

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

May 28, 2026

[REDACTED]  
COUNTRY MEADOWS OF WEST SHORE LLC  
[REDACTED]  
[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 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 #:** 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:** Department of Labor & Industry

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 153      **Waking Staff:** 115

**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:** 105

**Secured Dementia Care Unit**

**In Home:** No      **Area:**      **Capacity:**      **Residents Served:**

**Hospice**

**Current Residents:** 7

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 1  
**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 48      **Have Physical Disability:** 0

**Inspections / Reviews**

04/29/2026 - Partial

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

Inspections / Reviews *(continued)*

05/14/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/27/2026

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 05/21/2026

05/22/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/27/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/01/2026

05/28/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/27/2026

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] at approximately 8:30 PM, Staff Member A observed Staff Member B being rough with Resident [redacted] and throwing [redacted] into [redacted] bed while providing personal care. This allegation of abuse was not reported to the Area Agency on Aging until [redacted]

On [redacted] at approximately 10:00 PM, Staff Member A observed Staff Member B being rough with Resident # [redacted] while providing personal care. This allegation of abuse was not reported to the Area Agency on Aging until [redacted]

Repeated Violation - [redacted]

Plan of Correction

Accept [redacted] - 05/22/2026)

Co-worker A reported this incident to the AED on April 27,2026 at 6PM. AED reported the incidents to Area of Aging at 7:04PM on April 27,2026. The AED provided co-worker A with education regarding timely reporting and who to report to on April 30,2026. Co-worker B was called on April 28,2026 and suspended pending investigation, and then terminated from employment on April 30, 2026 after the investigation was concluded. Co-worker B did not work a shift after the facility reported the incident on April 27, 2026.

The Associate Executive Director will be completing a training form to go over timely reporting with direct care staff. In this training we will review that all suspected abuse, neglect or resident right's violations need to be reported immediately so leadership can report these incidents within 24 hours of incident occurring. This training will be completed by May 30, 2026. The Associate Executive Director will complete a training on timely reporting with the direct care staff one time per month for 2 months to be completed by July 31st, 2026. The Associate Executive Director, or designee will do daily huddles with DCS for two weeks to be begin on May 21st to ensure any incidents or concerns are reported within the guidelines.

Licensee's Proposed Overall Completion Date: 05/30/2026

Implemented [redacted] 05/28/2026)

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] at approximately 8:30 PM, Staff Member A observed Staff Member B being rough with Resident # [redacted] and throwing [redacted] into [redacted] bed while providing personal care. The home did not report this incident to the

16c Written Incident Report (continued)

Department until [REDACTED]

On [REDACTED] at approximately 10:00 PM, Staff Member A observed Staff Member B being rough with Resident [REDACTED] while providing personal care. The home did not report this incident to the Department until [REDACTED]

Repeated Violation [REDACTED]

**Plan of Correction**

**Accept [REDACTED] - 05/22/2026)**

Co worker A reported this incident to the AED on April 27,2026 at 6PM. AED reported the incidents to DHS at 7:55PM and 8:00PM on April 27,2026. The AED provided co worker A with education regarding timely reporting and who to report to on April 30,2026. Co worker B was called on April 28,2026 and suspended pending investigation, and then terminated from employment on April 30, 2026 after the investigation was concluded. Co worker B did not work a shift after the facility reported the incident on April 27,2026.

The Associate Executive Director will be completing a training form to go over timely reporting with direct care staff. In this training we will review that all suspected abuse, neglect or resident right's violations need to be reported immediately so leadership can report these incidents within 24 hours of incident occurring. This training will be completed by May 30, 2026. The Associate Executive Director will complete a training on timely reporting with the direct care staff one time per month for 2 months to be completed by July 31st, 2026. The Associate Executive Director, or designee will do daily huddles with DCS for two weeks to be begin on May 21st to ensure any incidents or concerns are reported within the guidelines.

Licensee's Proposed Overall Completion Date: 05/30/2026

**Implemented [REDACTED] - 05/28/2026)**