



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

AUG 22 2014

Ms. Tamara McGill, Owner/Administrator
Country Acres Personal Care Home, Inc.
2017 Meadville Road
Titusville, Pennsylvania 16354

RE: Country Acres Personal Care Home
License #: 411770

Dear Ms. McGill:

As a result of the Department of Public Welfare's licensing inspection on January 23, 2014, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period April 20, 2014 to April 20, 2015 was issued on January 27, 2014. Your regular license remains in good standing.

Sincerely,

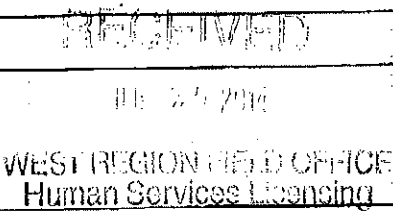
A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones
Director

sd

Enclosure
License Inspection Summary

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

PCH Name: COUNTRY ACRES PERSONAL CARE HOME		License Number: 41170
Address: 2017 MEADVILLE ROAD, TITUSVILLE, PA 16354		County: Venango
Administrator: TAMARA MCGILL		Region: WEST
Legal Entity Name: COUNTRY ACRES PERSONAL CARE HOME		
Legal Entity Address: 2017 MEADVILLE ROAD, TITUSVILLE, PA 16354		
Certificate(s) of Occupancy C-2 LP 04/14/2003 L & I		
Staffing Hours Resident Support: 0	Total Daily Staff: 30	Waking Staff: 23
Type of Inspection: Ind - Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Indicator		
On-Site Inspections Dates and Department Representatives On-Site 01/23/2014: Georgoulis, Karen; Orme, Melinda		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: 51/52; 144c1;		Random Indicators: 42b; 94b; 133a1; 161d; 188c
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 33 Number of Residents Served: 21 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 2 Number of Hospice Residents in past year: 9		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 21 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 9 Have a Physical Disability: 0

RECEIVED

Violation Report: 41170 - 01/23/2014 - Georgoullis, Karen
 PCH Name: COUNTRY ACRES PERSONAL CARE HOME

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa. Code §2600
 2600.20(b)(1) - The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

2a. DESCRIPTION OF VIOLATION
 The home manages finances for resident #1. There were cash disbursements made on 9/18/13; 9/23/13; 11/18/13; 12/9/13 and 12/13/13. The resident's financial record does not indicate a current balance including a balance after each disbursement.
 The home manages finances for resident #3. There were cash disbursements on an unspecified date in December 2013 and on 1/14/14. The resident's financial record does not indicate a current balance including a balance after each disbursement.

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.

Will Keep a Running & current balance for all resident accounts - deposits & withdrawals updated & corrected issues with transactions #1 on list - see attached current copies #3

all staff managing resident funds have been inserviced on what is expected and needed -

8-31-14 - The Administrator or designated staff person will conduct an initial and monthly audit of financial records and finances for all residents who the home is providing financial management, to ensure the requirements of regulations 2600.20(b)(1) through 2600.20(b)(10) are met. 8-7-14

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

Signature of Legal Entity Representative (Required on EVERY Page) *Tamara McGill*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Tamara McGill* Date *7/21/14*

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

The above plan of correction is approved as of

8-7-14
(Date)

Plan of correction implementation status as of *8-7-14*
(Date)

The above plan of correction was approved by

6
(Initials)

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

JUL 25 2014

Violation Report: 41170 - 01/23/2014 - Georgoulis, Karen
PCH Name: COUNTRY ACRES PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.20(b)(3) - The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

2a. DESCRIPTION OF VIOLATION

The home manages finances for resident #1. There were cash disbursements made on 8/18/13; 9/23/13; 11/16/13; 12/9/13 and 12/13/13. The home did not obtain a written receipt from the resident for any of these disbursements.

The home manages finances for resident #3. There were twelve cash disbursements from 1/9/13 through 1/14/14 including an unspecified date in December 2013 and 1/14/14. The home did not obtain a written receipt from the resident for any of these disbursements.

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.

Will keep a running & current balance for all resident accounts - deposits & withdrawals updated & corrected issues w/ transactions #1 on list - see attached current copies of updates #3

all staff managing Resident funds have been insured or what is needed & expected for resident fin. records

8-7-14 - The Administrator or designated state person will review the documentation of cash disbursements monthly to ensure the home has obtained a written receipt

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Tamara McGil

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

Tamara McGil

Date 7-21-14

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8-7-14 (Date)

Plan of correction implementation status as of 8-7-14 (Date)

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(Initials)

From the resident for cash disbursements at the time of disbursement, at the time of disbursement. 8-7-14

Violation Report: 41170 - 01/23/2014 - Georgoulis, Karen
PCH Name: COUNTRY ACRES PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

Bathrooms #1, #2, #3, #4, #5 and #6 are common single use bathrooms. There are no locks on the doors to ensure resident privacy.

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.

7/25/14 all shared bathrooms have had new locking knobs installed (Keyed w/ same key entry)

All staff have received training on Residents Rights to privacy of self & possessions this is included in our new hire education & our annual training -

8-31-14 - The Administrator or designated staff person will check all bathroom door locks at least monthly to ensure proper operation. 8-7-14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Jamara McGill

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

Jamara McGill

Date 7/31/14

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J
(Initials)

Violation Report: 41170 - 01/23/2014 - Georgoulis, Karen
PCH Name: COUNTRY ACRES PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION

Staff person B, hired on 9/27/13, has only had a permanent residence in Pennsylvania since June 2012. The home has not completed an FBI criminal history background check for staff person B.

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.

I have added a place in our employment application that asks if they have been a resident of PA for the past 2 years - anyone who marks this no will not begin employment until we have received the clear report.

We have received the background on this employee and have attached a copy of it

have gone back through current staff to be sure we didn't need any other FBI checks -

8-31-14 - The Administrator and any other staff involved in the hiring and retention of staff will complete the on-line older adult protective services act training. Documentation of training will be kept 8-2-14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Tamara McGill

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

Tamara McGill

Date 7/21/14

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(Initials)

JUL 23 2014

Violation Report: 41170 - 01/23/2014 - Georgouls, Karen
PCH Name: COUNTRY ACRES PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

2a. DESCRIPTION OF VIOLATION

Staff person B, hired on 9/27/13, has only had a permanent residence in Pennsylvania since June 2012. The home has not completed an FBI criminal history background check for staff person B.

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.

I have added a place on our employment app that asks if they have been a Resident of PA for the past 2 years - anyone who marks they haven't will not begin employment until we have received a clear background report -

we have received the FBI check on this employee & sent an attachment

have gone back through current employees to ensure I didn't need any further checks -

8-31-14 - The Administrator And Any other staff involved in the hiring and retention of staff will complete the on-line older adult protective services act training

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Tamara McG...

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

Tamara McG...

Date 7-21-14

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The above plan of correction was approved by:

g
(Initials)

Violation Report: 41170 - 01/23/2014 - Georgoulis, Karen
 PCH Name: COUNTRY ACRES PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.64(f) - A record of training including the individual trained, date, source, content, length of each course and copies of certificates received shall be kept.

2a. DESCRIPTION OF VIOLATION

Direct care staff person C did not complete training on: medication self-administration training; instructions on meeting the needs of residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan; personal care needs of the resident and care for residents with mental illness or mental retardation or both during the September 2012 to August 2013 training year.

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.

*withdrawn
 y*

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

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Violation Report: 41170 - 01/23/2014 - Georgoulis, Karen
PCH Name: COUNTRY ACRES PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
There was approximately 1/4" layer of dust accumulated on the exhaust vent covers of bathrooms #1, #2, #3, #4, #5 and #6.

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 bathroom exhaust fans are now cleaned on the 15th of each month by U-7 staff & documented each time.

all exhaust fans in shared bathrooms were cleaned on 1/25/14.

attached is a picture of exhaust fans
All (Dcs) staff will be instructed on when to report to on any unsanitary conditions and what they are to clean or what requires a servicing.

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)

Tamara McGill

Date 7-31-14

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(initials)

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Violation Report: 41170 - 01/23/2014 - Georgoulis, Karen
PCH Name: COUNTRY ACRES PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
The water temperature at the small kitchen sink by large double coffee maker measured 126.6 degrees Fahrenheit.

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.

Adjusted hot water heater temp so
it does not exceed 120°

Will educate all kitchen staff
on regulation of water temps - also
on how to adjust water heater if
when testing it exceeds the 120° -

daytime cooks will check temps daily
at various times during the shift to
ensure temps are staying @ 120° or below -

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Tamara McGill

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

Tamara McGill

Date 7/31/14

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8-7-14
(Date)

Plan of correction implementation status as of

8-7-14
(Date)

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- Not Implemented

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 41170 - 01/23/2014 - Georgoulis, Karen
PCH Name: COUNTRY ACRES PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION
The front right armrest seam of the large brown lift chair in the living room was split open exposing the stuffing.

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.

Chair was repaired on 1/26/14 -
chair has since broke and has been
disposed of

Staff has been instructed in checking all
furniture weekly for problems or hazards
and to report to Admin staff upon any findings

8-31-14 - The Administrator or designated state person will check the
home at least weekly to ensure furniture and equipment is
in good repair, clean and free of hazards. 8-7-14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Tamara Megitt

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

Tamara Megitt

Date 7-21-14

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8-7-14
(Date)

Plan of correction implementation status as of 8-7-14
(Date)

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The above plan of correction was approved by

[Signature]
(Initials)

JUL 24 2014

Violation Report: 41170 - 01/23/2014 - Georgoulis, Karen
PCH Name: COUNTRY ACRES PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION

The first aid kit located in the medication room did not include tweezers.

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.

med staff will check first aid kit weekly for all needed supplies

tweezers were located and placed back in kit on 1-24-14

educated med staff on how often to check & to replace when something runs out

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Jamara McGill

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

Jamara McGill

Date 7-21-14

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

The above plan of correction is approved as of

8-7-14
(Date)

Plan of correction implementation status as of

8-7-14
(Date)

- Fully Implemented
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- Not Implemented

The above plan of correction was approved by

J
(Initials)

JUL 25 2014

Violation Report: 41170 - 01/23/2014 - Georgoulis, Karen
PCH Name: COUNTRY ACRES PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F.
Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
At 2:52 p.m., the temperature of the #2 freezer by the kitchen measured 4 degrees Fahrenheit.

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.

Replaced the thermometer on 7/24/14 -
temps have been checked weekly &
have been below 0

educated cooking staff on how to &
when to check thermometers and how to
replace when not working correctly or to
Report above Reg temps to dietary director
immediately

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) Tamara McGill Date 7-21-14

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

The above plan of correction is approved as of 8-7-14 (Date) Plan of correction implementation status as of 8-7-14 (Date)

The above plan of correction was approved by [Signature] (initials)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

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Violation Report: 41170 - 01/23/2014 - Georgoulis, Karen
PCH Name: COUNTRY ACRES PERSONAL CARE HOME

WEST REGIONAL FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2600.144(c)1-3.

2a. DESCRIPTION OF VIOLATION

There were two 20" by 30" pillows on the two chairs in the designated smoking area. The pillows were not labeled as fire resistive.

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.

Removed pillows from area immediately
asked our smoking residents family several
times to provide her with a fire safe cover
for lap & or cushion - they did not
myself & staff inserviced resident numerous
times on Rules & Safety for facility smoking
DCS will check area daily 1x per shift for
hazards

This resident has since been placed in another
facility

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

Signature of Legal Entity Representative (Required on EVERY Page) *Tamara May*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Tamara May* Date *7-21-14*

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

The above plan of correction is approved as of	<u>8-7-14</u> (Date)	Plan of correction implementation status as of <u>8-7-14</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 <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented