



**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE**

**11 Stanwix Street
Room 230
Pittsburgh, Pennsylvania 15222**

ADULT RESIDENTIAL LICENSING

**Phone: (412) 565-5616/5614
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Mailing Date: **MAY 10 2012**

Ms. Jonelle M. Serge, LPN, PC Administrator
Countryside Convalescent Home Limited Partnership
Countryside Personal Care Home
8221 Lamor Road
Mercer, Pennsylvania 16137

Dear Ms. Serge:

As a result of the Department of Public Welfare's licensing inspection on March 27, 2012, 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Jill Pezzino".

Jill Pezzino
Regional Licensing Administrator

Enclosure(s)

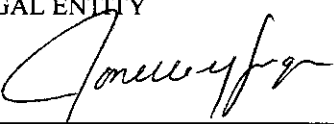
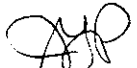
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME COUNTRYSIDE PERSONAL CARE HOME, 8221 LAMOR ROAD MERCER, PA 16137		CURRENT LICENSE NUMBER 460500	
INSPECTION DATES (Include all dates of the inspection) 03/27/2012		REGIONAL REPRESENTATIVE Jason Williams	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Jonella M. Serge</i> <i>Countryside Personal Care Home</i>			
SIGNATURE OF LEGAL ENTITY <i>Jonella M. Serge</i>	DATE 4/11/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Williams (JWP)</i>	DATE 5-4-12

REGULATION 55 Pa.Code §2600	VIOLATION	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
15b If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.	<p>On 3/26/2012, an allegation of resident abuse was made against Staff person A toward Resident #1. Staff person A was instructed not to speak to or deal with Resident #1 but was not directly supervised while continuing to work in the home. Staff person B was assigned to work with Resident #1 but stated that he/she was not directly supervising Staff person A during this time.</p> <div style="text-align: center; border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>RECEIVED</p> <p>APR 7 2012</p> <p>Western Field Office Adult Residential Licensing</p> </div>	<p>On 3/26/12 staff person B was notified of suspected abuse and instructed to supervise staff person A until investigation is complete. Personal Care Administrator developed and implemented a plan of supervision on 3/26/12 for staff person A. Additional training was given to staff person A on resident rights and resident abuse on 4/10/12 and 4/16/12. Information on anger management was provided to staff person A. All staff persons will have additional training, by 4/30/12, in resident rights and resident abuse. Orientation and annual training on resident rights and resident abuse is provided to all staff. () PC Administrator or designee will monitor staff person A for appropriate behavior through observation & staff interviews for 4 weeks and report to the quarterly Quality Assurance meeting.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: right;">Date <u>5/4/12</u> Initials <u>(JWP)</u></p>



See page 1A

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15b If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.	On 3/26/2012, an allegation of resident abuse was made against Staff person A toward Resident #1. Staff person A was instructed not to speak to or deal with Resident #1 but was not directly supervised while continuing to work in the home. Staff person B was assigned to work with Resident #1 but stated that he/she was not directly supervising Staff person A during this time.		Immediately - If any future allegations of abuse occur, the home will immediately place the accused staff person on a plan of supervision which includes not having access to any residents without the presence of another qualified direct care staff person or suspend the staff person or persons involved. The home will immediately submit the plan of supervision or notice of suspension of the affected staff person to the Department. 5/15/2012 - The home will reinforce resident rights and resident abuse prevention training by reviewing these topics at regular staff meetings.	


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42b A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.	<p>On Monday 3/26/2012 at breakfast time, Resident #1, who resides on the secure dementia care unit, was wandering around the dining tables licking and drinking from other residents' cups and taking bowls of cereal from other tables. Staff person C tried to verbally redirect Resident #1 back to his/her seat with no success.</p> <p>Staff person A and Staff person C then both grabbed Resident #1 by the arms and began tugging and pulling the resident back to his/her chair. The resident was shoved down forcefully in the chair by both staff. Staff person C then yelled at the resident "Don't Move!".</p> <p>Staff person A then applied hand sanitizer to his/her hands and uniform and loudly stated that he/she always uses sanitizer after touching Resident #1 because he/she is gross.</p> <p>When interviewed, Staff person D stated that you have to grab Resident #1 by the wrists and push him/her for fire drill evacuations as well as having to bearhug and push the resident to do anything.</p>	<p>Upon notification of a staff to resident suspected abuse, it was immediately reported to the Department of Public Welfare, local agencies and protective services. Staff person C was terminated. Staff person A was placed under direct supervision by Staff Person B, on 3/26/12, when providing care. Staff person A was given additional training on resident rights on 4/5/12 and will complete resident abuse training by 4/17/12. Staff person A was given community resources and materials on anger management. All staff was inserved on Regulation 42b and given additional training on residents rights in addition to orientation and Personal Care Administrator and/or designee will monitor staff A's direct care giving for 4 weeks through staff and resident interviews and will review at Quality Assurance Meeting. and resident abuse.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>4/16/12 Date</p> <p>JWP Initials (DPW)</p>

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	Repeated Violations: 10/08/2011	See page 3A	

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APR 17 2012



Western Field Office
Administrative Licensing

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42c A resident shall be treated with dignity and respect.	When interviewed, Staff person C stated that staff will take Resident #1's hat as a means of getting him/her to go where staff wants him/her to go. This results in Resident #1 walking after the hat, yelling. <div style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED</div> Western Field Office Administrative Services	Personal Care Administrator and/or designee will review Regulation 42c with all direct care staff to ensure understanding of treating residents with respect and dignity by May 1, 2012. Orientation and annual training includes treating residents with respect and dignity for all staff. Personal Care Administrator and/or designee will monitor that residents are being treated with dignity and respect for a period of 4 weeks, through staff and resident interviews and review at the Quality Assurance meeting. Staff person C was given information on treating residents with dignity on 3/26/12 that to use residents hat to change behavior is inappropriate. <div style="text-align: right; font-style: italic;">See page 4A</div>	<div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: 0.8em; font-weight: bold;"> Steps have been taken to correct violation; full compliance is not verifiable 5/4/12 Date Initials (DPW) </div>

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