

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to COUNTRYSIDE CONVALESCENT HOME LIMITED PARTNERSHIP

To operate COUNTRYSIDE PERSONAL CARE HOME

Located at 8221 LAMOR ROAD, MERCER, PA 16137

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

The total number of persons which may be cared for at one time may not exceed 100
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 36

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 June 14, 2012 until June 14, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 460500

Robert E. Robinson
ISSUING OFFICER

[Signature]
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.



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

ADULT RESIDENTIAL LICENSING

JUN 18 2012

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

Ms. Jonelle M. Serge, 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 April 10, 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.

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

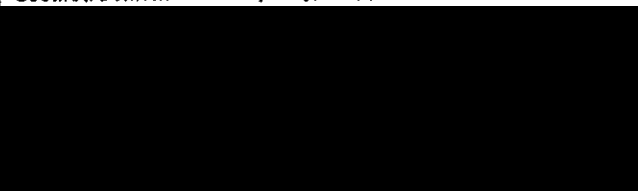

Sincerely,

A handwritten signature in black ink, appearing to read "Ronald Melusky".

Ronald Melusky
Director

Enclosures
License
Violation Report

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

PCH Name: COUNTRYSIDE PERSONAL CARE HOME		License Number: 480500
Address: 8221 LAMOR ROAD, MERCER, PA 16137		County: Mercer
Administrator: JONELLA SERGE		Region: WEST
Legal Entity Name: COUNTRYSIDE CONVALESCENT HOME LIMITED PARTNERSHIP		
Legal Entity Address: 8221 LAMOR ROAD, MERCER, PA 16137		
Certificate(s) of Occupancy C-2 LP 12/04/2003 Labor & Industry		
Staffing Hours Resident Support: 60.0 Total Daily Staff: 140 Working Staff: 105		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 04/10/2012: Filmer-Alman, Lisa; McAfee, Brenda		
Off-Site Inspection Dates and Inspectors, If Applicable		
		<p>RECEIVED</p> <p>APR 17 2012</p> <p>Western Field Office Adult Residential Licensing</p>
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 100 Number of Residents Served: 57 Secured Dementia Care Unit In Home: Yes Area: Memory Care Secured Dementia Unit Capacity, if Applicable: 36 	Number of Residents who: 	

Jonella Serge

Violation Report: 46050 - 04/10/2012 - Flinner-Alman, Lisa
 PCH Name: COUNTRYSIDE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2. DESCRIPTION OF VIOLATION

Direct care staff person A, hired 1/10/12, does not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

6/7/12 - Staff person A has high school diploma. Diploma was provided at time of hire, however was misfiled. JMN

HR DIRECTOR WILL ENSURE EACH DIRECT CARE STAFF PERSON IS 18 YEARS OF AGE OR OLDER, HAVE A HIGH SCHOOL DIPLOMA, GED DIPLOMA, OR ACTIVE REGISTRY STATUS ON THE PA NURSE AIDE REGISTRY, AND BE FREE FROM A MEDICAL CONDITION. PERSONAL CARE ADMINISTRATOR OR DESIGNEE WILL REVIEW MONTHLY FOR THREE MONTHS AND SUBMIT RESULTS TO QUALITY ASSURANCE FOR REVIEW AND RECOMMENDATIONS.

RECEIVED

Western Field Office
 Adult Residential Licensing

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Janelle M. Serge*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Janelle M. Serge PCA/LN* Date *6/7/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 6/7/12 (Date) Verification of Legal Entity Representative Signature JMN (Date) 6/7/12

The above plan of correction was approved by JMN (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 46050 - 04/10/2012 - Flinner-Alman, Lisa
 PCH Name: COUNTRYSIDE PERSONAL CARE HOME

1. REGULATION 55 Pa. Code §2600

2600.65(a) - 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 and at an emergency location 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 procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2. DESCRIPTION OF VIOLATION

