



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
100 LACKAWANNA AVENUE  
ROOM 330, SCRANTON STATE OFFICE BUILDING  
SCRANTON, PENNSYLVANIA 18503-1923

ADULT RESIDENTIAL LICENSING

PHONE: (570) 963-3209  
1-800-833-5095  
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Sent via email to [REDACTED]  
MAILING DATE: July 13, 2012

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 June 25, 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,

*Anne Graziano*

Regional Licensing Administrator

Enclosure  
Violation Report



Violation Report: 23501 - 06/25/2012 - Hummel, Jesse  
 PCH Name: COUNTRY TERRACE

**1. REGULATION 55 Pa.Code §2600**

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

**2a. DESCRIPTION OF VIOLATION**

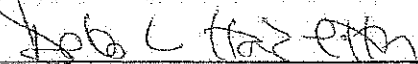
Resident #1 was referred to Anger Management by the resident's primary care physician on 6/1/11. On 1/24/12 resident #1 stated to Administrator A that resident #1 was unhappy with the residents current living arrangement with resident #2. Resident #1 also stated the resident was going to "kill the resident's roommate," resident #2. Again resident #1 was referred to Anger Management to deal with the residents anger issues, verbal outbursts, irritability and agitation. One of resident #1's focus during Anger Management was anger towards the residents roommate, resident #2. On 6/20/12 at 10:00pm resident #1 was observed striking resident #2 in the head with a 1 x 3 inch wooden bed slat. The home failed to properly respond to resident #1's displeasure with resident #2 as well as resident #1's threat of physical harm to resident #2.

**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.*


- \* Resident #1 was discharged from facility. Resident #2 is currently in a private room, per [redacted] request.
- \* Any irritability, agitation and/or aggression will be reported by staff immediately and evaluated by Wellness Coordinator, Manager/designee and/or Personal Care Physician. In addition, the local Crisis Center will also be contacted for intervention if necessary.
- \* All residents will have a Support Plan that is up to date and accurately reflects any signs of hostile behavior and/or unhappiness with their living arrangements.
- \* Process of Abuse and Neglect Protocol will be reviewed with residents at their monthly Resident Council Meeting on 7/25/12.
- \* Area Agency on Aging scheduled to present Abuse Prevention Training for all staff on 7/30/12.
- \* Quality Management Meeting scheduled for 7/13/12 during which previous issues will be further investigated and subsequent preventive measures will be put in place, if necessary.
- \* All future signs of hostile behavior shall be reported immediately and after reviewed followed up with preventative measures, which will include but are not limited to: psych consultation and treatment and/or possible room change.
- \* Management will make every attempt to assure all residents be free from Abuse, while in their care.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Deborah Hazette Manager Date 7/13/12

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

The above plan of correction is approved as of <u>7-13-12</u> (Date)	Plan of correction implementation status as of <u>7-13-12</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 23501 - 06/25/2012 - Hummel, Jesse  
 PCH Name: COUNTRY TERRACE

**1. REGULATION 55 Pa.Code §2600.**

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

**2a. DESCRIPTION OF VIOLATION**

The most recent assessment completed for resident #1 was completed on 12/6/11. The resident's previous assessment was completed on 11/18/10, which is more than one year prior.

**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.*

- Any changes in resident behavior including but not limited to: increased signs of agitation, aggression and/or irritability shall be noted in resident's Support Plan
- After initial assessment of issue Support Plan shall be updated and contain documentation of Plan to resolve/correct and outcome of implementations
- Wellness Coordinator/designee shall be responsible for maintaining Support Plans

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Deborah Hazette*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Deborah Hazette Manager* Date *7/13/12*

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

The above plan of correction is approved as of <u>7-13-12</u> (Date)	Plan of correction implementation status as of <u>7-13-12</u> (Date)
The above plan of correction was approved by <u><i>DS</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 23501 - 06/25/2012 - Hummel, Jesse

PCH Name: COUNTRY TERRACE

**1. REGULATION 55 Pa.Code §2600**

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

**2a. DESCRIPTION OF VIOLATION**

Resident #1 was referred to Anger Management by the resident's primary care physician on 6/1/11. On 1/24/12 resident #1 stated to Administrator A that the resident was going to "kill the resident's roommate," resident #2. Again resident #1 was referred to Anger Management to deal with the residents anger issues, verbal outbursts, irritability and agitation. The home failed to adequately develop a support plan for resident #1 to address the residents behavioral health needs and how the home planned on providing care to the resident in order to properly meet the residents needs.

**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 assessments will be completed in an accurately and timely manner.
- Wellness Coordinator/Designee will be responsible for completion.
- "Tickler" File has been put in place to ensure "Follow-Up" procedure Starting 6/30/12.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Deborah Hazelton*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

*Deborah L Hazelton Manager*

Date

*7/13/12*

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The above plan of correction is approved as of 7-13-12  
(Date)

Plan of correction implementation status as of 7-13-12  
(Date)

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

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