



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 29 2015

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 Human Services' annual licensing inspection on May 13, 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.

Sincerely,

Matthew J. Jones
Director

MJ

Enclosure
License Inspection Summary

Violation Report: 41177 - 05/13/2015 - McConnell, Deb
PCH Name: COUNTRY ACRES PERSONAL CARE HOME

SEP 24 2015

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 provides financial management services for resident #1. On 11/3/14, 11/8/14 and 1/20/15 a cash disbursements of \$10.00 were made on behalf of resident #1 for hair care services. The home did not obtain receipts for 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 educate staff on proper cash disbursements and obtaining residents signature for each transaction - was done on 5-19-15

all new staff will be trained on proper cash intake & disbursement - during orientation

D (Tammy) will check all residents cash flow sheets monthly to be sure there is receipt & signatures on all transactions -

Within 30 days of receipt of the accepted plan of correction: The administrator or designee will conduct an audit of the 2015 financial records and finances for all residents for whom the home is providing financial management, to ensure the requirements of regulations 2600.20(b)(1) through 2600.20(b)(10) are met. 12-4-15

Repeat Violation: Yes Date(s) of Previous Violation(s): 01/23/2014

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Tamara McGU / Admin* Date *8/24/15*

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

The above plan of correction is approved as of 12-4-15 (Date)

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

Plan of correction implementation status as of 12-4-15 (Date)

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

Violation Report: 41177 - 05/13/2015 - McConnell, Deb
PCH Name: COUNTRY ACRES PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

SEP 25 2015

2600.26(a) - The home shall establish and implement a quality management plan.

2a. DESCRIPTION OF VIOLATION

The home's quality management review policy indicates the home will do a review within 10 days of February 15th and September 15th of every year. The home does not have documentation that a quality management review was completed within the last 12 months addressing the periodic review of any of the required topics.

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.

We have implemented a quality management plan and have marked my desk calendar for every Feb + Sept - We have made new management forms to be used for each meeting they will be kept in our Policy + Procedure manual -

Within 30 days of receipt of the accepted plan of correction: The home conduct a quality management review which includes a review of all of the required components in accordance with regulation 2600.26b. Documentation of the review will be kept. 12-4-15/

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 9-1-15

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

The above plan of correction is approved as of 12-4-15 (Date)

Plan of correction implementation status as of 12-4-15 (Date)

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

The above plan of correction was approved by (Initials)

Violation Report: 41177 - 06/13/2015 - McConnell, Deb
 PCH Name: COUNTRY ACRES PERSONAL CARE HOME

SEP 24 2015

1. REGULATION 55 Pa.Code §2600

2600.82(a) - Poisonous materials shall be stored in their original, labeled containers.

2a. DESCRIPTION OF VIOLATION

There was a spray bottle of kitchen sanitizer on the counter by the sink in the kitchen. The spray bottle was not the original labeled container for the kitchen sanitizer. The spray bottle was marked "kitchen sanitizer" with black marker.

There was a one gallon juice container with kitchen sanitizer under the kitchen island. The juice container was marked "mixed sanitizer" on a piece of tape.

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 educate all staff on personal material and that it is not to be stored in anything other than original containers -

education done on 5/22/15
 Will educate new staff on proper storage & label specifications -

Kitchen Staff (Tori) will check containers weekly to ensure proper storage -

Within 30 days of receipt of the accepted plan of correction: The administrator or designated staff person will check the home at least monthly to ensure all poisonous materials are stored in their original, labeled containers.

Repeat Violation: No Date(s) of Previous Violation(s): 12-4-15

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date
 Tamara McGU / Admin 8/24/15

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

The above plan of correction is approved as of 12-4-15 (Date)

Plan of correction implementation status as of 12-4-15 (Date)

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

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

Violation Report: 41177 - 05/13/2015 - McConnell, Deb
PCH Name: COUNTRY ACRES PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail. SEP 24 2015

2a. DESCRIPTION OF VIOLATION
The top hand rail of the exterior railing for the west wing annex hallway ramp was rusted and not attached to the ailing support posts.

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.

handrail was repaired on 5/18 & 5/19
welded & painted -

Admin will do monthly checks on all
exterior handrails to ensure safety & condition -

Within 30 days of receipt of the accepted plan of correction: All staff persons will be educated regarding the requirements for a well-secured handrail and the reporting of hazardous conditions. Documentation of training will be kept. 12-4-15

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 Date
(Required on EVERY Page) Tamara Uffler / Admin 8/24/15

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

The above plan of correction is approved as of 12-4-15
(Date)

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

Plan of correction implementation status as of 12-4-15
(Date)

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

Violation Report: 41177 - 05/13/2015 - McConnell, Deb
PCH Name: COUNTRY ACRES PERSONAL CARE HOME

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

SEP 24 2015

2a. DESCRIPTION OF VIOLATION

There is a 2" by 4" crack, exposing the foam padding, in the vinyl seat of the shower chair in the west wing shower room.

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.

Shower chair was removed and thrown away
5/14/15 -

Will educate staff on looking for & reporting
and any equipment that is not in good &
safe condition - Reporting is to be done to
Admin staff as soon as it is seen -

DCS on first shift will do weekly checks
on all shower chairs & shower aides to ensure

Within 30 days of receipt of the accepted plan of correction: The administrator will check the home at least weekly to ensure furniture and equipment are in good repair, clean and free of hazards. Any hazards will be immediately corrected.

Repeat Violation: Date(s) of Previous Violation(s): 12-4-15

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Lamara McMillan / Admin Date 8/24/15

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

The above plan of correction is approved as of 12-4-15
(Date)

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

Plan of correction implementation status as of 12-4-15
(Date)

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

Violation Report: 41177 - 05/13/2015 - McConnell, Deb
PCH Name: COUNTRY ACRES PERSONAL CARE HOME

SEP 25 2015

1. REGULATION 55 Pa.Code §2600
2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

There is a four foot area of sidewalk at the base of the west wing annex ramp which is eroding and has an uneven surface. This condition is a trip and fall hazard.

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.

Cement sidewalk & Ramp area was repaired
on 5/15/15 - new cement was poured & leveled
out -

Admin will check monthly to ensure there
are no hazards or repairs needed

Within 30 days of receipt of the accepted plan of correction: All staff persons will be educated on identifying and reporting items on the exterior of the building and grounds that are in disrepair or present a hazard. Documentation of education will be kept. 12-4-15 ✓

Within 30 days of receipt of the accepted plan of correction: The administrator or designee will conduct a weekly assessment of the exterior of the building, building grounds and yard to ensure all areas are in good repair and free of hazards. Any hazards will be immediately corrected. 12-4-15 ✓

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 8/25/15

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The above plan of correction is approved as of 12-4-15
(Date)

Plan of correction implementation status as of 12-4-15
(Date)

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

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

Violation Report: 41177 - 05/13/2015 - McConnell, Deb
PCH Name: COUNTRY ACRES PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.103(i) - Outdated or spoiled food or dented cans may not be used.

SEP 25 2015

2a. DESCRIPTION OF VIOLATION

There were two large bags of frozen chicken breasts not in the original container and not dated in the white freezer chest on the left side of the kitchen.

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.

The chicken wasn't outdated or spoiled the tag had fallen off of bag in freezer - We order once a month from Curtze - We have since switched food freezer labels with better ones.

Kitchen staff will check freezers monthly when new order comes in to ensure labels are still on -

Within 30 days of receipt of the accepted plan of correction: All staff persons handling, preparing or storing food items will be educated regarding the safe storage of food items including labeling and dating. Documentation of education will be kept.

Within 30 days of receipt of the accepted plan of correction: A designated staff person will check all food storage areas daily including refrigerators and freezers to ensure all food items are labeled and dated. 12-4-15 12-4-15

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)

Jammy McGill

Date 8/25/15

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

The above plan of correction is approved as of 12-4-15 (Date)

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

Plan of correction implementation status as of 12-4-15 (Date)

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

1. REGULATION 55 Pa.Code §2600

2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION

The home's emergency procedures and the local emergency preparedness plan are not posted in a conspicuous and public place in the home. The home's emergency procedures and the local emergency preparedness plan are kept in a binder in the staff/nurse station.

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.

not sure where the copy went -
have placed a new copy - more secure
to bulletin board in small living room -
(completed 8/24/15)
have educated staff on importance of
emergency plan being posted
DCS - [redacted] will check weekly to
ensure it stays on the board -

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) Tammy McGee Date 8/25/15

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

The above plan of correction is approved as of 12-4-15 (Date)

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

Plan of correction implementation status as of 12-4-15 (Date)

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

Violation Report: 41177 - 05/13/2015 - McConnell, Deb
PCH Name: COUNTRY ACRES PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed, Cyclobenzapr, 5mg, 1 tablet orally 3 times daily at 8:00 a.m., 12:00 p.m. and 8:00 p.m. and Renvela, 800mg, 3 tablets orally 3 times daily at 8:00 a.m., 12:00 p.m. and 8:00 p.m. On Monday, Wednesday and Friday the home gives these medications to resident #2 to self-administer the 12:00 p.m. dose while the resident is at dialysis. However, the resident has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer medications.

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.

