



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

**JUN 21 2013**

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

Dear Ms. Serge:

As a result of the Department of Public Welfare's licensing inspection on April 9, 2013 and April 10, 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.

Your regular license for the period of June 14, 2013 to June 14, 2014 was issued on February 21, 2013. Your regular license remains in good standing.

Sincerely,

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

Ronald Melusky  
Director

Enclosure  
Violation Report

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

PCH Name: COUNTRYSIDE PERSONAL CARE HOME		RECEIVED	License Number: 46050
Address: 8221 LAMOR ROAD, MERCER, PA 16137			County: Mercer
Administrator: Jonelle Serge			Region: WEST
Legal Entity Name: COUNTRYSIDE CONVALESCENT HOME LIMITED PARTNERSHIP		MAY 10 2013	WEST REGION FIELD OFFICE Human Services Licensing
Legal Entity Address: 8221 LAMOR ROAD, MERCER, PA 16137			
<b>Certificate(s) of Occupancy</b>			
C-2 LP 12/04/2003 L&I			
<b>Staffing Hours</b>			
Resident Support: 0	Total Daily Staff: 84	Waking Staff: 63	
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced	
<b>Reason(s) for Inspection(s)</b>			
Renewal			
<b>On-Site Inspections Dates and Department Representatives On-Site</b>			
04/09/2013: Phillips, Joseph; Williams, Jason 04/10/2013: Phillips, Joseph			
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>			
<b>Other Details</b>			
Partial or Full Triggers:		Random Indicators:	
<b>Resident Demographic Data as of Inspection Dates</b>			
Licensed Capacity: 100 Number of Residents Served: 62 Secured Dementia Care Unit in Home: Yes Area: to the rear of the main building off of PCH Secured Dementia Unit Capacity, if Applicable: 36 Number of Residents Served in Secured Dementia Care Unit, if applicable: 17 Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 3		Number of Residents who: Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 62 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 22 Have a Physical Disability: 1	

*Jonelle*  
 Jonelle M. Serge LCN, PCA      5-8-13

Violation Report: 46050 - 04/09/2013 - Phillips, Joseph  
 PCH Name: COUNTRYSIDE PERSONAL CARE HOME

**RECEIVED**

**1. REGULATION 55 Pa.Code §2600**

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be disclosed to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident or individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

**2a. DESCRIPTION OF VIOLATION**

On 4/9/13, at 9:53 a.m. a lab tracker binder with resident #1, #2, and #3's personal information were unlocked and accessible at the nurse's station desk.

On 4/9/13, at 9:53 a.m. a medication order list with resident #4, #5, and #6's personal information were unlocked and accessible at the nurse's station desk.

**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 will be a staff in-service on 05-08-13 addressing regulation 2600.17. Lab tracker and Medication order binder will be stored in locked Personal Care Medication Room. It will only be accessible to Direct Care Staff, Resident, Residents designated person if any, and agents of the Department upon request. Personal Care Administrator or Designee will audit placement of binders weekly for three weeks. Results will be submitted to quarterly Quality Assurance for review and recommendations.

*5-30-13 - A designated staff person will check the home daily to ensure all resident records are maintained in a confidential manner. 5-13-13*  
*5-30-13 - The Administrator will check the home weekly to ensure all resident records are maintained in a confidential manner. 5-13-13*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Jonelle M. Sarge*

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

Jonelle M. Sarge LCN, PCA

Date

5-8-13

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

The above plan of correction is approved as of

5-13-13  
 (Date)

Plan of correction implementation status as of

5-13-13  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *5-13-13*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

*J*  
 (Initials)

Violation Report: 46050 - 04/09/2013 - Phillips, Joseph  
 PCH Name: COUNTRYSIDE PERSONAL CARE HOME

MAY 10 2013

**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.

WEST REGION FIELD OFFICE  
 Human Services Licensing

**2a. DESCRIPTION OF VIOLATION**  
 Direct care staff person A, hired on 2/16/13, does not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry on file.

**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.

On April 12th 2013 Personal Care Administrator reviewed regulation 2600.54 (a) with HR Director. HR Director will ensure that 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 Pennsylvania nurse aide registry, 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 upon hire. Personal Care Administrator or Designee will review each new hire for 6 months to ensure regulation 2600.54(a) is being met and will submit results to quarterly Quality Assurance for review and recommendations.

*5-10-13 - The Administrator or designated staff person will review ALL STATE records to ensure all direct care staff persons meet the qualifications of regulation 2600.54A. 5-13-13*

Repeat Violation: Yes      Date(s) of Previous Violation(s): 04/10/2012

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jonelle M. Serge LCN, PCA*      Date *5-8-13*

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

The above plan of correction is approved as of <u>5-13-13</u> (Date)	Plan of correction implementation status as of <u>5-17-13</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>5-17-13</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 46050 - 04/09/2013 - Phillips, Joseph  
 PCH Name: COUNTRYSIDE PERSONAL CARE HOME

MAY 10 2013

WEST REGION FIELD OFFICE  
 Human Services Division

**1. REGULATION 55 Pa.Code §2600**

2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards related to 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**

Two metal chairs in the enclosed porch designated smoking area are covered with combustible white towels.

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

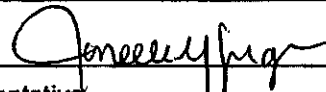
*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

On April 16, 2013 an in-service was done with Department Heads to ensure regulation 2600.54(a) is being met. A posting was done April 17, 2013 to alert residents not to take personal items that are not flame retardant to smoking area to cover chairs with. Personal Care Administrator or Designee will monitor designated smoking area weekly, for one month, and submit results to Quality Assurance for review and recommendations.

*5-30-13 - All staff persons will be educated on the home's policy and procedures for smoking and the proper safeguards for smoking. Documentation of education will be kept. 5-13-13*

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)

Jonelle M. Serge LCN, PCA

Date 5-8-13

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 (Date)

Plan of correction implementation status as of 5-13-13  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *5-13-13*
- Partially Implemented - Inadequate Progress
- Not Implemented

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