

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to COUNTRYSIDE CONVALESCENT HOME LIMITED PARTNERSHIP

LEGAL ENTITY

To operate COUNTRYSIDE PERSONAL CARE HOME

NAME OF FACILITY OR AGENCY

Located at 8221 LAMOR ROAD, MERCER, PA 16137

(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 100

(MAXIMUM CAPACITY)

or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 25

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 June 22, 2010 until June 22, 2011

unless sooner revoked for non-compliance with applicable laws and regulations.

No: **460500**

Robert E. Robinson

ISSUING OFFICER

Kurt 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.



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

ADULT RESIDENTIAL LICENSING

JUL 07 2010

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

Ms. Linda Bardash-Holland, Administrator
Countryside Convalescent Home Limited Partnership
Countryside Convalescent Home
8221 Lamor Road
Mercer, Pennsylvania 16137

Dear Ms. Bardash-Holland:

As a result of the Department of Public Welfare's licensing inspection on May 18, 2010 and May 19, 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,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

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

JUN 10 2010

NAME AND ADDRESS OF PERSONAL CARE HOME Countryside Personal Care Home, 8221 Lamor Road, Mercer, PA 16137		CURRENT LICENSE NUMBER Adult Residential Licensing 460500	
INSPECTION DATE(S) (Include all dates of the inspection) May 18 and May 19, 2010	REGIONAL REPRESENTATIVE Michael Marini, Nancy Mandock		
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Betty Carr Administrator			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE Betty Carr	DATE 6-9-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION Joe J. Pazzino (JJP)	DATE 6-11-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COM- PLETED	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
22a4 The following admission document shall be completed for each resident - Support plan developed and implemented within 30 days after admission.	Resident #1 was admitted to the secure dementia unit on 8/20/09. No support plans were completed after the resident's admission.	6/6/10	Clinical records have been updated for proper support plans. Staff inservice on 6/25/10 on proper documentation of the Support Plans. Personal Care Administrator will monitor charts for proper Support Plan documentation monthly for three months and submit results monthly to Quality Assurance for review and recommendations.	6-11-10 JJP
227a A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission.	Resident #2 was admitted to the secure dementia unit on 8/3/09. The only support plan in the resident's record was dated 8/3/09.	6/25/10		

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

JUN 10 2010

NAME AND ADDRESS OF PERSONAL CARE HOME		CURRENT LICENSE NUMBER	
Countryside Personal Care Home, 8221 Lamor Road, Mercer, PA 16137		Adult Residential Licensing 050500	
INSPECTION DATE(S) (Include all dates of the inspection)	REGIONAL REPRESENTATIVE		
May 18 and May 19, 2010	Michael Marini, Nancy Mandock		
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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
<i>Betty Carr</i>	6-9-10	<i>[Signature]</i>	6-11-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COM- PLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to as- sure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
to the home. The support plan shall be documented on the Department's support plan form.				

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

Western Region

JUN 10 2010

NAME AND ADDRESS OF PERSONAL CARE HOME		CURRENT LICENSE NUMBER	
Countryside Personal Care Home, 8221 Lamor Road, Mercer, PA 16137		Adult Residential License #60500	
INSPECTION DATE(S) (Include all dates of the inspection)		REGIONAL REPRESENTATIVE	
May 18 and May 19, 2010		Michael Marini, Nancy Mandock	
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<i>Betty Carr</i>		6-9-10	<i>JJP</i>
			6-11-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COM- PLETED	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
22a5 The following admission document shall be completed for each resident - Resident-home contract completed prior to admission or within 24 hours after admission.	Resident #3 was admitted on 8/6/10. Resident #3 did not sign the resident contract until 8/10/09.	6/6/10 6/7/10 6/25/10	Clinical records all reviewed for proper documentation. Admission coordinator alerted to proper documentation per Regulation 22A5 on 6/7/10. Staff inservice on 6/25/10 on proper documentation procedure for admission. Personal Care Administrator will monitor charts for proper admission documentation monthly for three months. Submit results monthly to Quality Assurance for review and recommendation	6-11-10 <i>JJP</i>

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

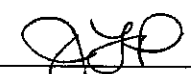
JUN 10 2010


NAME AND ADDRESS OF PERSONAL CARE HOME		CURRENT LICENSE NUMBER	
Countryside Personal Care Home, 8221 Lamor Road, Mercer, PA 16137		Adult Residential License # 160500	
INSPECTION DATE(S) (Include all dates of the inspection)		REGIONAL REPRESENTATIVE	
May 18 and May 19, 2010		Michael Marini, Nancy Mandock	
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			DATE
			6-11-10

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25b The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.	Resident #4, admitted 1/8/2010, did not sign the resident contract. Repeat Violation 3/11/09	6/7/10 6/25/10	Review done on 6/7/10 with Admission Coordinator to assure appropriate signatures obtained. Staff inservice on 6/23 explaining when a resident refuses to sign a document, the proper documentation to be done. Personal Care Administrator will monitor admission process for three months, submit results to monthly Quality Assurance for review and recommendation.	Steps have been taken to correct violation; full compliance is not verifiable <u>6/11/10</u> <i>JSP</i> Date Initials (DPW)

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

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Countryside Personal Care Home, 8221 Lamor Road, Mercer, PA 16137		Adult Residential Licensing 460500	
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Betty Carr		6-9-10	
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65a Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following: (1) Evacuation procedures. (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation	Staff person A (date of hire 11/24/09) was not given the first day orientation until 11/25/09.	6/7/10	Personal Care Administrator reviewed Regulation 65A with Human Resources Director on 6/7/10. Personal Care Administrator will monitor the procedure each new hire goes through prior to or during their first work day. Personal Care Administrator will monitor monthly for three months, submit results to monthly Quality Assurance for review and recommendations..	6/11/10 

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

JUN 16 2010

NAME AND ADDRESS OF PERSONAL CARE HOME		CURRENT LICENSE NUMBER	
Countryside Personal Care Home, 8221 Lamor Road, Mercer, PA 16137		Adult Residential Licensing	460500
INSPECTION DATE(S) (include all dates of the inspection)		REGIONAL REPRESENTATIVE	
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<i>Betty Carr</i>	6-9-10	<i>JJP</i>	6-11-10

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and at an emergency loca- tion if applicable. (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire. (4) Smoking safety proce- dures, the home's smoking policy and location of smok- ing areas, if applicable. (5) The location and use of fire extinguishers. (6) Smoke detectors and fire alarms. (7) Telephone use and noti- fication of emergency ser- vices.				

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

NAME AND ADDRESS OF PERSONAL CARE HOME		CURRENT LICENSE NUMBER	
Countryside Personal Care Home, 8221 Lamor Road, Mercer, PA 16137		Adult Residential Licensing #0500	
INSPECTION DATE(S) (Include all dates of the inspection)		REGIONAL REPRESENTATIVE	
May 18 and May 19, 2010		Michael Marini, Nancy Mandock	
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<i>Betty Carr</i>		6-9-10	<i>JYP</i>
			DATE
			6-11-10

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65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas: (3) Resident rights (under these regulations). (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102).	Staff person B (date of hire 7/5/02) and staff person C (date of hire 3/4/08) were not trained on the Older Adult Protective Services Act or resident rights in 2009.	6/7/10 5/19/10	All personnel files reviewed for compliance on 6/7/10. Resident rights have been added to Silver Chair, our online in-service provider during survey on 5/19/10. Older Adult Protection Services Act is scheduled for Thursday, 6/17/10 by Mercer County Area on Aging. Personal Care Administrator will review staff training quarterly with Human Resources. Results of review will be submitted to monthly Quality Assurance for review and recommendations	6-11-10 <i>JYP</i>

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

JUN 16 2010

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81b Wheelchairs, walkers, prosthetic devices and other apparatus used by residents shall be clean, in good repair and free of hazards.	There were 30 inch bedrails on both sides of resident #5's bed with 6 inch gaps between the bars. The home does not complete and document 15 minute bed checks. There was an enabler on resident #7's bed that was not firmly attached to the bed or bed frame.	6/7/10 5/21/10 6/5/10	Resident #5, gaps obliterated by wrapping bed rail with bath blanket on 5/19/10. Resident #7, enabler secured to bed frame on 5/21/10. All devices checked and monitored to be in good repair. Personal Care Administrator will monitor devices, to be in good repair and free of hazards, monthly for three months, submit results to Quality Assurance for review and recommendation.	Steps have been taken to correct violation; full compliance is not verifiable <u>6-11-10</u> <i>JJP</i> Date Initials (DPW)