* 2
Resident is on 3x a week dialysis & wasn't self-admin here in facility - we sent meds w/ to be admin by dialysis staff -
We have faxed the PCP and he has given permission to take/transport meds on m-w-f - 8/25/15 completed

have educated med staff on when to obtain an order from PCP - meds are sent w/ resident & will be self admin by a resident if they leave facility - (copy of order attached)

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) Tammy McGill Date 8/25/15

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

The above plan of correction is approved as of 12-4-11 (Date)

The above plan of correction was approved by (Initials)

Plan of correction implementation status as of 12-4-11 (Date)

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

Violation Report: 41177 - 05/13/2015 - McConnell, Deb
PCH Name: COUNTRY ACRES PERSONAL CARE HOME

SEP 25 2015

1. REGULATION 55 Pa.Code §2600

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed, Lantus INJ, 100/ML, inject 5 units subcutaneously daily and Humalog INJ, 100/ML, sliding scale, inject units subcutaneously twice daily (breakfast and supper); if blood sugar under 200 no Humalog

201-300 = 2 units
301-400 = 4 units
Over 401 = 5 units

On 5/13/15, at approximately 4:00 p.m., a vial of Lantus insulin and 2 vials of Humalog insulin were open in the medication cart and not indicate an opened date. The prescription label on the Lantus Insulin indicates discard 28 days after opening and the manufacturer's instruction for Humalog Insulin indicates to discard 28 days after opening.

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 label all insulin when opened & check expiration date -

med staff has been educated on putting a "date opened" sticker on all insulin & liquid meds when opened. 5/25/15 completed

On 5/14/15, resident #2's undated insulin were disposed of and replaced. 12-4-15/

Within 30 days of receipt of the accepted plan of correction: A designated staff person will check all medications weekly to ensure no medications are not expired and insulin vials are dated when opened. 12-4-15/

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) Tammy McGill Date 5/25/15

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

The above plan of correction is approved as of 12-4-15 (Date)

Plan of correction implementation status as of 12-4-15 (Date)

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

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

Violation Report: 41177 - 05/13/2015 - McConnell, Deb
PCH Name: COUNTRY ACRES PERSONAL CARE HOME

SEP 25 2015

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 #2 is prescribed, Docusate Sodium, 100mg, 1 capsule orally daily as needed for constipation. On 5/13/15, the Docusate Sodium in the medication care for resident #2 expired in February 2015

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.

have instructed med staff on doing a weekly check on all PCH's - liquids on med cart - and either obtain a new script or have med D/C by PCP -

med staff will do a weekly check of cart for any expired meds -

On 5/13/15, resident #2's expired medication was disposed of and replaced. 12-4-15

Immediately: A designee qualified to administer medications will complete an initial audit of the medication carts, first aid kits and any other medication storage areas to ensure there are no expired or discontinued medications. Any expired or discontinued medications will be immediately discarded in accordance with the Department of Environmental Protection and Federal and State regulations and the requirements of regulation 2600.183(f). This includes prescription medications, OTC medications and CAM. 12-4-15

All staff persons qualified to administer medications will be educated that expired medications will be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations and the requirements of regulation 2600.183(f). Documentation of education will be kept. 12-4-15

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)

Tammy McE...

Date 8/25/15

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

The above plan of correction is approved as of 12-4-15 (Date)

Plan of correction implementation status as of 12-4-15 (Date)

The above plan of correction was approved by (Initials)

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

Violation Report: 41177 - 05/13/2015 - McConnell, Deb
PCH Name: COUNTRY ACRES PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed, Cyclobenzapr, 5mg, 1 tablet orally 3 times daily at 8:00 a.m., 12:00 p.m. and 8:00 p.m. and Renvela, 800mg, 3 tablets orally 3 times daily at 8:00 a.m., 12:00 p.m. and 8:00 p.m. On Monday, Wednesday and Friday the home gives these medications to resident #2 to self-administer the 12:00 p.m. dose while the resident is at dialysis. However, the resident has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer medications.

Resident #3 is prescribed, Combivent AER Respimat, inhale 1 puff orally 4 times daily as needed for wheezing/shortness of breath. On 5/13/15 the medication was not available in the home for administration

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

Res #3 was admitted to the facility with this prescription. The cost was hundreds of dollars and family requested that it not be filled. Dr. [redacted] was faxed on 4-30-15 to notify him of the family request. He answered the fax saying he really wanted this PRN medication for [redacted]. He was then referred to speak with the family. Medication has been discontinued. In the future med staff will be more diligent when checking in new residents and their medications. Follow-up with Dr's will be more timely.

