

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to COUNTRY ACRES PERSONAL CARE HOME, INC.

To operate COUNTRY ACRES PERSONAL CARE HOME

Located at 2017 MEADVILLE ROAD, TITUSVILLE, PA 16354

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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To provide Personal Care Homes

The total number of persons which may be cared for at one time may not exceed 33
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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

and shall remain in effect from April 19, 2011 until April 19, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 411770

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

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 - 01/11



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

ADULT RESIDENTIAL LICENSING

APR 25 2011

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

Ms. Tamara K. McGill, Owner/Administrator
Country Acres Personal Care Home, Inc.
Country Acres Personal Care Home
2017 Meadville Road
Titusville, Pennsylvania 16354

Dear Ms. McGill:

As a result of the Department of Public Welfare's licensing inspection on February 24, 2011 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 black ink, appearing to read 'R. Melusky'.

Ronald Melusky
Acting Director

Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME COUNTRY ACRES PERSONAL CARE HOME, 2017 MEADVILLE ROAD TITUSVILLE, PA 16354		CURRENT LICENSE NUMBER 411770	
INSPECTION DATES (Include all dates of the inspection) 02/24/2011		REGIONAL REPRESENTATIVE Jason Williams, Brenda McAfee	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Tamara McGill Admin/Owner</i>			
SIGNATURE OF LEGAL ENTITY <i>Tamara McGill</i>	DATE 3-11-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Joe J. Perry (JJP)</i>	DATE 4-12-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
14a Prior to issuance of a license, a written fire safety approval from the Department of Labor and Industry, the Department of Health or the appropriate local building authority under the Pennsylvania Uniform Construction Code Act (35 P.S. §§ 7210.101 - 7210.1103) is required.	The home does not have a valid certificate of occupancy. <i>West...</i> <i>17 2011</i> Adult Residential Licensing	3-10-11	We could not locate our copy - sent request for a new copy w/ fee to L&I - received - making you a copy - hung a copy in my office - placed another copy in file cabinet -	4-12-11 <i>JJP</i>

VIOLATION REPORT
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102d1 Toilet and bath areas shall have grab bars, hand rails or assist bars.	The bathroom of room 27 has an adult toilet chair over the toilet which is not attached to the toilet itself. There is no other grab bar within reach of the toilet. Repeated Violations: 04/08/2010	3-11-11	have placed a pull bar to right of toilet just like the other 2 private rooms w/private baths-	4-12-11 JWP
Western Region				
Adult Residential Licensing				

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SIGNATURE OF LEGAL ENTITY <i>Lamara McGill</i>	DATE <i>3-11-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JWP</i>	DATE <i>4-12-11</i>

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103f Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers shall be required in refrigerators and freezers.	The deep freezers #1 and #3 in the storage room off of the kitchen do not have thermometers in them. Repeated Violations: 04/08/2010	<i>3-8-11</i>	<i>placed new thermometers in both freezers and have secured them w/ zip ties to ensure they dont get knocked off. kitchen staff will have a weekly ^{monthly} check sheet to ensure they are in place & working.</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>4-12-11</i> Date Initials (DPW)
Western Region				
Adult Residential Licensing				

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125a Combustible and flammable materials may not be located near heat sources or hot water heaters.	There were 2 large bags of charcoal laying on the ground about a foot from the home's furnace in the unfinished basement of the home. There was also a clipboard with papers in it laying on top of the same furnace.	3-9-11	Removed bags & clip board - have built a mauld off area 3ft around the furnace and attached the enclosed sheet so anyone who may go down there will know - see attached photos x 2	4-12-11 <i>JJP</i>
Western Region Adult Residential Licensing		5-15-11	A designated staff person will check the furnace area 1x per month to ensure no combustibles/flammable materials are closer than 3 feet	4-12-11 <i>JJP</i>

