



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 13 2015

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

RE: Country Comfort Alternative Living, Inc.
License #: 202050


Dear Ms. Handy:

As a result of the Department of Human Services' licensing inspection on March 3, 2015 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 May 26, 2015 to May 26, 2016 was issued on March 9, 2015. Your regular license remains in good standing.

Sincerely,


Matthew J. Jones
Director
SH

Enclosure
License Inspection Summary

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

PCH Name: COUNTRY COMFORT ALTERNATIVE LIVING INC		License Number: 20205
Address: 10546 RIVER ROAD, NEW COLUMBIA, PA 17856		County: Union
Administrator: MS. 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 05/31/1996 PA L&I	Other 01/15/1987 White Deer Twp.	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 17	Waking Staff: 13
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
03/03/2015: OHaire, Anne; Dumas, Gerald		
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 Served: 17 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: 0 Number of Hospice Residents in past year: 1	Number of Residents who: Receive Supplemental Security Income: 9 Are 60 Years of Age or Older: 16 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 1	

Violation Report: 20205 - 03/03/2015 - OHaire, Anne
PCH Name: COUNTRY COMFORT ALTERNATIVE LIVING INC

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 "A" DOH 03-14-14 did not have a PA State Police Criminal Background check.

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.

Violation:
Neglected to get a background check on our part-time maintenance person.

Poc:
Do a Criminal Background check immediately.
Did one on 3/3/15. (Copy included.)

Plan to prevent future violations:
Complete a check-off list of items required for all new employees.

Responsible person to complete items on check-off list:
Administrator

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 3/28/15

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

The above plan of correction is approved as of

4/17/15
(Date)

Plan of correction implementation status as of

4/17/15
(Date)

The above plan of correction was approved by

M
(Initials)

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

Violation Report: 20205 - 03/03/2015 - O'Haire, Anne
PCH Name: COUNTRY COMFORT ALTERNATIVE LIVING INC

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The home had a safe fire evacuation time stated by their fire safety expert of 2 minutes and 52 seconds stated on 09-02-2014. The home went over this safe fire evacuation time on the following dates:

1. 03-11-14, 4:50 PM, 3 minutes 10 seconds
2. 04-30-14, 5:50 AM, 4 minutes :30 seconds
3. 05-13-14, 1:10PM, 3 Minutes 20 seconds
4. 06-04-14, 4:30PM, 4 minutes 22 seconds
5. 07-29-14, 2:00PM , 3 minutes 45 seconds
6. 08-16-14, 9:30AM, 4 minutes 19 seconds
7. 09-29-14, 3:40PM, 3 minutes 20 seconds
8. 10-25-14, 6:16 AM, 4 minutes 25 seconds
9. 11-04-14, 02:50 PM, 4 minutes 15 seconds
10. 12-17-14, 1:55 PM , 3 minutes 10 seconds
11. 01-19-15, 6:30 PM, 3 minutes 5 seconds
12. 02-22-15, 2:20 PM, 3 minutes 20 seconds

2. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date my 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.

Violation: Home exceeded fire evacuation times for fire drills

POC: When we ran a fire drill for the fire safety expert on 9/2/14, he entered the time that it took to run the drill instead of the safe fire evacuation time of 5 minutes. Therefore I had the fire safety expert complete a new form giving the home a 5 minute safe fire evacuation time. Thus all the times stated above would have been under the time allowed. (Copy of newsletter included.) completed 3/10/15

Plan to prevent future violations: Read completed forms more carefully

Responsible person: Administrator

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	Date
Rose Handy	3/28/15

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
ROSE HANDY ADMINISTRATOR	3/28/15

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(Date)

Plan of correction implementation status as of 4/17/15
(Date)

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

- Fully Implemented *proof*
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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 20205 - 03/03/2015 - O'Haire, Anne
PCH Name: COUNTRY COMFORT ALTERNATIVE LIVING INC

1. REGULATION 55 Pa.Code §2600

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600, 190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

The medication administration training records for direct care staff persons "B" and "C" was incomplete. Staff person "B's" initial medication administration training date was 09-28-13 and no Medication Administration observations or MAR reviews were completed for the annual review period 09-28-13 thru 09-28-14.
Staff person "C"s initial medication administration training date was 10-24-13 and the home had no medication administration observations or MAR reviews that were completed for the annual review period 10-24-13 thru 10-24-14.

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

Includes 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.

Violation: Failed to complete Med Admin observations and MAR reviews

POC: MAR reviews are completed on every resident at the end of each month. The proper forms need to be completed at that time for direct care staff persons. Med Admin observations need to be scheduled and completed in the time frame required for each direct care staff person who administers medications. Completed 4 MAR reviews and two observation for staff persons B & C. (Copies included)

Plans to prevent future violations: Complete forms when doing MAR reviews and schedule observations to be completed.

Responsible persons: Administrator or Medication Administration Trainer

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 **3/28/15**

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Plan of correction implementation status as of 4/17/15 (Date)

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

- Full Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented