



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: January 18, 2017**

Mr. Ben Willner, Partner  
Country Manor, PCH, LP  
111 Altmeyer Drive  
Kittanning, Pennsylvania 16201

RE: Country Manor  
#446290

Dear Mr. Willner:

As a result of the Department of Human Services' licensing inspection on September 28, 2016; October 1, 2016; October 5, 2016 and October 23, 2016, 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,

A handwritten signature in black ink, appearing to read "Jon Kimberland".

Jon Kimberland  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

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

PCH Name: COUNTRY MANOR		License Number: 44629
Address: 111 ALTMAYER DRIVE, KITTANNING, PA 16201		County: Armstrong
Administrator: SHERRI RENO		Region: WEST
Legal Entity Name: COUNTRY MANOR PCH LP		
Legal Entity Address: 111 ALTMAYER DRIVE, KITTANNING, PA 16201		<b>RECEIVED</b>
Certificate(s) of Occupancy C-2 LP 06/20/1996 L & I		DEC 22 2016 WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 49	Waking Staff: 37
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site 09/28/2015: Georgoulis, Karen; Barry, Courtney; Flinner-Alman, Lisa 10/01/2015: Georgoulis, Karen; Barry, Courtney; Flinner-Alman, Lisa 10/05/2015: Georgoulis, Karen; Barry, Courtney 10/23/2015: Georgoulis, Karen; Barry, Courtney		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 40	Number of Residents who:	
Number of Residents Served: 33	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 32	
Area:	Have Mental Illness: 1	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 16	
Number of Current Hospice Residents: 6	Have a Physical Disability: 1	
Number of Hospice Residents in past year: 12		

Violation Report: 44629 - 09/28/2015 - Georgoulis, Karen  
PCH Name: COUNTRY MANOR

DEC 22 2016

1. REGULATION 55 Pa.Code §2600  
2600.127(a) - Portable space heaters are prohibited.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 9/28/15, at 10:00 a.m., there was a space heater in bedroom #28 in the west hallway. The space heater was on "HI" and the temperature of the room measured 87 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.

*Immediately the space heater in room #28 was removed from the room and given back to the Family. All other rooms were checked to be sure no other heaters were being used. None were. All Staff are now aware that space heaters are prohibited. To ensure this does not happen in the future, the Administration will make all new Residents aware of this regulation upon entering the Facility. All Staff are reminded of this also. The Administrator or Designated Person makes rounds of the Home already and this will be part of what to look for.*

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Caroline Dunn*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Caroline Dunn Executive Director*      Date *12-22-16*

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

The above plan of correction is approved as of 1-4-17  
(Date)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

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

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

RECEIVED

DEC 22 2016

Violation Report: 44629 - 09/28/2015 - Georgoulis, Karen  
PCH Name: COUNTRY MANOR

WEST REGION FIELD OFFICE  
Human Services Licensing

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

On 10/4/15 at approximately 11:00 p.m. direct care staff A and B were completing a narcotic count of resident #1's prescription, Lorazepam .05 mg, take 1/2 table two times a day and Lorazepam .25 mg. take 1/2 tablet every 4 hours as needed. The medication was not in the home and the home was unable to account for the medication.

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.

*During the week of October 20, a new plan for narcotic counting was started. DCS A & B could not be retrained due to them no longer working at the Facility. The new system is making each DCS and Administration more accountable for all medications with extra emphasis on narcotics. The House Pharmacy has done a training with the Administration and is working closely with the Home to ensure that all medications are properly stored, secured and distributed properly. All medications are counted as required. The Administration is working closely with all Med Techs to use this plan to the best benefit of all Residents. All new DCS Med Techs will be trained as part of their med training before passing any medications.*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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(Required on EVERY Page) *Caroline Dunn*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Caroline Dunn - Executive Director* Date *12-22-16*

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WEST REGION FIELD OFFICE  
HUMAN SERVICES LICENSING

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

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Lorazepam 0.5% mg take 1/2 tablets at 8:00 a.m. and 5:00 p.m. daily. On 10/5/15, the October MAR was initiated by direct care staff C as administering the Lorazepam at 8:00 a.m. However, direct care staff C indicated the medication was not administered.

Resident #2 is prescribed Lantanprost 0.005% OPH Sol eye drops. On 10/1/15, the prescription box and the bottle label indicate: instill one drop into each eye at bedtime. However, during the months of the September, 2015 and October, 2015 the medication was only administered 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.

*DCS C could not be retrained because she is no longer an Employee. In October, 2016 all DCS Med Techs were retrained on the importance of following the directions of the prescriber along with some other med related items. All Med Techs were observed weekly with documentation to ensure that they were properly passing medications. MAR reviews have been being done by the Administration since October of 2016. The Administration will continue to do MAR reviews with documentation monthly. They had been done weekly for 2 months. The Administration will look for any holes and missed medications and address each issue as warranted. As each prescription is delivered, the bottle will be checked with the EMAR to ensure the directions are written properly. The Administration will approve all medications through the EMAR. DCS will also be informed of any new medication and how it is to be administered to be sure the Physician orders are followed correctly.*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Caroline Dunn*

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

*Caroline Dunn - Executive Director*

Date

*12-22-16*

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