

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

September 23, 2026

[REDACTED], REGIONAL
COUNTRY MEADOWS OF HERSHEY ASSOCIATES
[REDACTED]
[REDACTED]

RE: COUNTRY MEADOWS OF HERSHEY
451 SAND HILL ROAD
HERSHEY, PA, 17033
LICENSE/COC#: 34283

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/24/2026, 08/25/2026 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]
[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:

Phone:

Email:

Legal Entity

Name: COUNTRY MEADOWS OF HERSHEY ASSOCIATES

Address:

Phone:

Email:

Certificate(s) of Occupancy

Type: C 2 LP

Date: 10/01/2002

Issued By: Labor & Industry

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 167

Waking Staff: 125

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #: 0

Reason: Renewal, Complaint, Incident

Exit Conference Date: 08/25/2026

Inspection Dates and Department Representative

08/24/2026 On Site:

08/25/2026 On Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 190

Residents Served: 127

Secured Dementia Care Unit

In Home: Yes

Area: Connections

Capacity: 44

Residents Served: 33

Hospice

Current Residents: 10

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 126

Diagnosed with Mental Illness: 2

Diagnosed with Intellectual Disability: 1

Have Mobility Need: 40

Have Physical Disability: 5

Inspections / Reviews

08/24/2026 - Full

Lead Inspector:

Follow Up Type: POC Submission

Follow Up Date: 09/10/2026

Inspections / Reviews (*continued*)

09/14/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/22/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/21/2026

09/23/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/22/2026

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 8/24/26, at 11:30 AM, there was an open laptop displaying Resident #2's medical information and a narcotic book containing residents' prescription drug information, including for Resident #1, were unlocked, unattended and accessible on the medication cart located in Secure Dementia Care Unit.

Repeated Violation - 2/11/26

Plan of Correction

Accept ([REDACTED] - 09/14/2026)

Upon identifying the unsecured laptop displaying resident medical information, the laptop screen was immediately secured as was the narcotic tracking binder to prevent further unauthorized access to confidential resident information. The coworker responsible received immediate verbal re-education regarding resident confidentiality and the requirement to secure protected resident information when a medication card is left unattended. A documented follow up coaching discussion was also completed by the DON & ADON with the coworker.

To ensure protection of confidential resident information throughout the campus, all coworkers responsible for medication administration will receive education regarding regulation 17 as well as applicable Country Meadows policies and procedures related to resident confidentiality, HIPAA compliance, and securing resident information maintained or displayed on medication carts and associated laptops. All required education will be complete by September 10th, 2026.

The DON or designee will conduct random medication cart audits to verify continued compliance with resident confidentiality, including appropriate securing of laptops displaying resident medical information and confidential documentation maintained on medication carts. Audits will be completed daily for 60 days.

Following completion of the 60-day monitoring period, findings will be reviewed by Campus ED to determine whether consistent compliance has been achieved and whether additional monitoring or correction action is necessary.

Licensee's Proposed Overall Completion Date: 09/10/2026

Implemented ([REDACTED] - 09/23/2026)

182c - Medication Administration

2. Requirements

2600.

182c - Medication Administration (continued)

182.c. Medication administration includes the following activities, based on the needs of the resident:

6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).

Description of Violation

On 4/1/26, at approximately 8:25 PM, Resident #3's prescribed carbamide peroxide ear drops were administered in [REDACTED] eye by Staff Member A. As a result, Resident #3 sustained burning, blurred vision and redness to [REDACTED] eye. The home contacted Poison Control and the resident's Power of Attorney. The resident was evaluated by [REDACTED] physician on 4/2/26.

Plan of Correction

Accept [REDACTED] - 09/14/2026)

Upon identification of the medication administration error on April 1, 2026, Resident #3 was immediately assessed by the nurse on duty. The resident's [REDACTED] eye was flushed with saline, and Poison Control, the on-call provider, and the resident's Power of Attorney were notified. The resident received follow-up evaluation by the physician on April 2, 2026.

