



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUN 21 2013

Ms. Rose M. Handy, President
Country Comfort Alternative Living, Inc.
10546 River Road
New Columbia, Pennsylvania 17856

Dear Ms. Handy:

As a result of the Department of Public Welfare's licensing inspection on March 13, 2013, of the above personal care home the violations with 55 Pa.Code Ch. 2600 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 2600 must be maintained.

Your regular license for the period May 26, 2013 to May 26, 2014 was issued on February 13, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Ronald Melusky", with a long horizontal stroke extending to the right.

Ronald Melusky
Director

Enclosure
Violation Report

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

PCH Name: COUNTRY COMFORT ALTERNATIVE LIVING INC		License Number: 202050
Address: 10546 RIVER ROAD, NEW COLUMBIA, PA 17856		County: Union
Administrator: ROSE HANDY		Region: NORTHEAST
Legal Entity Name: COUNTRY COMFORT ALTERNATIVE LIVING INC		
Legal Entity Address: 10546 RIVER ROAD, NEW COLUMBIA, PA 17856		
Certificate(s) of Occupancy		
C-2 LP 03/28/1987 COMM OF PA L&I	Other 01/15/1987 DEER TOWNSHIP	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 20	Working Staff: 15
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 03/13/2013: Bloch, Betty		
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: 20	Number of Residents who:	
Number of Residents Served: 20	Receive Supplemental Security Income: 9	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 19	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 1	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 0		

Violation Report: 20205 - 03/13/2013 - Bloch, Betty
PCH Name: COUNTRY COMFORT ALTERNATIVE LIVING INC

1. REGULATION 55 Pa.Code §2600
2600.105(g)(2) - Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

There was an accumulation of lint under the external lint duct vent, on the cement blocks to the left of the vent approximately 1/8" thick and on the ground underneath the vent approximately 1/2" which covered an area approximately 16" x 9".

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.

Steps to Correct Violation - Completed 3/14/13

1. Have maintenance man clean cement blocks below external vent
2. Have maintenance man clean ground area below external vent

Steps to Prevent Violation Reoccurring - Completed 3/14/13

1. Review 2600.105(g)(2) with maintenance man
2. Instruct maintenance man to clean surrounding area after cleaning the external vent

* THE ADMINISTRATOR SHALL BE RESPONSIBLE TO MONITOR + ONGOING COMPLIANCE ⁱⁿ 5/8/13

Note: I don't think this should have been a written violation. The regulation says vent duct and internal and external ductwork, not ground & cement blocks. I do believe the grounds should be kept clean but this could have been a suggestion. The vent duct and ductwork were clean.

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Rose Handy</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) ROSE HANDY, ADMINISTRATOR		Date 4/29/13

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

The above plan of correction is approved as of <u>5/8/13</u> (Date)	Plan of correction implementation status as of <u>5/8/13</u> (Date)
The above plan of correction was approved by <u><i>RH</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: 20205 - 03/13/2013 - Bloch, Betty
PCH Name: COUNTRY COMFORT ALTERNATIVE LIVING INC

1. REGULATION 56 Pa. Code §2600
2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION

The home does not have at least a 3-day supply of drinking water on-hand for residents in the event of an emergency and the contract dated 1/31/13 from Pennsylvania American Water does not include a guarantee that this water will be delivered as a priority upon request 24-hours-per-day even in the event of a regional general emergency.

The census was 20 residents on the day of this inspection. A minimum of 60 gallons of emergency drinking water was required to be on-hand; the home had 4 gallons on-hand. An additional 56 gallons was required to be maintained in the home.

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.

Steps to Correct Violation - Completed 4/25/13

- Get a letter from a water supplier that
 - states amount of water to be delivered
 - a guarantee that water will be delivered immediately upon request, 24-hours per day
 - a guarantee that water will be delivered as a priority even in the event of a regional general emergency
- Have a supply of 20 gallons of water on-hand -

Steps to Prevent Violation Reoccurring

- Yearly renew letter of agreement with water supplier
- Continue to have a supply of 20 gallons of water on-hand at all times.

* THE ADMINISTRATOR SHALL BE RESPONSIBLE FOR ONGOING COMPLIANCE.

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		5/7/13
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
ROSE M. HANDY, ADMINISTRATOR		5/7/13

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Violation Report: 20205 - 09/13/2013 - Block, Betty
PCH Name: COUNTRY COMFORT ALTERNATIVE LIVING INC

1. REGULATION 55 Pa.Code §2600
2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION

On 3/13/13, it was determined through staff interviews at times the fire drills are announced prior to the alarm being sounded. Staff interviewed by the Department Representative stated at times staff person A, who is the administrator, informs the staff that a fire drill will be conducted on that day. During the exit interview, one of the staff persons denied the administrator informed the staff of a fire drill prior to the alarm being sounded.

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.

Steps to Correct Violation Completed 3/14/13
1. DO NOT announce fire drills

Note: I do not announce fire drills. I have 10 staff people who are involved in practicing fire drills on a rotating basis. I review evacuation procedures each month with staff person(s) who will be involved in the drill so the drill is practiced correctly since it may be another 3 or 4 months before that individual is involved in practicing another fire drill. After doing my review, I ~~will~~ run the drill several days, week, or weeks later but they do not know exactly when the drill will occur.

* THE ADMINISTRATOR SHALL BE RESPONSIBLE FOR ONGOING COMPLIANCE

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		Rose Handy	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	4/29/13
ROSE HANDY, ADMINISTRATOR			

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Violation Report: 20205 - 03/13/2013 - Bloch, Betty
 PCH Name: COUNTRY COMFORT ALTERNATIVE LIVING INC

1. REGULATION 55 Pa.Code §2600
 2600.144(o)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION
 On 3/13/13 at 1:30 pm, a fabric seat cushion was on the resin chair located in the outside smoking to the left side of the main entrance to the home.