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132e A fire drill shall be held during sleeping hours once every 6 months.	The last drill conducted during sleeping hours was on 6/12/2010. <table border="1"> <thead> <tr> <th>Mont</th> <th>Date</th> <th>Time</th> <th>Evac. Time</th> <th>FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td>01/13/2011</td><td>11:28 AM</td><td>5 min 26 sec</td><td>No</td></tr> <tr><td>Feb</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Mar</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Apr</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>May</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Jun</td><td>06/12/2010</td><td>05:15 AM</td><td>5 min 45 sec</td><td>No</td></tr> <tr><td>Jul</td><td>07/08/2010</td><td>08:40 AM</td><td>5 min 28 sec</td><td>No</td></tr> <tr><td>Aug</td><td>08/12/2010</td><td>03:00 PM</td><td>5 min 40 sec</td><td>No</td></tr> <tr><td>Sep</td><td>09/06/2010</td><td>11:15 AM</td><td>5 min 10 sec</td><td>No</td></tr> <tr><td>Oct</td><td>10/20/2010</td><td>01:45 PM</td><td>5 min 21 sec</td><td>No</td></tr> <tr><td>Nov</td><td>11/11/2010</td><td>06:00 PM</td><td>5 min 17 sec</td><td>No</td></tr> <tr><td>Dec</td><td>12/16/2010</td><td>10:15 AM</td><td>5 min 31 sec</td><td>No</td></tr> </tbody> </table>	Mont	Date	Time	Evac. Time	FSE	Jan	01/13/2011	11:28 AM	5 min 26 sec	No	Feb				No	Mar				No	Apr				No	May				No	Jun	06/12/2010	05:15 AM	5 min 45 sec	No	Jul	07/08/2010	08:40 AM	5 min 28 sec	No	Aug	08/12/2010	03:00 PM	5 min 40 sec	No	Sep	09/06/2010	11:15 AM	5 min 10 sec	No	Oct	10/20/2010	01:45 PM	5 min 21 sec	No	Nov	11/11/2010	06:00 PM	5 min 17 sec	No	Dec	12/16/2010	10:15 AM	5 min 31 sec	No	<i>3-2-11</i>	<i>Pulled a fire drill on 2-28-11 @ 4:45a - thought night time drills were twice a year - will mark my yearly fire drill calendar with to to mark my 6 months for sleeping hours -</i>	<i>Steps have been taken to correct violation: full compliance is not verifiable</i> <i>JWP</i> <i>(Initials (DFW))</i>
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Western Region

Adult Residential Licensing

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141a The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization	Resident #1's medical evaluation dated 8/8/2010 does not include medications. Repeated Violations: 04/08/2010 <p style="text-align: center; font-size: 1.2em;">Western Region</p> <p style="text-align: center;">- 2011</p> <p style="text-align: center;">Adult Residential Licensing</p>	3-9-11 5-15-11	have attached a current list of meds to med eval - will either have meds hand written on sheet/form or have them the current list stapled to MA-55. The administrator will review all resident's medical evaluations to ensure they are completed in their entirety. If a medical evaluation is incomplete, it will be returned to the physician to complete. Any attachments will be signed and dated by the physician. 4-12-11 JWP	<div style="border: 1px solid black; padding: 5px; text-align: center;"> Steps have been taken to correct violation; full compliance is not verifiable Date: 4/12/11 Initial: (DPW) </div>

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history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.	<i>See previous page</i> Region			

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141b2 A resident shall have a new medical evaluation if the medical condition of the resident changes prior to the annual medical evaluation.	Resident #2 began receiving hospice services on 12/10/10. The home did not have a new medical evaluation completed.	<i>3-15-11</i>	<i>have obtained updated med eval - will fax Dr w/ updated MA-55 upon admission into a hospice service or if the medical condition of the resident changes prior to the annual medical evaluation.</i>	<i>4-12-11</i>	<i>JYP</i>

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 Date *4/12/11* Initials (DPW) *JYP*

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144c1 If smoking is permitted, the designated smoking room or area outside the home shall have fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, fire resistant furniture and fire extinguishers.	The staff smoking area on the back porch contained a chair with a seat cushion which did not have a tag indicating if it was fire resistant.	3-15-11	Removed cushion & will no longer allow any type of cushion on metal chair. A designated staff person on each shift will check the designated smoking areas 1x per shift to ensure that only fire resistant furniture is present. 4-12-11 JYP	4-12-11 JYP

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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.	Resident #3 is prescribed Calcium Antacid as needed. The medication is not available in the home at the time of inspection. Repeated Violations: 04/08/2010	3-15-11	medication had been discontinued but not on the MAR - that's why it wasn't in the med cart - will have whichever med staff receives order for D/C & pulls med to be sure and D/C on MAR as well - the administrator will review the MAR's and all physicians orders 1x per	4-12-11 <i>JWP</i>

Western Region

Adult Residential Licensing

Steps have been taken to correct violation; full compliance is not verifiable
Date: 4-12-11 Initials: (DPW) *JWP*

monitored to ensure all orders have been followed. 4-12-11 *JWP*