, this allegation of abuse was not reported to the local area agency on aging.

Plan of Correction

Accept [redacted] 03/19/2026)

Immediate Corrective Action: The Associate Executive Director, Executive Director, ADON, and DON discussed expectations with the inspector on February 19, 2026. Act 13 will be submitted to AAA by 3/14/2026 by Campus ED.

Quality Improvement and On-going Compliance: The Associate Executive Director will create a training form to go over the timeline of events when reporting suspected abuse. Our DON, ADON, and/or Associate Executive Director will be completing this training to make sure everyone knows all allegations of abuse or neglect will be reported within the 24-hour window as an initial report to DHS and a verbal to be given to local area on aging. The investigation shall take place after reporting the initial incident, with any findings being reported as a final. This training will be completed by March 25, 2026.

Campus Executive Director has placed a copy of Suspected Resident Abuse Reporting and Investigation Requirements from the PCH RCG in the reportable binder to serve as a reminder of the timelines in which reports need to be given and the steps to ensure all requirements are met. This will remain in the binder. The Campus Executive Director or designee will review allegations of abuse with Associate Executive Director to ensure proper reporting is completed, if required, beginning 3/19/2026.

Licensee's Proposed Overall Completion Date: 03/25/2026

Implemented [redacted] - 03/25/2026)

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] reported to Staff Member A that Staff Member B threw Resident [redacted] into bed a couple nights prior [redacted] hurting [redacted] leg resulting in bruising. Resident [redacted] expressed fear "to come forward about it" because Resident [redacted] was "worried about Staff Member B would react or then treat Resident [redacted] This alleged incident was reported to the Executive Director and Associate Executive Director on [redacted] However, the home did not report this incident to the Department.

## 16c Written Incident Report (continued)

**Plan of Correction**

Accept [REDACTED] 03/19/2026)

The Associate Executive Director, Executive Director, ADON, and DON discussed expectations with the inspector on February 19, 2026. The Campus Executive Director will submit a reportable to DHS by 3/14/2026.

*Quality Improvement and On going Compliance:*

The Associate Executive Director will create a training form to go over the timeline of events when reporting suspected abuse. Our DON, ADON, and Associate Executive Director will be completing this training to make sure everyone knows a verbal report must be given to local area on aging within 24 hours, paperwork must be submitted to aging within 48 hours. An initial report must be filed within 24 hours to DHS, the home must conduct an internal investigation, and submit a final report to DHS. This training will be completed by 3/25/26.

Campus Executive Director has placed a copy of Suspected Resident Abuse Reporting and Investigation Requirements from the PCH RCG in the reportable binder to serve as a reminder of the timelines in which reports need to be given and the steps to ensure all requirements are met. This will remain in the binder. The Campus Executive Director or designee will review any allegations of abuse with the Associate Executive Director to ensure proper reporting is completed, if required, beginning 3/19/2026.

Licensee's Proposed Overall Completion Date: 03/25/2026

Implemented [REDACTED] - 03/25/2026)

## 17 - Record Confidentiality

**3. 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 9:28am, Resident [REDACTED] personal information including the resident's date of birth, allergies and vitals was unlocked, unattended, and accessible on an open laptop located on top of a medication cart near the dining room.

**Plan of Correction**

Accept [REDACTED] - 03/12/2026)

Immediate Corrective Action: Laptop screen was closed to log out computer and unable to be accessed without a password by the medication associate on duty on 2/19/26.

Quality Improvement and On going Compliance: ADON will provide education on Health Protected Information and HIPAA to all Medication Associates and Nurses. This will include new practice of expectation to close the laptop completely when associate is walking away from computer to ensure health information is protected. This will be completed by ADON by March 20, 2026.

ADON and DON will complete and document bi weekly inspections of laptop security beginning the week of March 11th until April 13, 2026.

17 - Record Confidentiality (continued)

Licensee's Proposed Overall Completion Date: 03/20/2026

Implemented [redacted] - 03/25/2026)

23a - Activities of Daily Living Assistance

4. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment and support plan, dated [redacted] for Resident [redacted] indicated the resident requires some physical assistance with transfers in and out of the bed and toilet. Staff to provide Resident [redacted] with physical assistance on/off the toilet when the resident needs to empty [redacted] bladder or move [redacted] bowels. On [redacted], the resident did not receive this assistance as required as Staff member B refused to assist Resident [redacted] to the bathroom because it would hurt Staff Member B's back and instructed the resident to "pee the bed".

Plan of Correction

Accept [redacted] - 03/19/2026)

The co-worker associated with this incident was separated from employment by the Associate Executive Director on January 14, 2026. Associate Executive Director placed an addendum in resident care plan on February 19, 2026 to reflect [redacted] transfer status.

Quality Improvement and On-going Compliance: The Associate Executive Director will create a training form to review abuse and neglect with direct care staff. In this training we will review what abuse and neglect is, where to find resident care plans, and to report all concerns/changes in condition to their supervisor or manger on duty. It is to be reviewed that not following resident care plans is a form of neglect. This training will be completed by March 25,2026.

The Associate Executive Director or designee will meet with the clinical team monthly for the monthly for 2 months to determine if any care plans need addendum's, and ensure resident tasks in EHR reflect the resident care plan accurately for DCS to be completed by May 31st, 2026.

A 10% sample of residents will be interviewed monthly by the Associate Executive Director or designee monthly for 2 months beginning the week of 3/19/2026 to ensure staff are providing care based on resident needs and supports are documented in their RASP.

Licensee's Proposed Overall Completion Date: 03/25/2026

Implemented [redacted] - 03/25/2026)

42b - Abuse

5. 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.

## 42b Abuse (continued)

**Description of Violation**

Resident [REDACTED] assessment dated [REDACTED] indicated the resident requires some physical assistance to transfer in and out of bed. During the evening of [REDACTED] Resident [REDACTED] was attempting to independently transfer to [REDACTED] bed after Staff Member B assisted the resident in the bathroom. Staff Member B was telling Resident [REDACTED] was taking too long and that the staff member had other people to help. Staff Member B then "threw" Resident [REDACTED] onto the bed, leaving Resident [REDACTED] positioned with [REDACTED] feet still on the floor and told Resident [REDACTED] to have a good night. During the transfer, Resident [REDACTED] right leg bumped into the bed frame, leaving a 2cm x 1 cm purple discoloration on Resident [REDACTED] anterior right lower extremity. Resident [REDACTED] indicated that [REDACTED] struggled for 40 minutes in the dark bedroom to independently get [REDACTED] own legs and feet on the bed after Staff Member B left the bedroom. Resident [REDACTED] expressed fear "to come forward about it" because Resident [REDACTED] was "worried how Staff Member B would react or then treat Resident [REDACTED] Resident [REDACTED] also indicated that on the nights Staff Member B worked in the home, [REDACTED] wouldn't call for help to go to the bathroom until [REDACTED] could not hold it any longer. Resident [REDACTED] explained [REDACTED] would do as much as [REDACTED] could independently so Staff Member B would not be upset. Resident [REDACTED] informed the home that [REDACTED] is going to stop ringing for help when Staff Member B is working because Resident [REDACTED] is afraid of how Staff Member B would be. On [REDACTED] a performance discussion was held with Staff Member B due to resident reports of feeling rushing during care, including verbal and nonverbal cues that suggest care is being hurried or performed without adequate attention to resident comfort, dignity and emotional needs.

Resident [REDACTED] s assessment, completed [REDACTED], indicated the resident is continent of bladder and bowel, but requires physical assistance transferring in/out of bed and on/off the toilet. On [REDACTED] Staff Member B refused to assist Resident [REDACTED] to the bathroom because it would hurt Staff Member B's back and instructed the resident to "pee the bed". Staff Member B used a gait belt to change the resident after [REDACTED] urinated in the bed which Resident [REDACTED] reported was pulled tight causing [REDACTED] ribs to hurt. Staff Member B also placed a brief on Resident [REDACTED] which was reported by the resident to be too tight, hurting [REDACTED] private area. Resident [REDACTED] indicated that Staff Member B was "mean and nasty" and that [REDACTED] was afraid of Staff Member B. Staff Member B was terminated on [REDACTED] following the incident.

**Plan of Correction**

Accept [REDACTED] - 03/19/2026)

The co worker associated with this incident was separated from employment by the Associate Executive Director on January 14, 2026.

Quality Improvement and On going Compliance: The Associate Executive Director will be completing a training form to review abuse and neglect with direct care staff. In this training we will review what abuse and neglect is, signs of abuse and neglect and to report all concerns to their supervisor or manger on duty as soon as there is any suspicion. This training will be completed by March 25, 2026. All new hires receive abuse and neglect training upon hire and all co workers receive this training during their annual trainings. Additional information will be shared by the Associate Executive Director or designee beginning the week of March 19, 2026 regarding resident rights, sensitivity, and the right to be able to file a complaint without fear of retaliation to DCS.

All residents in the home will be provided with education materials by the Associate Executive Director or designee beginning the week of 3/19/2026, which include their right to file a complaint without fear of retaliation.

The Associate Executive Director, or designee will review abuse and neglect with the DCS one time per month for 2 months to ensure DCS understand what abuse and neglect is, and how and who to report it to to be completed by

42b - Abuse (continued)

May 31st, 2026. A 10% sample of residents will be interviewed monthly by the Associate Executive Director or designee monthly for 2 months beginning the week of 3/19/2026 to ensure resident needs are being met.

Licensee's Proposed Overall Completion Date: 03/25/2026

Implemented [redacted] - 03/25/2026)

183b - Meds and Syringes Locked

6. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On [redacted] at 9:28 AM, the following medications were unlocked, unattended, and accessible on top of a medication cart near the dining room:

[redacted]

Repeated Violation - [redacted], et al.

Plan of Correction

Accept [redacted] - 03/12/2026)

Immediate Corrective Action: Medications were removed from cart and placed in a secure area by the medication associate on duty on February 19, 2026.

Quality Improvement and On-going Compliance: ADON will provide education to Medication Associates and Nurses that includes proper storage of medication in a secured area when cart is unoccupied. Education will be completed by ADON by March 20, 2026.

ADON and/or DON will complete and document bi-weekly inspection of carts and medication security beginning the week of March 11th until April 13, 2026.

Licensee's Proposed Overall Completion Date: 03/20/2026

Implemented [redacted] - 03/25/2026)