The coworker involved received immediate education from the nurse on duty regarding safe medication administration practices, including the requirement to scan medications and verify medications prior to administration.

On April 2, 2026, the Interim Director of Nursing provided additional documented education to the coworker utilizing Country Meadows medication administration policies and procedures and reviewing the Five Rights of Medication Administration. Education reinforced verification of the correct resident, medication, dose, route, and time prior to administration, as well as the requirement to utilize the medication scanning process as designed.

To reduce the potential for medication administration errors affecting other residents, all coworkers responsible for medication administration will receive re-education regarding regulation 182c and Country Meadows medication administration policies and procedures and the Five Rights of Medication Administration.

Education will specifically reinforce verification of the correct resident, medication, dose, route, and time prior to administration; comparison of the medication with the resident's medication administration record/order; and consistent utilization of the medication scanning process to verify accuracy prior to administration. All required education will be completed by September 10, 2026.

DON or designee will conduct random medication administration observations weekly for 60 days to monitor compliance with safe medication administration practices.

Observations will include verification that coworkers consistently utilize the Five Rights of Medication Administration, compare medications with the resident's medication administration record/order, utilize the medication scanning process as required, and verify the prescribed route prior to administering the medication.

182c - Medication Administration (continued)

Following the completion of the 60-day monitoring period, findings will be reviewed with campus ED to determine whether consistent compliance has been achieved and whether additional monitoring or corrective action is necessary.

Licensee's Proposed Overall Completion Date: 09/10/2026

Implemented ( **- 09/23/2026)**

183d - Prescription Current**3. Requirements**

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 8/24/26, Clotrimazole cream prescribed for Resident #4, was in the home's medication cart located on the second floor; however, this medication was discontinued on 9/19/25.

Plan of Correction

Accept ( **- 09/14/2026)**

To ensure that only current prescription, OTC, sample, and CAM medications are maintained within the home, all coworkers responsible for medication administration will receive education regarding Regulation 2600.183(d), as well as applicable Country Meadows medication storage and medication administration policies and procedures.

Education will reinforce the expectation that discontinued medications are promptly identified, removed from active medication storage, and disposed of in accordance with established policy and procedure. All required education will be completed by?September 10, 2026.

The DON or designee will complete random medication cart audits on?each neighborhood medication cart weekly for 60 days?to verify that only current medications are maintained within active medication storage areas and that discontinued medications have been appropriately removed.

Following the completion of the 60-day monitoring period, findings will be reviewed with campus ED to determine whether consistent compliance has been achieved and whether additional monitoring or corrective action is necessary.

Licensee's Proposed Overall Completion Date: 09/10/2026

Implemented ( **- 09/23/2026)**

184a - Resident's Meds Labeled**4. Requirements**

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

4. The prescribed dosage and instructions for administration.

184a - Resident's Meds Labeled (*continued*)**Description of Violation**

On 7/14/26, the orders for Resident #5's prescribed Senna plus tabs were changed from as needed to take 2 tablets once daily. The prescription label does not reflect the change in instructions for administration.

On 5/16/26, the orders for Resident #6's Furosemide 20mg were changed from take 1 tablet daily as needed to take 1 tablet twice daily. The prescription label does not reflect the change in instructions for administration.

On 7/1/26, the orders for Resident #7's Miconazole Nitrate 2% cream were changed from apply to chest twice daily for 7 days to apply to [REDACTED] twice daily as needed for skin care. The prescription label does not reflect the change in instructions for administration.

Plan of Correction**Accept ([REDACTED] - 09/14/2026)**

Upon identification of the medication labels that did not reflect the residents' current prescribed directions for administration, the medication orders and current MARs for the identified residents were reviewed and reconciled. "Change of Direction" stickers were immediately applied to the affected medication containers to ensure the medication labels reflected the residents' current prescribed administration instructions. To support consistent compliance with this process, rolls of "Change of Direction" stickers were placed on each medication cart and in each nursing office to ensure they are readily accessible to coworkers responsible for medication administration and order processing.

