

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to BROAD ACRES NURSING HOME ASSOCIATION

LEGAL ENTITY

To operate COUNTRY TERRACE

NAME OF FACILITY OR AGENCY

Located at 1919 SHUMWAY HILL ROAD, WELLSBORO, PA 16901

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 60

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa. Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from April 27, 2010 until April 27, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **235010**

Robert E. Robinson

ISSUING OFFICER

Kevin T. Casey

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

APR 28 2010

PHONE: (717) 783-3670
FAX: (717) 783-5662

Mr. Robert E. Swinsick, Board President
Broad Acres Nursing Home Association
1883 Shumway Hill Road
Wellsboro, Pennsylvania 16901

RE: Country Terrace
1919 Shumway Hill Road
Wellsboro, Pennsylvania 16901

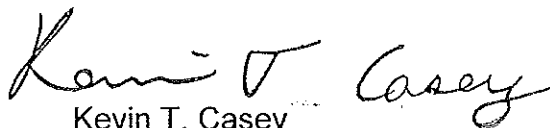
Dear Mr. Swinsick:

As a result of the Department of Public Welfare's licensing inspection on February 2, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,


Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Country Terrace, 1919 Shumway Hill Road, Wellsboro, Pennsylvania 16901		CURRENT LICENSE NUMBER 235010	
INSPECTION DATE(S) (Include all dates of the inspection) February 2, 2010		REGIONAL REPRESENTATIVE Betty Bloch and Leslie Patton	
SIGNATURE OF LEGAL ENTITY <i>Debra C Hazleton</i>	DATE 3/3/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane C Salen</i>	DATE 4-20-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
25d-3SOP If the home collects a resident's rent rebate, the resident-home contract must include the home's intended use of the revenue collected from the rent rebate.	The home's contract does not state the intended use of any funds retained by the home from any rent rebate monies it may collect. The contract states, "It is the policy of Country Terrace to retain one half of any rebate You receive under the Citizens Rebate and Assistance Act".	3/3/10	As of this date any admission will include an updated rent rebate form that states Country Terrace will not collect a portion of any rent rebate acquired by residents. (See attached form) All other residents have signed this updated version of above and will be added to their admission agreement. Administrator/Designee responsible for this.	<i>D C ✓</i> 4-20-10

RECEIVED

MAR 09 2010

Original

SCRANTON FIELD OFFICE
Adult Residential Licensing

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Country Terrace, 1919 Shumway Hill Road, Wellsboro, Pennsylvania 16901		CURRENT LICENSE NUMBER 235010	
INSPECTION DATE(S) (Include all dates of the inspection) February 2, 2010		REGIONAL REPRESENTATIVE Betty Bloch and Leslie Patton	
SIGNATURE OF LEGAL ENTITY <i>Deborah Hazen</i>	DATE 3/3/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Sharon C. Valence</i>	DATE 4-20-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
51 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults).	The personnel file for direct care staff member A (hired 6/12/09), who has been completing unsupervised ADL services to residents, did not contain a finalized PA State Police background check that meets the requirements of the OAPSA. This staff person was retained beyond the 30-day provisional hiring period.	2/3/10	As of this date all future hires records will contain a finalized PA State Police CBC as required, to be able to provide unsupervised care. Administrator/designee to be responsible for this A Pa.State Police background check was obtained and put in staff member chart on 2/3/10. Also copy faxed to DPW. Stated no criminal record.	<i>DCU</i> <i>4-20-10</i>
52 Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101—10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults) and other applicable regulations.				

