

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

October 3, 2024

[REDACTED], ADMINISTRATOR
COUNTRY MEADOWS OF YORK LLC
[REDACTED]
[REDACTED]

RE: COUNTRY MEADOWS OF YORK
1920 TROLLEY ROAD
YORK, PA, 17408
LICENSE/COC#: 33354

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/27/2024, 08/28/2024 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 YORK License #: 33354 License Expiration: 08/31/2025
 Address: 1920 TROLLEY ROAD, YORK, PA 17408
 County: YORK Region: CENTRAL

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: COUNTRY MEADOWS OF YORK LLC
 Address: [Redacted]
 Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Type: C-2 LP Date: 05/01/1996 Issued By: labor & Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 169 Waking Staff: 127

Inspection Information

Type: Full Notice: Unannounced BHA Docket #: 0
 Reason: Renewal, Incident Exit Conference Date: 08/28/2024

Inspection Dates and Department Representative

08/27/2024 - On-Site: [Redacted]
 08/28/2024 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 215 Residents Served: 124

Secured Dementia Care Unit
 In Home: Yes Area: Connections Capacity: 45 Residents Served: 29

Hospice
 Current Residents: 5

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 124
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 45 Have Physical Disability: 0

Inspections / Reviews

08/27/2024 - Full
 Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 09/13/2024

Inspections / Reviews (*continued*)

09/11/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/02/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/18/2024

09/17/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/02/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/04/2024

10/03/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/02/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home 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 11/17/23, at 8:30 pm, a physical altercation occurred between Resident 4 and Resident 5. This incident was reported to Staff Person A and B on 11/17/23. However, this allegation of abuse was not reported to the local area agency on aging.

Repeated Violation - 9/27/23

Plan of Correction

Accept ([redacted] - 09/17/2024)

- 11/17/23 physical altercation between two residents. Altercation was one resident pushing another resident which resulted with a fall. The residents were immediately separated to ensure their safety. There were no injuries and no further aggression. Because there were no further issues this was not reported to Aging as it should have been.
- At the PCA meetings scheduled for September 24, 2024 at 2:30pm and 10:30pm the Memory Care Unit Manager or Designee will educate Personal Care Aide staff to document behavior note and continue to report all incidents of suspected abuse to the nursing staff immediately. Documentation of that meeting will be provided.
- At the September 20, 2024 at 2:30 pm and 10:30pm Nursing and Medical Technicians meetings Director of Nursing or Designee will educate Nursing and Medical Technicians staff that all incidents of suspected abuse between residents, regardless of injury or continued behaviors, must be reported immediately to the ED and DON and the local area of aging as well as DHS. Documentation of those meetings will be provided.
- Campus Executive Director or Director of Nursing will immediately report the suspected incident of abuse to the local Area of Aging and Department of Human Services.
- Beginning on 9/1/24 the Campus ED will ensure that the nursing staff runs the behavior note report for each shift for three months as audit to ensure any potential suspected abuse has been addressed and reported to Department of Human Services and local area of aging in compliance with 6 PA Code 15.21-15.27. Documentation of completion of this audit to be kept as checklist for three months.

Licensee's Proposed Overall Completion Date: 09/24/2024

Implemented ([redacted] - 10/03/2024)

81b - Resident Personal Equipment

2. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident 2 utilizes a bed side mobility device to aid in positioning and transferring in and out of bed. However, on 8/28/24, the mobility device for Resident 2 was not securely fastened to the bed.

81b - Resident Personal Equipment (continued)

Plan of Correction

Accept (█) - 09/17/2024

- 8/28/24 bed side mobility device noted as loose. Immediately tightened by maintenance on 8/28/24.
- As of 9/1/24 the Memory Care Unit Manager, Associate Executive Director or Designee will continue to ensure that this task is added to the Point of Care app for those residents with bed side mobility device. Task will direct Personal Care Aides to check bed side mobility device per shift to ensure secure and mark task complete upon completion of their check.
- As of 9/1/24 Personal Care Aides to report to Memory Care Unit Manager, Associate Executive Director or Designee if bed side mobility device is not secure. Environmental Services Supervisor, Associate Executive Director or Designee will ensure that the Maintenance Staff secures the bedside device immediately.
- At the PCA meetings scheduled for September 24, 2024 at 2:30pm and 10:30pm , Staff will be reminded and new staff taught that bed side mobility devices must be checked each shift and if loose to notify Manager immediately who will notify Maintenance Staff to tighten. Documentation to be provided.
- Effective 9/1/24 the Environmental Services Supervisor or Designee will check bed side mobility devices monthly to ensure that the PCA's are checking correctly in Point of Care to ensure safety. Policy to be provided
- The Associate ED and/or Environmental Services Supervisor will be responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 09/24/2024

