

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to BROAD ACRES NURSING HOME ASSOCIATION

LEGAL ENTITY

To operate COUNTRY TERRACE

NAME OF FACILITY OR AGENCY

Located at 1919 SHUMWAY HILL ROAD, WELLSBORO, PA 16901

(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 60

(MAXIMUM CAPACITY)

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

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from March 26, 2013 until March 26, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 235010

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.

PW 628 - 01/11



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

MAR 26 2013

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 (Department) licensing inspection on January 18, 2013, 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 Human Services Licensing so that compliance can be verified.

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

Sincerely,


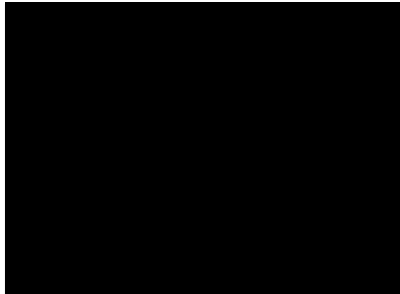
A handwritten signature in black ink, appearing to read "R. Melusky".

Ronald Melusky
Director

Enclosures
License
Violation Report

adm. omg. 9 pages

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

PCH Name: COUNTRY TERRACE		License Number: 235010
Address: 1919 SHUMWAY HILL ROAD, WELLSBORO, PA 16901		County: Tioga
Administrator: Deborah Hazelton		Region: NORTH
Legal Entity Name: BROAD ACRES NURSING HOME ASSOCIATION		
Legal Entity Address: 1883 SHUMWAY HILL ROAD, WELLSBORO, PA 16901		
Certificate(s) of Occupancy C-2 LP 07/22/1999 PA Dept. of L&I		
Staffing Hours Resident Support: 44 Total Daily Staff: 88 Waking Staff: 66		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 01/18/2013: Yellenic, Cindy; Graziano, Anne		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 80 Number of Residents Served: 44 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: 	Number of Residents who: 	

Violation Report: 23501 - 01/18/2013 - Yellenic, Cindy
 PCH Name: COUNTRY TERRACE

1. REGULATION 55 Pa.Code §2600
 2600.82(a) - Poisonous materials shall be stored in their original, labeled containers.

2a. DESCRIPTION OF VIOLATION

At approximately 10:15 am in the lower hallway along the northern side of the home, there was a metal wheeled cart in the hallway outside of a resident's room. On the cart was a yellow spray bottle, approximately 4 ounces in size, with what was reported to be alcohol inside. This poisonous substance had been removed from its original container.

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.

Podiatrist was inserviced on the importance of making sure that any poisonous material is kept in its original container and not left unattended to ensure the safety of the residents. Manager/Designee will inservice staff to monitor compliance and report any issued to Manager/Designee. Periodic checks will be done to ensure compliance. *by the administrator.*

M
3/1/13

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Deborah Harector Manager* Date *2/18/13*

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

The above plan of correction is approved as of 3/1/13
 (Date)

The above plan of correction was approved by *m*
 (Initials)

Plan of correction implementation status as of 3/1/13
 (Date)

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

Violation Report: 23501 - 01/18/2013 - Yellenic, Cindy
 PCH Name: COUNTRY TERRACE

1. REGULATION 55 Pa.Code §2600

2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION

The personal care home is located in a building that also contains a skilled nursing facility. The entire building is on a single system for fire alarms, smoke detectors and annunciator panels. Upon review of the home's Fire Safety policy, the home acknowledges that when the alarm sounds, staff immediately responds to the annunciator panel, and if the location of the fire or emergency is in the skilled side, staff does not direct residents to a fire safe area and quickly check to see that all residents are accounted for.

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.

When the fire alarm sounds at SNF, residents at Country Terrace will be evacuated to safe areas and accounted for. Residents notified of change in procedure 2/6/2013 and will also be discussed at Residents Council 2/27/2013. Staff also inserviced 2/6/2013. This will be reviewed at QA meetings 3/2013. Administrator/Maintenance will ensure that policy is followed. All staff to comply.
 See attached Policy.

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 *2/8/13*

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 (Date)

The above plan of correction was approved by *M*
 (Initials)

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Violation Report: 23501 - 01/18/2013 - Yelleric, Cindy
 PCH Name: COUNTRY TERRACE

1. REGULATION 55 Pa.Code §2600

2600.183(f) - 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 the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Travatan Z - Instill 1 drop into both eyes at bedtime. The medication was in the cart and had an expiration date of 10/20/12 on it.

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.

Medication was removed at the time of inspection.

Medications will be checked for expiration dates on a routine basis, monthly.

Wellness Coordinator/Designee will be responsible for checking and disposing of expired medications.

Pharmacy will do a medication cart to medication storage check on a regular basis.

Staff educated to monitor for expired medications. 2/6/2013

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

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

Deborah Harpster Manager

Date *2/18/13*

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3/1/13
 (Date)

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3/1/13
 (Date)

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m
 (Initials)

Violation Report: 23501 - 01/18/2013 - Yellenic, Cindy
PCH Name: COUNTRY TERRACE

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

The label for Resident #2's Hydrocodone/Acetaminophen 10/325mg., take 1 tab every 4 hours as needed for pain. The Medication Administration Record and the Prescription from the doctor says Hydrocodone/Acetaminophen 5/325mg., take 1-2 tabs every 4 hours as needed for pain.

The label for Resident #3's Furosemide 80mg. tablet - take 1 tab by mouth daily. The Medication Administration Record and the Prescription state Furosemide 40mg. tablet - take 1 tab by mouth 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.

When receiving medications staff will compare the medication to the MAR to be sure they correspond. Wellness Coordinator/Designee will complete random audits and verify compliance with process. Staff educated 2/6/2013.

The administrator will monitor for ongoing compliance -

*Mr
3/1/13*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Deborah Hartzel

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

Deborah Hartzel Manager

Date *2/8/13*

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M
(Initials)