Staff person A, whose first day of work was 1/10/12, did not receive orientation in:
 Evacuation procedures
 Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location
 The designated meeting place outside the building or within the fire safe area in the event of an actual fire
 Smoking safety procedures, the home's smoking policy and location of smoking areas
 The location and use of fire extinguishers
 Smoke detectors and fire alarms
 Telephone use and notification of emergency services

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

6/7/12 Staff person A completed orientation in all required topics on 1/10/12. Documentation was misplaced now has been located. In 6/7/12
 HR DIRECTOR WILL ENSURE THAT EACH NEW HIRE PRIOR TO OR DURING THE FIRST WORK DAY IS ORIENTED IN GENERAL FIRE SAFETY AND EMERGENCY PREPAREDNESS. PERSONAL CARE ADMINISTRATOR OR DESIGNEE WILL REVIEW MONTHLY FOR THREE MONTHS AND SUBMIT RESULTS TO QUALITY ASSURANCE FOR REVIEW AND RECOMMENDATION.

RECEIVED

Western Field Office
 Adult Residential Licensing

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Schelle M. Serge LCN, PCA* Date *6/7/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of _____ (Date) The above plan of correction was approved by _____ (Initials)	Verification of Legal Entity Representative Signature _____ (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
--	--

Violation Report: 46050 - 04/10/2012 - Flinner-Alman, Lisa
 PCH Name: COUNTRYSIDE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
 (1) Resident rights.
 (2) Emergency medical plan.
 (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
 (4) Reporting of reportable incidents and conditions.

2. DESCRIPTION OF VIOLATION

Direct care staff person A, hired 1/10/12, did not receive orientation in the following areas.
 Resident rights
 Emergency medical plan
 Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act
 Reporting of reportable incidents and conditions

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

ch12 Staff person A received all required 656 training within first 40 hours of work. Documentation was misfiled now located.

HR DIRECTOR WILL ENSURE THAT WITHIN 40 SCHEDULED WORKING HOURS, DIRECT CARE STAFF PERSONS, ANCILLARY STAFF PERSONS, SUBSTITUTE PERSONNEL AND VOLUNTEERS WILL BE ORIENTED TO RESIDENT RIGHTS, EMERGENCY MEDICAL PLAN, MANDATORY REPORTING OF ABUSE AND NEGLECT UNDER THE OLDER ADULT PROTECTIVE SERVICES ACT, AND REPORTING OF REPORTABLE INCIDENTS AND CONDITIONS. PERSONAL CARE ADMINISTRATOR OR DESIGNEE WILL REVIEW THIS PROCESS MONTHLY FOR 3 MONTHS AND SUBMIT RESULTS TO QUALITY ASSURANCE FOR REVIEW AND RECOMMENDATIONS

RECEIVED

Western Field Office
 Adult Residential Licensing

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Janelle M. Seron LPN, PCA* Date *6/7/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of _____ (Date)	Verification of Legal Entity Representative Signature _____ (Date)
The above plan of correction was approved by _____ (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 46050 - 04/10/2012 - Finner-Alman, Lisa
 PCH Name: COUNTRYSIDE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

(1) Training that includes a demonstration of job duties, followed by supervised practice.

- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following: (i) through (xvi)
- (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
- (vi) Implementation of the initial assessment, annual assessment and support plan.
- (vii) Nutrition, food handling and sanitation.
- (viii) Recreation, socialization, community resources, social services and activities in the community.
- (ix) Gerontology.
- (x) Staff person supervision, if applicable.
- (xi) Care and needs of residents with special emphasis on the residents being served in the home.
- (xii) Safety management and hazard prevention.
- (xiii) Universal precautions.
- (xiv) The requirements of this chapter.
- (xv) Infection control.
- (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2. DESCRIPTION OF VIOLATION

Direct care staff person A, hired on 1/10/12, began providing unsupervised ADL services has not received the Department-approved direct care training course and passing of the competency test:

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

chlr Training completed by staff person A on 11/10/12
 HR DIRECTOR WILL ENSURE ALL NEW HIRE DIRECT CARE STAFF PERSONS RECEIVE TRAINING THAT INCLUDES A DEMONSTRATION OF JOB DUTIES, AND COMPLETES THE DEPARTMENT APPROVED DIRECT CARE TRAINING COURSE AND PASSES THE COMPETENCY TEST. PERSONAL CARE ADMINISTRATOR OR DESIGNEE WILL REVIEW PROCESS ONTHLY FOR 3 MONTHS AND SUBMIT RESULTS TO QUALITY ASSURANCE FOR REVIEW AND RECOMMENDATIONS

Western Field Office
 Adult Residential Licensing

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jonelle M. Serge LCN, PCA* Date *6/7/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *6/7/12* (Date)

Verification of Legal Entity Representative Signature *[Signature]* (Date) *6/7/12*

The above plan of correction was approved by *[Signature]* (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

RECEIVED

Violation Report: 46050 - 04/10/2012 - Finner-Alman, Lisa
 PCH Name: COUNTRYSIDE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2. DESCRIPTION OF VIOLATION

There was an unlabeled and undated container of onions and container of relish in the mini refrigerator located in the main dining room.

There was an unlabeled and undated filter full of coffee grinds in the drawer to the right of the sink located in the Redic dining room kitchenette.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

THERE IS NOT A REGULATION SPECIFIC TO THIS VIOLATION TO PROVIDE GUIDANCE FOR COMPLIANCE.

W. F. O. - 6/7/12

RECEIVED

Western Field Office
 Adult Residential Licensing

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jonielle M. Sevan LPN, PCA* Date *6/7/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of _____ (Date)

Verification of Legal Entity Representative Signature _____ (Date)

The above plan of correction was approved by _____ (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report; 46050 - 04/10/2012 - Flinner-Alman, Lisa
 PCH Name: COUNTRYSIDE PERSONAL CARE HOME

1. REGULATION 58 Pa.Code §2600

2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2. DESCRIPTION OF VIOLATION

On 4/11/12, the following dented cans were observed in the kitchen:
 1 large can of mandarin oranges
 1 large can of chunk light tuna
 1 small can of chunk light tuna
 4 large cans of pineapple tidbits
 1 large can of tomato sauce
 1 large can of bread 'n' butter cucumber chips
 1 large can of ketchup

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

DIETARY AUDITED 5/31/12 TO ENSURE THERE ARE NO DENTED CANS. DIETARY WILL AUDIT FOR DENTED CANS WEEKLY. PERSONAL CARE ADMINISTRATOR OR DESIGNEE WILL REVIEW DIETARY AUDITS WEEKLY FOR 2 MONTHS AND SUBMIT TO QUALITY ASSURANCE FOR REVIEW AND RECOMMENDATIONS.

RECEIVED

APR 7 2012

Western Field Office
 Adult Residential Licensing

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of		Verification of Legal Entity Representative Signature	
(Date) <u>6/7/12</u>		(Date) <u>6/7/12</u>	
The above plan of correction was approved by		<input checked="" type="checkbox"/> Fully implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	
(Initials) <u>[Signature]</u>			

Violation Report: 46050 - 04/10/2012 - Flinner-Alman, Lisa
 PCH Name: COUNTRYSIDE PERSONAL CARE HOME

183d 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

2. DESCRIPTION OF VIOLATION

On 4/11/12, there was a bottle of Lanfus 100units with a label indicating it was opened on 2/1/12 prescribed to Resident #1 in the medication room.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

6/12/12 Resident #1 had moved from home. Family did not pick up insulin. Insulin not being administered. *6/12/12*

ALL MEDICATION CARTS AND REFRIGERATORS WERE AUDITED FOR EXPIRED MEDICATIONS OF 6/5/12. STAFF IN SERVICE ADDRESSING PROPER PROCEDURE FOR DISCARDING OF EXPIRED MEDICATIONS WILL BE COMPLETED BY 6/12/12. MED TECHNICIAN WILL AUDIT CARTS AND REFRIGERATOR WEEKLY FOR ONE MONTH. PERSONAL CARE ADMINISTRATOR OR DESIGNEE WILL REVIEW AUDITS AND SUBMIT TO QUALITY ASSURANCE FOR REVIEW AND RECOMMENDATIONS.

RECEIVED

Western Field Office
 Adult Residential Licensing

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Janelle M. Seran LCN, PCA* Date *6/7/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *6/7/12* (Date) Verification of Legal Entity Representative Signature *[Signature]* *6/7/12* (Date)

The above plan of correction was approved by *[Signature]* (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 46050 - 04/10/2012 - Flinner-Alman, Lisa
 PCH Name: COUNTRYSIDE PERSONAL CARE HOME

1. REGULATION 56 Pa.Code §2600

- 2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:
- (1) Resident's name.
 - (2) Drug allergies.
 - (3) Name of medication.
 - (4) Strength.
 - (5) Dosage form.
 - (6) Dose.
 - (7) Route of administration.
 - (8) Frequency of administration.
 - (9) Administration times.
 - (10) Duration of therapy, if applicable.
 - (11) Special precautions, if applicable.
 - (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
 - (13) Date and time of medication administration.
 - (14) Name and initials of the staff person administering the medication.

2. DESCRIPTION OF VIOLATION

Resident #2 is prescribed Metoprolol 25mg, 1/2 tablet twice daily, however, the electronic medication administration record indicates the medication is to be given once daily.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

ALL MEDICATION CARTS WERE AUDITED FOR CORRECT LABEL DOCUMENTATION TO ENSURE THEY MATCH THE DOCTOR'S ORDER. RESIDENT #2 IS TO RECEIVE METOPROLOL 12.5 MG DAILY. STAFF TO BE INSERVICED, BY 6/12/12, ON THE PROPER PROCEDURES TO ENSURE PHARMACY LABEL MATCHES THE DOCTOR ORDER. PERSONAL CARE ADMINISTRATOR OR DESIGNEE WILL REVIEW MONTHLY FOR 3 MONTHS AND SUBMIT TO QUALITY ASSURANCE FOR REVIEW AND RECOMMENDATIONS.

RECEIVED

Western Field Office
 Adult Residential Licensing

Repeat Violation: No	Date(s) of Previous Violation(s):	
----------------------	-----------------------------------	--

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jennifer M. Sirag, LCN, PCA* Date *6/7/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <i>6/7/12</i> (Date)	Verification of Legal Entity Representative Signature <i>[Signature]</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>ju</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 46050 - 04/10/2012 - Pinner-Alman, Lisa
 PCH Name: COUNTRYSIDE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.254(b) - Each home shall develop and implement policy and procedures addressing record accessibility, security, storage, authorized use and release and who is responsible for the records.

2. DESCRIPTION OF VIOLATION

The home's policies and procedures for managing records do not indicate where the records are stored.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

POLICY REVISED TO INCLUDE WHERE RECORDS ARE SECURED AND WHO MAY HAVE ACCESS TO THE RECORDS. INSERVICE TO STAFF WILL BE COMPLETED BY 6/12/12 ON REGULATION 254(b). THE PROCESS WILL BE REVIEWED BY THE PERSONAL CARE ADMINISTRATOR OR DESIGNEE. RESULTS TO BE SUBMITTED MONTHLY TO QUALITY ASSURANCE FOR 3 MONTHS FOR REVIEW AND RECOMMENDATIONS.

RECEIVED

Western Field Office
 Adult Residential Licensing

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--


Signature of Legal Entity Representative
 (Required on EVERY Page) 

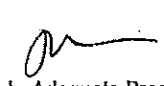
Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Serge M. Serge, LAM, PCA Date 6/7/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 6/7/12
 (Date)

Verification of Legal Entity Representative Signature 6/7/12
 (Date)

The above plan of correction was approved by 
 (Initials)

- Fully Implemented 
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented