

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

May 15, 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 04/29/2026 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:** 11/19/2022 **Issued By:** Department of Labor & Industry

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 127 **Waking Staff:** 95

Inspection Information

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

Reason: Incident **Exit Conference Date:** 04/29/2026

Inspection Dates and Department Representative

04/29/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 180 **Residents Served:** 75

Secured Dementia Care Unit

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

Hospice

Current Residents: 10

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 75

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

Have Mobility Need: 52 **Have Physical Disability:** 0

Inspections / Reviews

04/29/2026 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 05/17/2026

05/15/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 05/15/2026

Reviewer: [REDACTED] **Follow-Up Type:** Not Required

NO DEFICIENCIES FOUND