On 5/14/15, resident #2 was assessed by a physician to self-administer medications 12-4-15

Within 30 days of receipt of the accepted plan of correction. The administrator or designated staff person qualified to administer medications will complete an initial and monthly audit of the medication cart, medication administration records and prescription orders to ensure all medications are available for administration. 12-4-15

Within 30 days of receipt of the accepted plan of correction: All staff persons qualified to administer medications will be educated on the home's policy and procedures for ordering and distribution of medications and the home's policy and procedures for ordering medications to ensure all prescribed medications, including as needed "PRN" medications, are available in the home for administration. 12-4-15

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) Admin Tamaral [Signature] Date 9-1-15

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

The above plan of correction is approved as of 12-4-15 (Date)

Plan of correction implementation status as of 12-4-15 (Date)

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

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

Violation Report: 41177 - 05/13/2015 - McConnell, Deb
 PCH Name: COUNTRY ACRES PERSONAL CARE HOME

SEP 24 2015

1. REGULATION 55 Pa.Code §2600

2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #4 is prescribed, Quetiapine, 50mg, 1 tablet orally 3 times daily for Dementia. The May 2015 MAR indicates on 5/1/15, 5/10/15 and 5/12/15, at 3:00pm the resident refused to take the medication. The home did not report the refusal to the prescriber.

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.

have attached a copy of regulation to a copy of refusal form with a note that says - med staff - if a resident refuses a med you must complete a fax form to PCP before end of your shift -

have educated med staff on how & when to report a refusal -

Immediately: The administrator or designated staff person qualified to administer medications will conduct a weekly audit of the MAR to ensure all resident medication refusals are documented accurately and the required procedures are followed, including notifying the prescriber. 12-4-15

Within 30 days of receipt of the accepted plan of correction: The administrator will review and update if necessary the home's procedures for the safe storage, access, security, distribution and use of medications. This will include procedures for receiving and documenting prescriber's orders. All staff persons qualified to administer medications will be reeducated on the home's policy and procedures. Documentation of education shall be kept. 12-4-15

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 8/25/15

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

The above plan of correction is approved as of 12-4-15
 (Date)

Plan of correction implementation status as of 12-4-15
 (Date)

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

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

Violation Report: 41177 - 05/13/2015 - McConnell, Deb
 PCH Name: COUNTRY ACRES PERSONAL CARE HOME

SEP 25 2015

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

2a. DESCRIPTION OF VIOLATION

On 5/4/15, resident #2's physician discontinued the resident's Fluticasone SPR, 500MCG, inhale 2 sprays into each nostril daily. However, the resident was administered the medication from 6/6/15 through 5/13/15, at 8:00 a.m.

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

The order on the E-mar for Fluticasone was wrong. It should have been on hold until the current prescription of Nasonex was gone. The order from the Dr. was recorded wrong in the E-Mar. In the future all med staff will check all incoming orders for accuracy.

Immediately: The administrator or designated staff person qualified to administer medications will complete an initial and weekly audit, for three months, of the medication cart, medication administration records and prescription orders to ensure all physician orders and any changes in prescription orders are properly documented and followed. Documentation of audits shall be kept. 12-4-15

Immediately: The administrator will report the medication errors for resident #2 to the Department in accordance with regulation 2600.16c. 12-4-15

Immediately: The administrator will report and document resident #2's medication errors in accordance with regulation 2600.188. Documentation shall be kept. 12-4-15

Within 30 days of receipt of the accepted plan of correction: All staff persons qualified to administer medications will be re-educated on the proper procedure for medication administration including documentation of medication administration, following the orders of the prescriber and reporting medication errors. Documentation of education shall be kept in the staff records. 12-4-15

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)	Date
Tamara McGill / Admin	9-1-15

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

The above plan of correction is approved as of 12-4-15
 (Date)

Plan of correction implementation status as of 12-4-15
 (Date)

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

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

1. REGULATION 55 Pa. Code §2600

2800.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

Resident #2 was admitted on [redacted] 15. The pre-admission screening form for resident #2, dated [redacted] 15, does not indicate that the needs of the resident can be met by the services provided by the home.

Resident #3 was admitted on [redacted] 15. The pre-admission screening form for resident #3 is not dated, therefore, it cannot be determined if the screening was completed within 30 days prior to admission and does not indicate that the needs of the resident can be met by the services provided by the home.

Resident #4 was admitted on [redacted] 14. The pre-admission screening form for resident #4, dated [redacted] 14, does not indicate that the needs of the resident can be met by the services provided by 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

have educated other Admin on 5/24/15
importance of being thorough with pre-screen-
once admit is complet we will check the
packet again for completeness.

Immediately: The administrator or designated staff person will review all resident records to ensure all residents have a preadmission screening completed, including documentation that the home can meet the needs of the resident, and the Department's preadmission screening form is present in each resident record. 12-4-15

Within 30 days of receipt of the accepted plan of correction: The administrator or designated staff person will create and implement a system to ensure all residents being admitted to the home have a preadmission screening completed in its entirety, to include an indication the home can meet the resident's needs. 12-4-15

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) Tammy McGlynn Date 8/25/15

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

The above plan of correction is approved as of 12-4-15 (Date)

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

Plan of correction implementation status as of 12-4-15 (Date)

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