7-15-10 the home will complete 15 minute physical checks of each resident with a bedrail. Documentation will include the name of the resident using the bedrail, the name of the staff person doing the check, the initials of the staff person completing the check, and the time of day the check was completed. 6-11-10 *JJP*

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<i>Betty Davis</i>		6-9-10	<i>JJP</i>
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			6-11-10

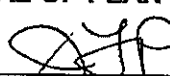
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132d Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.	<p>The home does not have a letter from a fire safety expert that establishes a safe evacuation time based on the construction of the building. The evacuation times for the last 6 fire drills follow:</p> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>Time</th> <th>Evac. Time</th> </tr> </thead> <tbody> <tr> <td>11/14/09</td> <td>11:15 am</td> <td>6:15</td> </tr> <tr> <td>12/31/09</td> <td>3:00 pm</td> <td>7:00</td> </tr> <tr> <td>1/7/10</td> <td>9:00 am</td> <td>6:00</td> </tr> <tr> <td>2/22/10</td> <td>3:15 pm</td> <td>6:34</td> </tr> <tr> <td>3/18/10</td> <td>11:30 pm</td> <td>7:00</td> </tr> <tr> <td>4/30/10</td> <td>11:00 am</td> <td>6:00</td> </tr> </tbody> </table>	Date	Time	Evac. Time	11/14/09	11:15 am	6:15	12/31/09	3:00 pm	7:00	1/7/10	9:00 am	6:00	2/22/10	3:15 pm	6:34	3/18/10	11:30 pm	7:00	4/30/10	11:00 am	6:00		<p>A letter was obtained from a fire safety expert stating 8 minutes as a safe evacuation time.</p> <p>The letter will be placed in a file and updated annually by a fire safety expert. 6-11-10</p> <p style="text-align: right;"><i>JJP</i></p>	6-11-10 <i>JJP</i>
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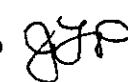
VIOLATION REPORT *Western Region*
 PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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132g Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.	According to staff person D and written policy, staff from the skilled nursing wing is routinely used to evacuate residents during fire drills.	6/7/10	Additional staff will not participate in routine fire drills. Personal Care Administrator will observe routine fire drills for two months. Results of review will be submitted to monthly Quality Assurance for review and recommendations.	Steps have been taken to correct violation; full compliance is not verifiabl <div style="text-align: right;"> <i>6/11/10</i> Date Initials (DPW) </div>

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

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132h Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.	The fire drill logs indicate the home fails to evacuate all residents. On 7/27/09 58 residents were in the home and 37 residents were evacuated. On 9/18/09 45 residents were in the home and 36 residents were evacuated.	6/4/10	Personal Care Administrator reviewed Regulation 132h with Maintenance Director to include a total of all Personal Care residents in the home on the fire drill log. Review will be submitted to monthly Quality Assurance for review and recommendations.	6/11/10 

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

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141a-1 A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.	According to staff person E, the administrator, a staff member from the home completes the medical evaluation forms before they are sent to the physician for review and a signature.	6/25/10	Staff inservice on 6/25/10 addressing medical evaluation form to physician's office to be completed by physician, physician's assistant or certified registered nurse practitioner on form specified by the Department.	Steps have been taken to correct violation; full compliance is not verifiable <i>6/11/10 JJP</i> Date Initials (DPW)

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

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183f Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or	There were 2 vials of insulin in the secure dementia unit that were opened and expired. A vial of Lantus was opened on 4/15/10 and a vial of Novolog was opened on 4/1/10.	6/4/10 6/25/10	All medication carts and refrigerators were audited for expired medications on 5/20/10. Staff inservice addressing proper procedure for discarding of expired medications. Personal Care Administrator will audit carts and refrigerator weekly for three weeks. Results will be submitted to monthly Quality Assurance for review and recommendations.	6-11-10 <i>JJP</i>

