

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

March 27, 2026

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

RE: COUNTRY MEADOWS OF WEST
SHORE
4837 EAST TRINDLE ROAD
MECHANICSBURG, PA, 17050
LICENSE/COC#: 33352

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/20/2026 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 #:** 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 & Industry

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 156 **Waking Staff:** 117

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**

Reason: Complaint, Incident **Exit Conference Date:** 03/02/2026

Inspection Dates and Department Representative

02/20/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 180 **Residents Served:** 78

Secured Dementia Care Unit

In Home: Yes **Area:** Connections **Capacity:** 92 **Residents Served:** 52

Hospice

Current Residents: 11

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 77

Diagnosed with Mental Illness: 34 **Diagnosed with Intellectual Disability:** 0

Have Mobility Need: 78 **Have Physical Disability:** 0

Inspections / Reviews

02/20/2026 Partial

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

03/19/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 03/27/2026

Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 03/27/2026

Inspections / Reviews *(continued)*

03/27/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/27/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

141b2 Medical Evaluation Changes

1. Requirements

2600.

141.b.2. A resident shall have a medical evaluation: If the medical condition of the resident changes prior to the annual medical evaluation.

Description of Violation

Resident [redacted] most recent medical evaluation was completed on [redacted] which indicated a mobility need of oral assistance to evacuate in an emergency. Resident [redacted] was admitted to the hospital on [redacted] and upon discharge, on [redacted], the resident was placed on hospice, now requires staff to physically assist with all mobility and a new diagnosis of Atrial Fibrillation. However, a new or updated medical evaluation was not completed.

Plan of Correction

Accept [redacted] - 03/19/2026)

An addendum will be placed in Resident [redacted] RASP by 3-11-2026 by the ADON that this resident is currently on hospice services as of 9-8-2025 and due to this change, the resident's physical mobility is now changed to a total mobility due to their decline as well as updating the residents diagnosis of [redacted] and plan of care for that diagnosis and mobility change.

Our DON will be obtaining a new status change DME by 3-20-2026 to reflect these changes. A new significant change RASP for this resident will be completed by ED or/designee within 5 days of receiving this new DME.

Education will be provided by 3-13-2026, to our EDs, AEDs, DON, ADONs and designees that assist with completing these RASPs. We will review key points such as when residents have a change in their mobility needs or a new diagnosis, a status change DME is required and a significant change RASP.

ED, AED, DON, and or ADON will meet monthly beginning 3/11/2026 to discuss residents and their needs as well as any changes they may have so we can get a status change DME if necessary. These sign in sheets will be kept in a binder for reference in the Campus ED office.

See attached sign in sheets and addendums. New DME and Updated RASP will be sent once completed.

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

Implemented [redacted] - 03/27/2026)

225c Additional Assessment

2. 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

Resident [redacted]'s most recent assessment, completed [redacted], indicated the resident has no behavioral needs related to aggression. However, the resident has been physically aggressive toward residents and staff on several occasions, resulting in the recommendation for a private duty aide and a bedroom transfer to a different floor of the home. Resident [redacted]'s assessment was not updated to reflect the resident's needs related to aggression.

225c Additional Assessment (continued)

Resident [redacted]'s most recent assessment, completed [redacted], indicated the resident has no behavioral/cognitive needs related to judgment. However, interviews with staff and documentation within the resident's record indicated daily exit seeking behaviors. On [redacted] Resident [redacted] left the secured dementia care unit (SDCU) and was located 4 minutes later, still on the property. On [redacted] at 7:05 PM, staff discovered that Resident [redacted] had signed out at 6:05 PM. Resident [redacted] left the SDCU and the property before [redacted] was found by police and returned to the home at 7:55 PM. The assessment was not updated to reflect the resident's behavioral/cognitive needs related to judgement and exit seeking behavior.

Resident [redacted]'s most recent assessment, completed [redacted], indicated the resident has minimal behavioral needs related to aggression and no problem with judgement. However, Resident [redacted] has been physically aggressive toward staff and residents on multiple occasions and has requested knives and expressed suicidal ideations to staff members. This assessment has not been updated to reflect the resident's current behavioral needs.

Plan of Correction

Accept ([redacted] 03/19/2026)

Resident [redacted] moved out on 9/5/2025 and are unable to update [redacted] RASP.

Resident [redacted] an addendum will be placed in the RASP by 3 11 2026 by ADON to reflect resident's behavioral needs related to aggression and judgment.

Education will be provided to the RASP team which includes our DON, ADON, and designees that assist with our RASPs. This training will be completed by Connections ED by 3 13 2026.

The Connections ED will review the RASPs that are coming due weekly for the next 30 days to ensure ongoing compliance with new education.

See attached sign in sheets/updated RASP addendum for resident [redacted]

Licensee's Proposed Overall Completion Date: 03/18/2026

Implemented ([redacted] - 03/27/2026)