

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

September 3, 2024

[REDACTED], CHIEF OPERATING OFFICER
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 07/10/2024 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]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: COUNTRY MEADOWS OF HERSHEY **License #:** 34283 **License Expiration:** 01/31/2025

Address: 451 SAND HILL ROAD, HERSHEY, PA 17033

County: DAUPHIN **Region:** CENTRAL

Administrator

Name: [REDACTED] **Phone:** [REDACTED] **Email:** [REDACTED]

Legal Entity

Name: COUNTRY MEADOWS OF HERSHEY ASSOCIATES

Address: 830 CHERRY DRIVE, HERSHEY, PA, 17033

Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 10/01/2002 **Issued By:** Dept of Labor & Industry

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 160 **Waking Staff:** 120

Inspection Information

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

Reason: Complaint, Incident **Exit Conference Date:** 07/10/2024

Inspection Dates and Department Representative

07/10/2024 - On-Site: [REDACTED]

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:** 32

Hospice

Current Residents: 6

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 126

Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 1

Have Mobility Need: 33 **Have Physical Disability:** 1

Inspections / Reviews

07/10/2024 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 08/04/2024

08/08/2024 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 08/30/2024

Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 08/15/2024

Inspections / Reviews *(continued)*

08/09/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/30/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/01/2024

09/03/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/30/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [redacted] at [redacted], Staff Member A observed Resident #1 sit next to Resident #2 in the common living area [of the Secured Dementia Care Unit] and compliment Resident #2's dress. Staff Member A witnessed Resident #1 began to grab Resident #2's right shoulder, dress straps, upper chest above their breast area and below their collarbone. Resident #2 stated "Don't do that" and Resident #1 replied "I will do what I want." Resident #1 continued to grab Resident #2's shoulder and dress straps. Resident #2 stated "mind your own business" and Resident #1 replied "I will mind whatever business I want." Staff intervened and redirected Resident #1. 1:1 staffing, provided by the home, was assigned to Resident #1 at all times until Resident #1 was discharged on [redacted]

Repeated Violation - 4/16/2024, et al

Plan of Correction

Accept [redacted] - 08/08/2024)

- The safety of our residents is our top priority and we take all forms of abuse seriously. Both residents in this situation were assessed by their medical providers to determine what level of care was appropriate for their ongoing needs.
- Prior to the incident that occurred on [redacted], Resident #1 had been issued a 30-day notice on [redacted] as it was determined by the home in collaboration with the home's psychiatrist that care needs related to ongoing behavioral needs could no longer be met in our setting.
- During the 30-day notice period resident #1 remained in a private apartment and was still closely followed by their primary care physician as well as behavioral health services. Up until the incident on 5/26 the resident had remained stable.
- After the incident that occurred on [redacted] the home immediately placed a 1:1 caregiver with this resident 24 hours a day until the resident was discharged from the facility on [redacted] to ensure the resident's safety as well as the safety of all residents residing in the secured dementia unit. They also notified the resident's POA as well as on-call primary care physician.
- Resident #2 was immediately separated from resident #1 and a skin assessment was completed by a nurse on duty, no injuries were noted, the POA was notified of the situation as well as the resident's on-call primary care provider.
- During the next 72 hours resident #2 was assessed multiple times a day to look for skin abnormalities as well as any signs of distress or anxiety. Nothing was noted during this time.
- The Executive Director, Director or Nursing or other designee will continue to monitor high-priority incidents and put appropriate, timely interventions into place to ensure the safety of all residents.
- Incidents reviewed will be reported to the Department of Human Services as well as the Area Agency on Aging when needed.

Licensee's Proposed Overall Completion Date: 08/02/2024

Implemented [redacted] - 09/03/2024)

184a - Resident's Meds Labeled

2. Requirements

184a Resident's Meds Labeled (*continued*)

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.

Description of Violation

On [REDACTED], the pharmacy label for Resident #3's [REDACTED] tablets did not include the current instructions for administration. The pharmacy label includes instructions to take 1 tablet orally every 6 hours as needed. However, the current physician's order states to take 4 tablets [REDACTED] orally every 6 hours as needed.

Plan of Correction

Accept [REDACTED] - 08/08/2024)

- Resident #3 does not utilize the Country Meadows in-house pharmacy.
- The resident's family provided a generic bottle of [REDACTED] from a local pharmacy which had a label on it stating administration instructions that differed from the orders given post hospitalization stay.
- On 7/10/24 orders in the MAR had been updated correctly and reflected the 4 tablets [REDACTED] orally every 6 hours as needed.
- The prior medication administration record was reviewed and the home was administering the medication correctly, according to the most recent order change.
- When a medication administration order has been changed the home places a sticker on the medication card or bottle that says "Change of Directions- refer to MAR" in red, over the old order administration instructions.
- A sticker was not placed on this bottle of Ibuprofen.
- The Executive Director noticed it immediately and at that time placed the change of directions sticker on the bottle.
- Medication associates/nurses will be re-educated on the change of order process by 8/15/24.
- An audit of medication order changes for the last 30 days will be completed by 8/15/24 and audits will be completed monthly moving forward to ensure stickers have been placed.
- The home will ensure that stickers are available on all medication carts so that staff administering medications can easily add the sticker if one is missing during cart audits.
- The Director of Nursing and Assistant Director of Nursing will ensure on-going compliance with this regulation.