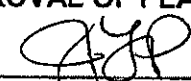
VIOLATION REPORT Western Region
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

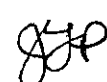
JUN 10 2010

NAME AND ADDRESS OF PERSONAL CARE HOME		CURRENT LICENSE NUMBER	
Countryside Personal Care Home, 8221 Lamor Road, Mercer, PA 16137		Adult Residential Licensing 460500	
INSPECTION DATE(S) (Include all dates of the inspection)		REGIONAL REPRESENTATIVE	
May 18 and May 19, 2010		Michael Marini, Nancy Mandock	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE		DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION
<i>Betty Carr</i>		6-9-10	<i>[Signature]</i>
			DATE
			6-11-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COM- PLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to as- sure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
the person or entity taking responsibility for the new placement on the day of departure from the home.				

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184b If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.	There was a bottle of Opti-Gold Dietary Supplement in the blue medication cart that did not have a resident's name on it.	5/19/10 6/25/10	The bottle of Opti-Gold Dietary Supplement was labeled while surveyor was at cart. All staff will be inserviced on 6/25/10 for proper labeling of over the counter medications. Personal Care Administrator will audit carts and refrigerators weekly for three weeks. Results of audit will be submitted to monthly Quality Assurance for review and recommendations.	6/11/10 

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185a 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.	The following pro re nata (PRN) medications were not available at the time of the inspection: <ul style="list-style-type: none"> Resident #8 MAPAP 325 mg Resident #9 diphenhydramine 25 mg Resident #10 loperamide 2mg 	5/20/10	All three PRN medications were ordered on 5/19/10 and received by 5/20/10. Personal Care Administrator will audit weekly for three weeks to assure all medications are available. Results of review will be submitted to monthly Quality Assurance for review and recommendations.	Steps have been taken to correct violation; full compliance is not verifiable 6/11/10 <i>JJP</i> Date Initials (DPW)

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187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	Resident #11 received 1 mg bumetamide at 8:00 pm on 5/18/10 as prescribed but it was not documented at the time the medication was administered.	6/4/10 6/25/10	All Medication Administration Records monitored for completeness on 5/25/10. Staff inservice on 6/25/10 on proper documentation of Medication Administration Records. Personal Care Administrator will monitor daily for five days and then monthly. Results of review will be submitted to monthly Quality Assurance for review and recommendations.	6-11-10 <i>JJP</i>

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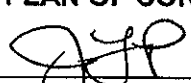
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202 The following procedures are prohibited: (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.	Resident #10 had a prescription for Ativan .5mg every 6 hours as needed for agitation. This is considered a mechanical restraint. Resident #12 had a prescription for Haldol 1mg three times daily as needed for agitation. This is considered a mechanical restraint.	6/4/10 6/4/10 6/4/10	Resident #10; Ativan was discontinued by Physician. Resident #12; Haldol order written more specific to behavior. All residents records were audited, corrective actions were taken as appropriate. On 6/1/10 Personal Care Administrator will monitor, for chemical restraints and proper documentation, for three months, submit to monthly Quality Assurance for review and recommendations	6-11-10 <i>JJP</i>

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231c A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.	Resident #1 was admitted to the secure dementia unit on 8/20/09. A cognitive screening was completed on 7/17/09.	6/5/10 625/10	All resident records audited for cognitive pre-admission screening completeness. Staff inservice on 6/5/10 on proper documentation of cognitive pre-admission screening. Personal Care Administrator will monitor monthly for three months; submit results to monthly Quality Assurance for review and recommendations.	6-11-10 <i>[Signature]</i>

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254a Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.	Resident records were stored in a room behind the nurses' station. The door to that room was opened, and the nurses' station did not have a door or gate to prevent access to the records. In addition, a binder with resident progress notes and a card file with protected information was left on the counter of the nurses' station and was accessible when standing outside the station.	6/18/10 6/25/10	During survey a gate was installed on nurse's station. Staff inservice on 6/25/10 on proper storage of records.	6/11/10 