All coworkers responsible for medication administration and/or medication order approval will receive education regarding Regulation 2600.184(a), as well as applicable Country Meadows policies and procedures related to medication administration, processing and approval of medication orders, and reconciliation of medication labels with current physician orders and the MAR. Education will reinforce that when an existing medication order is changed, the coworker processing or approving the order must verify that the MAR accurately reflects the new order and that the medication container is appropriately identified with the current directions for administration, including utilization of a "Change of Direction" sticker when applicable. All required education will be completed by? September 10, 2026.

The DON or designee will conduct?daily new and changed medication order audits for 30 days?to verify that current physician orders, MAR instructions, and medication labels are appropriately reconciled. Audits will specifically verify that changes to existing medication orders are accurately reflected on the MAR and that the corresponding medication container reflects the current directions for administration, including appropriate use of a "Change of Direction" sticker when applicable.

184a - Resident's Meds Labeled (continued)

Following completion of the 30-day monitoring period, findings will be reviewed by Campus ED to determine whether consistent compliance has been achieved and whether additional monitoring or correction action is necessary.

Licensee's Proposed Overall Completion Date: 09/10/2026

Implemented () - 09/23/2026)

227d - Support Plan Medical/Dental

5. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Residents #8 utilizes a bedside mobility device to aid in transferring in and out of [REDACTED] bed. However, the resident's current support plan, dated [REDACTED] does not include the type of device, the ability to safely use the device and the risks associated with using the device.

Resident#9 utilizes a bedside mobility device to aid in transferring in and out of [REDACTED] bed. However, the resident's current support plan, dated [REDACTED] does not include the type of device, the ability to safely use the device and the risks associated with using the device.

Repeated Violation - 10/22/25, et al.

Plan of Correction

Accept () - 09/14/2026)

Upon identification of the deficient practice, the support plans for Residents #8 and #9 were immediately reviewed and updated to accurately reflect their use of bedside mobility devices/bed enablers. The support plans were updated to include the type of device utilized, the resident's ability to safely use the device, the identified need for the device, and the risks associated with its use. Additionally, residents currently utilizing bedside mobility devices/bed enablers will be reviewed to verify that their current support plans contain the required documentation related to the device and its safe use. Any identified discrepancies will be corrected immediately.

All coworkers responsible for completing and/or updating resident support plans will receive education regarding Regulation 2600.227(d), applicable Country Meadows support plan policies and procedures, and policies and procedures related to bedside mobility devices/bed enablers.

Education will reinforce the requirement when a resident utilizes a bedside mobility device/bed enabler, the resident's support plan accurately identifies the type of device and documents the resident's need for the device, ability to

227d - Support Plan Medical/Dental (continued)

safely use the device, and risks associated with its use. Education will also reinforce the expectation that changes in resident equipment, needs, or orders are appropriately reflected in the resident's support plan. All required education will be completed by?September 21, 2026.

The Campus ED, DON, or designee will conduct?weekly random support plan audits across all neighborhoods for 60 days?to verify that resident support plans accurately reflect current resident needs, services, and applicable bedside mobility devices/bed enablers.

Additionally,?all new orders for bedside mobility devices/bed enablers will be reconciled with the corresponding resident support plan weekly for 60 days?to verify documentation of the device, the resident's need for the device, ability to safely use the device, and associated risks.

Following completion of the 60-day monitoring period, findings will be reviewed by the Campus ED to determine whether sustained compliance has been achieved and whether additional monitoring or corrective action is necessary.

Licensee's Proposed Overall Completion Date: 09/21/2026

Implemented ([REDACTED] **- 09/23/2026)**

227g -Support Plan Signatures**6. Requirements**

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #6 participated in the development of [REDACTED] support plan on [REDACTED]. However, the resident and the assessor did not sign the support plan.