Implemented (█) - 10/03/2024

82c - Locking Poisonous Materials

3. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On 8/28/24, a 1 oz bottle of Weaver Eye Associates lens cleaner, with a manufacture's label indicating "harmful if swallowed", was unlocked, unattended, and accessible in Resident 2's room. Not all the residents of the home, including Resident 2, have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept (█) - 09/17/2024

- The eye glass cleaner was removed as soon as it was found on 8/28/24.
- At the Personal Care Aide Meetings on September 24, 2024 at 2:30pm an 10:30pm Memory Care Unit Manager or Designee will educate Personal Care Aide staff needing to check Memory Care Unit Residents' rooms for poisonous items on each of their rounding on each shift. Documentation to be provided.
- Memory Care Unit Manager or Designee will add standing message to each monthly Memory Care Unit Newsletter reminding families that anything brought into the Memory Unit needs to be checked into with the Memory Care Unit Manager or Designee, commencing with October 2024 Newsletter.
- At the September 12, 2024 monthly Housekeeping meeting Director of Housekeeping or Designee will educate housekeeping staff to remove and notify Memory Care Unit Manager or Designee of any poisonous materials they find in residents' rooms. Documentation to be provided.
- As of September 16, 2024 Memory Care Unit Manager or Designee will conduct a weekly walk through of resident rooms for three months. Documentation to be provided.

82c - Locking Poisonous Materials (continued)

- Memory Care Unit Manager or Associate Executive Director or Designee will be responsible for ongoing compliance

Licensee's Proposed Overall Completion Date: 09/24/2024

Implemented () - 10/03/2024)

183d - Prescription Current

4. 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 8/28/24, Oxycodone (5mg) prescribed for Resident 3 was in the home's control substances lock box; however, this medication was discontinued on 3/30/24.

Plan of Correction

Accept () - 09/17/2024)

- Oxycodone found in Narcotics drawer was immediately removed and properly discarded at time of inspection on 8/28/24.
- At the September 20, 2024 at 2:30pm and 10:30pm Nursing and Medication Technician meeting Director of Nursing or Designee to educate staff of need to remove all discontinued medications from the cart as soon as the discontinue order is received. Documentation to be provided.
- Overnight Nurse or Designee will complete a weekly audit to commence week of September 22, 2024 for 4 weeks to ensure the nursing team understands and is compliant with this regulation. Documentation to be provided.
- The DON or ED will ensure compliance with this regulation.

Licensee's Proposed Overall Completion Date: 09/22/2024

Implemented () - 10/03/2024)

185a - Implement Storage Procedures

5. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On 8/25/24, Resident 1 had a documented blood sugar of 185 in the resident's medication administration record (MAR). However, this reading was not in the resident's glucometer.

Resident 3 is prescribed Lisinopril (2.5mg) daily and to hold if systolic pressure is < 110 or diastolic pressure is < 60. However, the home doesn't document Resident 3's blood pressure readings.

Plan of Correction

Accept () - 09/11/2024)

- Option for supplementary documentation for Resident 1 corrected immediately by Director of Nursing on 8/28/24.

185a - Implement Storage Procedures (continued)

- *An audit will be completed on or before 9/30/24 by the Nursing staff to check that each medication with parameters has the supplementary documentation option checked so the parameters are documented correctly. Audit to be provided.*
- *Effective 9/22/24 Nursing staff to run Medication Administration Audit Report-Vitals Outside of Parameters for Administration monthly to make sure all parameters are being followed.*
- *At the September 20, 2024 at 2:30pm and 10:30pm Nurse and Medication Technician Meeting Director of Nursing or Designee to educate staff of need to create run Medication Administration Audit Report and verify supplementary documentation checked for each medication with hold parameters. Documentation of the training will be provided.*
- *The ED or DON will be responsible to ensure the report is run monthly and for ongoing compliance.*

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented (█ - 10/03/2024)