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INSPECTION DATE(S) (Include all dates of the inspection) February 2, 2010		REGIONAL REPRESENTATIVE Betty Bloch and Leslie Patton	
SIGNATURE OF LEGAL ENTITY <i>Deborah Patton</i>	DATE 3/3/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Doreen Salena</i>	DATE 4-20-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
81b Wheelchairs, walkers, prosthetic devices and other apparatus used by residents shall be clean, in good repair and free of hazards.	Resident # 1 utilizes a half-length bedrail. A physician's order was not obtained to indicate that the use of the half-length bedrail is appropriate to protect the health and safety of the resident, nor is the use of the bedrail addressed in the resident's most recent assessment and support plan. Staff persons did not complete a physical check of the resident at least every 15 minutes when the bedrail was in use.	3/3/10	Siderail was removed from residents bed on 2/2/10. Date of inspection. Dr.'s order for use of rt. siderail was obtained on 2/3/10 with a diag. of body positioning. A15 minute check of resident has been put in place as of this date, when in bed. See attached form. All side rails we will be documented on assessment and support plan. Wellness coordinator/Designee will be responsible for this. After receiving order on 2/3/10 support plan and assessment was updated. Doctors order will be obtained before bed rail put on.	<i>DCU 4-20-10</i>

All staff were insersvised on this.

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SIGNATURE OF LEGAL ENTITY <i>Dorol Hazette</i>	DATE 3/3/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>June Valencia</i>	DATE 4-20-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
123b Copies of the emergency procedures 107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.	The home did not have the emergency preparedness procedures posted for the township or municipality in which it is located.	2/2/10	From this day forward a copy of the Emergency Preparedness Procedures for the township is posted in the front lobby. A do not remove sticker was put on Emergency Preparedness Procedure. Administrator will be responsible for this, (Corrected on Site)	DOV 4-20-10

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SIGNATURE OF LEGAL ENTITY <i>Deborah Hartzel</i>	DATE 3/3/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jane C. Valasek</i>	DATE 4-20-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	Resident # 2 is prescribed Novolin R insulin to be administered daily. Manufacturer directions state the insulin is to be used within 30 days of the insulin being opened. Documentation on the medication box indicated the insulin was opened 12/16/09, and therefore the medication is no longer current.	2/12/10 3/2/10 2/3/10	From this day forward all insulin will be dated upon opening to ensure that product will be used within 30 days and discarded. Wellness Coordinator to do random checks on dates. All staff were inserviced on 2/12/10. CDE also went over this at annual meeting on 2/16/10 2/23/10 2/25/10. Notice put on refrigerator as a reminder to all staff. LABELS obtained from pharmacy to put on bottles.	DCV 4-20-10

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SIGNATURE OF LEGAL ENTITY <i>Deborah Patton</i>	DATE 3/3/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>June a. Salas</i>	DATE 4-20-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
187c If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.	Resident # 3 is prescribed Debrox ear drops to be administered to each ear once a day for 7 days. The resident refused the medication from 1/2/10- 1/11/10. The physician was not notified of the medication refusals until 1/11/10 and was therefore not notified in a timely manner.	2/12/10	From this day forward all medication refusals will be reported to the prescriber within 24 hours of refusal. All staff inserviced on 2/12/10 related to Regulation 187C. <i>explanation</i> All medication refusals will be noted on the MAR. Wellness Cordinator to do random checks on MAR'S.	Steps have been taken to correct violation; full compliance is not verifiable <i>4-20-10 DCV</i> Date Initials (DPW)

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SIGNATURE OF LEGAL ENTITY <i>Debra Patton</i>	DATE 3/3/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane Colvane</i>	DATE 4-20-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
226a The resident shall be assessed for mobility needs as part of the resident's assessment.	The initial assessment in the record of resident # 4 (dated 1/27/10) does not address the physical therapy services being provided which began 1/15/10 due to a diagnosis of Ambulatory Dysfunction.	2/2/10	Initial assessment was updated on 2/2/10. (Corrected on site) From this day forward physical therapy will be documented on initial assessment as indicated by the doctor. Wellness Coordinator will be responsible for this.	<i>DCV 4-20-10</i>
<p>RECEIVED</p> <p>MAR 09 2010</p>				

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