Resident #10 participated in the development of [REDACTED] support plan on [REDACTED]. However, the resident and the assessor did not sign the support plan.

Plan of Correction

Accept ([REDACTED] **- 09/14/2026)**

All coworkers responsible for completing and/or developing resident support plans will receive re-education regarding?Regulation 227.g, which requires individuals participating in the development of the support plan to sign and date the support plan. Education will also include review of Country Meadows' applicable Support Plan policy and procedure, with emphasis on obtaining all required signatures upon completion of the support plan.

All required education will be completed by?September 10, 2026.

DON or designee will complete?random weekly audits of resident support plans for 60 days?to ensure continued compliance. Audits will include review of the?RASP/support plan in its entirety, including verification that all required signatures and dates have been obtained from the resident, applicable POA/representative, assessor, and

227g Support Plan Signatures (continued)

appropriate Country Meadows staff participating in development of the support plan.

Following completion of the 60 day monitoring period, findings will be reviewed by the Campus ED to determine whether sustained compliance has been achieved and whether additional monitoring or corrective action is necessary.

Licensee's Proposed Overall Completion Date: 09/10/2026

Implemented ( **- 09/23/2026)**

233d - Electronic/Magnetic System**7. Requirements**

2600.

233.d. Doors that open onto areas such as parking lots, or other potentially unsafe areas, shall be locked by an electronic or magnetic system.

Description of Violation

Within the Secured Dementia Care Unit courtyard, there was a fenced in area that includes three condensers for the home's refrigeration and freezer units as well as a shut off lever for the power to the condensers. The gate to this fenced in area was not locked, leaving this potentially dangerous area accessible to the residents.

Plan of Correction

Accept ( **- 09/14/2026)**

The fenced area identified during the survey is located within the already secured dementia care neighborhood, which is protected by a magnetic locking system. The fenced area houses refrigeration/freezer condensers and associated equipment.

The campus recently completed installation of a new walk in cooler. During this installation, an outside vendor required access to the fenced equipment area and removed the existing padlock. The padlock was not replaced following completion of the vendor's work.

Upon identification of the deficiency, a new padlock was immediately installed on the gate, restricting resident access to the condenser and equipment area.

The Maintenance team and campus management team will receive re education regarding Regulation 233.d and the requirement to maintain secured access to areas that may present a potential safety hazard to residents. Education will also address expectations for oversight of outside vendors requiring access to locked or secured areas of the campus, including verification that all affected doors, gates, locks, and other security measures are properly restored following completion of vendor work.

All required education will be completed by September 10, 2026.

The Maintenance Director or designee will conduct an internal and external inspection of entire campus and secured dementia unit areas daily for 30 days and following completion of work by any outside vendor requiring access to

233d Electronic/Magnetic System (continued)

a locked, secured, or otherwise restricted area. The inspection will verify that gates, doors, locks, magnetic locking systems, and other applicable security measures remain intact and appropriately secured following vendor access. These inspections will occur daily and following each applicable vendor visit and will be documented. In addition, regularly scheduled outside vendor services that require access to secured or restricted areas will be incorporated into the campus monitoring process to ensure continued compliance with Regulation 233.d.

Following completion of the 60 day monitoring period, findings will be reviewed by the Campus ED to determine whether sustained compliance has been achieved and whether additional monitoring or corrective action is necessary.

Vendors with routine services: [REDACTED] plumbing(Periodically), [REDACTED] landscaping(Weekly), [REDACTED] (periodically), [REDACTED] (Elevator needs), [REDACTED] Septic (Monthly), [REDACTED] (monthly), [REDACTED] (Monthly), [REDACTED] (monthly and as needed)

Licensee's Proposed Overall Completion Date: 09/10/2026

Implemented ([REDACTED] - 09/23/2026)