Licensee's Proposed Overall Completion Date: 08/15/2024

Implemented [REDACTED] - 09/03/2024)

187b Date/Time of Medication Admin.

3. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #3 is prescribed Eucerin Orig Lot Healing cream. The resident's Medication Administration Record does not include the initials of the staff person who administered Eucerin cream on 7/6/2024 at 8:00PM.

Plan of Correction

Accept [REDACTED] - 08/09/2024)

- Resident #3- On [REDACTED] a co-worker who was administering medications and treatments did not sign off on administering an over the counter non-medicated cream per orders from the physician. The lotion that was not marked off was [REDACTED].

187b - Date/Time of Medication Admin. (continued)

- Resident #3 can have non-medicated over-the-counter lotions or creams in their apartment to self-administer should they choose without a physician's order. There are no concerns with this resident handling poisonous materials.
- A mandatory in-service will be held by 8/15/24 related to the treatment administration record and proper administration/documentation of treatments completed.
- An audit of the TAR will be completed on 8/23/24 to review items such as over-the-counter non-medicated lotions and to determine if these items may be removed from the TAR.
- The Director of Nursing or designee will continue to ensure compliance with this regulation.
- Starting on 8/26/24 the DON or designee will do random monthly audits of the TAR to look for missed treatments. During this time they will also check to ensure that all items on the TAR are appropriate medicated treatments. Documentation for the first three audits will be submitted.

Proposed Overall Completion Date: 08/26/2024

Licensee's Proposed Overall Completion Date: 08/26/2024

Implemented () - 09/03/2024

225c - Additional Assessment**4. 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 #1's most current assessment and support plan, dated [REDACTED], indicates "A - No Problem" for irritability, judgment, agitation, aggression, and communication of needs. The plan does not include updates to reflect the resident's increase in maladaptive behavior, including several resident-to-resident abuse incidents that were reported to the Department and disruptive behavior towards the resident's roommate that prompted 1:1 staffing assignment from 11/17/2023 to 12/11/2023. The plan also does not address how the resident's behavioral needs will be met through staff supports.

Resident #4s current assessment and support plan, dated [REDACTED], indicates "A - No Problem" for irritability, agitation, aggression. The Plan does not include updates to reflect the resident's maladaptive behaviors as documented in resident-to-resident abuse incidents on [REDACTED]. The plan also does not address how the resident's behavioral needs will be met through staff supports.

Plan of Correction

Accept () - 08/09/2024

- Resident #1 who resided in our secured dementia unit has been discharged from the home and their files have been closed.
- The resident's most recent assessment was on [REDACTED] which was a significant change RASP completed in response to changes in behavior, will provide copy.
- The significant change RASP addresses aggression, and agitation and does provide a plan for staff to de-escalate situations when they occur. It also states that Resident #1 will have 1:1 caregivers if needed as an intervention for ongoing significant behavioral concerns and that his primary care physician has also done a full medication review in response to these changes.

225c - Additional Assessment (continued)

- The plan states that staff will use the validation technique when needed to support Resident #1's behavioral needs. It also states that the staff will encourage this resident to join activities of interest, including weekly church services. When resident is need of solitary time, they enjoy watching television so staff will support resident in getting back to their apartment to watch television.
 - Resident #4- A significant change RASP was completed on [REDACTED] to address changes in behavior health concerns which include the events that occurred on [REDACTED], and [REDACTED] will provide a copy of the document.
 - The manager of the secured dementia neighborhood will complete an audit of all residents to ensure that significant changes have been completed if needed as well as addendums to the RASP by [REDACTED].
 - The secured dementia manager as well as the Director of Nursing, Executive Director will ensure compliance with this regulation.
- Starting on 8/19/24 all residents in the SDU who have had significant behavioral changes will be reviewed during the campus's weekly therapy/resident care meeting. At this time the Executive Director, Director of Nursing, and Connections Manager will determine what updates, if any, the Connection's manager should make to the resident care plans to continue to remain compliant with this regulation. Documentation for three weeks will be submitted.

Licensee's Proposed Overall Completion Date: 08/19/2024

Implemented [REDACTED] - 09/03/2024)