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.

Steps to Correct Violation - Completed 3/13/13
 1. Remove all fabric seat cushions from porch area

Steps to Prevent Violation Reoccurring - completed 3/14/13
 1. Staff and Residents were told that no cushions are allowed on any of the porch furniture

*THE ADMINISTRATOR SHALL be responsible to monitor Smoking AREA DAILY
 Note: Designee FOR ONGOING COMPLIANCE. mm 5/8/13

Cushions were placed on the porch being around the corner and 20 ft. from the smoking area. Resident who smokes removed the cushion from the porch during the day of the inspection and put it on the chair where he smokes. It was not there when the inspectors went by that area in the morning.

Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) Rose Handy	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) ROSE HANDY ADMINISTRATOR	
Date 4/29/13	

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Violation Report: 20208 - 03/13/2013 - Blodt, Betty
 PCH Name: COUNTRY COMFORT ALTERNATIVE LIVING INC

1. REGULATION 55 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.

2a. DESCRIPTION OF VIOLATION

The direct care staff person who administered resident #1's nightly dose of Warfarin 5 mg medication did not document the exact time of day the medication was administered to this resident from 3/1/13 to 3/12/13; the medication administration record (MAR) indicated the administration time was at bedtime.

The direct care staff person who administered resident #2's nightly doses of Oxybutynin CL ER 10 mg and Risperidone 0.5 mg tablets did not document the exact time of day the medications were administered to the resident from 3/1/13 to 3/12/13; the MAR indicated the administration time was at bedtime.

Resident #3's March 2013 medication administration record (MAR) for Ferrous Sulfate differs from the physician's order dated 1/7/13. The MAR states "Ferrous Sulfate 325 tab Take 1 tablet by mouth once daily"; the physician's order faxed from Evangelical Internal Medicine while on-site states "Ferrous Sulfate 325 (65 Fe) mg oral tablet take 1 tablet twice daily with meals". The MAR was not updated to reflect this change in the physician's order.

This is not a 2600.187(a) violation.

Cont. →

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

Violation Report: 20205 - 03/13/2013 - Bloc 1, Betty
 PCH Name: COUNTRY COMFORT ALTERNATIVE LIVING INC

1. REGULATION 56 Pa. Code §2600

2800.187(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.

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.

Steps to Correct Violation - Completed 3/14/13

1. Have direct care staff write times that they administered bedtime medications

Steps to Prevent Violation Recurring - Completed 4/1/13

1. Get permission from doctors to give meds at 9 PM med pass.
2. If doctor does order bedtime as a time, then a block will be labeled to enter time. Same goes for times ordered as ~~for~~ breakfast, lunch, and dinner.

* The Administrator shall be responsible for monitoring and ONGOING compliance - Mr 5/8/13

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

Signature of Legal Entity Representative (Required on EVERY Page) Rose Handy

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) ROSE HANDY, ADMINISTRATOR Date 4/29/13

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Plan of correction implementation status as of 5/8/13 (Date)

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

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

Violation Report: 20205 - 03/13/2013 - Block, Betty
 FCH Name: COUNTRY COMFORT ALTERNATIVE LIVING INC

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #3's physician's order (1/7/13) for Ferrous Sulfate stated, "Ferrous Sulfate 325 (65 Fe) mg oral tablet take 1 tablet twice daily with meals". The strength of the Ferrous Sulfate tablets on-hand was 27 mg. The staff stated one tablet is administered once a day to resident #3. The home is not following the physician's order.

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.

Steps to Correct Violation - Completed 3/14/13

1. Checked with doctor to ^{confirm} what strength to give the resident since family provided the OTC med.
2. Doctor discontinued medication altogether.

Steps to Prevent Violation Reoccurring - Completed 4/2/13

1. Review with all direct care staff who administer meds the correct procedures & checks for med administration
2. Review procedures and checks with assistant administrator and gave instructions to make sure families who are providing OTC meds be given a written note with the name of the med and the strength needed.

* THE ADMINISTRATOR/DIRECTOR SHALL BE RESPONSIBLE FOR ONGOING COMPLIANCE

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

Signature of Legal Entity Representative (Required on EVERY Page) Rose Handy

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Rose Handy, ADMINISTRATOR Date 4/29/13

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- The above plan of correction was approved by Am (Initials)
- Fully Implemented
 - * Partially Implemented - Adequate Progress
 - Partially Implemented - Inadequate Progress
 - Not Implemented

Violation Report: 20205 - 03/13/2013 - Block, Betty
 PCH Name: COUNTRY COMFORT ALTERNATIVE LIVING INC

1. REGULATION #5 Pa. Code §2600
 2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION
 Correction fluid was used to change the administration times on the medication administration record (MAR) of resident #2 for Alprazolam 0.25 mg and MAPAP Arthritis 650 mg.
 Correction fluid was used on the assessment date in the Resident Assessment Support Plan (RASP) of resident #3 dated 1/20/13.

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.

Steps to Correct Violation - Completed 3/14/13

1. Remove correction tape from office

Steps to Prevent Violation Recurring - Completed 3/14/13

1. Review with assistant administrator and direct care staff regulation 2600.251(b) and instruct them to draw line through errors or changes.

* The administrator/Designee shall be responsible for ongoing compliance -
 m
 5/8/13

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

Signature of Legal Entity Representative (Required on EVERY Page) Rose Handy

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) ROSE HANDY, ADMINISTRATOR Date 4/29/13

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The above plan of correction is approved as of 5/6/13
 (Date)

Plan of correction implementation status as of 5/8/13
 (Date)

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

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