



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: August 10, 2016

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 November 23, 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,

A handwritten signature in black ink that reads "Jon Kimberland".

Jon Kimberland
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 44629 - 11/23/2015 - McConnell, Deb
PCH Name: COUNTRY MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 11/13/15, at 1:00 p.m., staff person D informed staff person C, administrator, that resident #1 alleges staff person A was rough, pushing and shoving him/her by the shoulders onto the bed, causing pain to the resident's shoulders. This occurred on 11/12/15, at 7:00 p.m., when staff persons A and B assisted the resident to bed. Resident #1 indicated he/she was angry and cursed at staff person A who responded by punching the resident in the face. This allegation of abuse was not reported to the local Area Agency on Aging.

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.

In the time passed since incident on 11/13/15 a major change has taken place at County Manor. A new position has been created at County Manor. We had added a Facility Director and hired a new Administrator. The Facility Director will oversee the running of the home and support the Administration. The Facility Director and Administrator will work closely together to assure that all rules and regulations are respected and followed.

A training was done on Residents Rights and Elder Care Abuse reporting through the Area Agency on Aging and Older Adult Protective Services. All current and future staff will be informed of the importance of reporting all suspicions of abuse. The Direct Care Staff have also been informed that any one being suspected of abuse will be asked to leave the premises and can only return after an investigation by the proper authorities.

The next scheduled training on abuse reporting will be held July 13, 2016 at 2pm.

Immediately: The administrator or designee will review all reported incidents and any allegations of abuse at least weekly to ensure any allegations of abuse and reportable incidents are reported in accordance with the Older Adult Protective Services Act and the Department of Human Services regulations. 8-8-16 y

see attachments A + B

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Tammy Branon

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

Tammy Branon

Date *6-30-16*

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

The above plan of correction is approved as of 8-8-16
(Date)

Plan of correction implementation status as of 8-8-16
(Date)

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

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

Violation Report: 44629 - 11/23/2015 - McConnell, Deb
PCH Name: COUNTRY MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2a. DESCRIPTION OF VIOLATION

On 11/13/15, at 1:00 p.m., staff person D informed staff person C, administrator, that resident #1 alleges staff person A was rough, pushing and shoving him/her onto the bed, causing pain to the resident's shoulders. This occurred on 11/12/15, at 7:00 p.m., when staff persons A and B assisted the resident to bed. Resident #1 indicated he/she was angry and cursed at staff person A who responded by punching the resident in the face.

The home did not develop and implement a plan of supervision or suspend staff person A. Staff person A worked unsupervised as follows:

- 11/13/15 - 7:00 a.m. to 3:00 p.m.
- 11/15/15 - 7:00 a.m. to 11:00 p.m.
- 11/16/15 - 7:00 a.m. to 11:00 p.m.
- 11/17/15 - 7:00 a.m. to 3:00 p.m.
- 11/18/15 - 7:00 a.m. to 3:00 p.m.
- 11/19/15 - 7:00 a.m. to 3:00 p.m.
- 11/20/15 - 7:00 a.m. to 3:00 p.m.
- 11/21/15 - 7:00 a.m. to 3:00 p.m.
- 11/22/15 - 7:00 a.m. to 3:00 p.m.

On 11/15/15, staff person A was placed on supervision when providing care to resident #1; however, continued to provide unsupervised care to other residents in 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.

All current and future staff has been educated on the importance of reporting all suspicions of abuse. The staff has also been informed that any one being suspected of abuse will be asked to leave the premises and can only return after an investigation by proper authorities.

The next scheduled training will be held July 13, 2016 at 2pm

Immediately: The administrator or designee will review all reported incidents and any allegations of abuse at least weekly to ensure any staff person alleged of abuse shall be immediately suspended or placed on a plan of supervision approved by the Department. 8-8-16

see attachments A, B, C

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Tammy Bearan</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Tammy Bearan</i>	6-30-16

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

The above plan of correction is approved as of <u>8-8-16</u> (Date)	Plan of correction implementation status as of <u>8-8-16</u> (Date)
The above plan of correction was approved by <u><i>g</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>g</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44629 - 11/23/2015 - McConnell, Deb
PCH Name: COUNTRY MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(d) - The home shall immediately notify the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.

2a. DESCRIPTION OF VIOLATION

On 11/13/15, at 1:00 p.m., staff person D informed staff person C, administrator, that resident #1 alleges staff person A was rough, pushing and shoving him/her by the shoulders onto the bed, causing pain to the resident's shoulders. This occurred on 11/12/15, at 7:00 p.m., when staff persons A and B assisted the resident to bed. Resident #1 indicated he/she was angry and cursed at staff person A who responded by punching the resident in the face. The home did not notify resident #1's designated person of the allegation of abuse.

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.

Effective immediately the home shall immediately notify the resident and the resident designated person of the suspicion of abuse or neglect involving the resident. This report will be done immediately verbally and in writing to all parties involved will sign the new form as prepared by the Administration and be kept in the resident file.

Immediately: The administrator or designee will review all reported incidents and any allegations of abuse at least weekly to ensure any allegations of abuse are reported the resident's designated person *8-8-16*

Immediately: All staff persons will be educated on the requirements of regulation 2600.15(d). Documentation of education shall be kept. *8-8-16*

see attached A

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Tammy Branon

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

Tammy Branon

Date

6-30-16

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

The above plan of correction is approved as of

8-8-16
(Date)

Plan of correction implementation status as of

8-8-16
(Date)

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

The above plan of correction was approved by

T
(Initials)

JUN 30 2016

Violation Report: 44629 - 11/23/2015 - McConnell, Deb
PCH Name: COUNTRY MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 11/13/15, at 1:00 p.m., staff person D informed staff person C, administrator, that resident #1 alleges staff person A was rough, pushing and shoving him/her by the shoulders onto the bed, causing pain to the resident's shoulders. This occurred on 11/12/15, at 7:00 p.m., when staff persons A and B assisted the resident to bed. Resident #1 indicated he/she was angry and cursed at staff person A who responded by punching the resident in the face. The home did not submit an incident report to the Department until 11/18/15.

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.

Effective immediately the home shall report all incidents by phone and in writing by using the forms as indicated by DHS. The home shall immediately report suspected abuse to the Adult Protective Services, Area Agency on Aging and DHS and comply with all restrictions on staff persons involved. As policy states administration shall suspend the staff person involved in the alleged incident. The suspension shall be included in the report to DHS.

Immediately: All staff persons will be educated on the home's policy and procedures for reportable incidents and conditions including the reporting requirements. Documentation of education shall be kept in the staff records. *8-8-16*

Immediately: The administrator or designee will review all reportable incidents and conditions at least weekly to ensure all reportable incidents and conditions are reported to the Department in accordance with regulation 2600.16c. *8-8-16*

~~all attachment:~~

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Tammy Branar*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Tammy Branar* Date *6-30-16*

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

The above plan of correction is approved as of *8-8-16*
(Date)

Plan of correction implementation status as of *8-8-16*
(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: 44629 - 11/23/2015 - McConnell, Deb
PCH Name: COUNTRY MANOR

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

Resident #1's November 2015 medication administration record includes initials of staff person B for the administration of the 7:00 p.m. dose of 1 capsule, 0.4 mg Tamsulosin and the 8:00 p.m. dose of 2 capsules, 1 gm Lovaza, on 11/12/15. However, staff person B administered both of these medications on 11/12/15 at the aforementioned times.

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 medications will be recorded at the time of administration of medications. The Administration will check for errors in the medication administration daily by checking the EMar for missed times or missed medications.

Immediately: The administrator or designee qualified to administer medications will review all resident MARs at least weekly and observe at least two medication passes of each staff person qualified to administer medications for two months to ensure the proper documentation of medication administration at the time of administration. Documentation of reviews shall be kept. *8-8-16*

Immediately: All staff persons qualified to administer medications will be re-educated on the proper procedures for medication administration including documentation of medication administration at the time of administration in accordance with regulation 2600.187(b). Documentation of education shall be kept. *8-8-16*

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Tammy Branagan*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Tammy Branagan* Date *6-30-16*

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

The above plan of correction is approved as of *8-8-16*
(Date)

Plan of correction implementation status as of *8-8-16*
(Date)

The above plan of correction was approved by *H*
(Initials)

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

JUN 30 2016

Violation Report: 44629 - 11/23/2015 - McConnell, Deb
PCH Name: COUNTRY MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Staff person A has not completed an annual medication administration practicum since 10/28/14. However, this staff person administered several medications to include the following for resident #1:

- * Lyrica, 225 mg 8:00 p.m. on 11/12/15, 11/15/15, 11/16/15
- * Sertraline, 100 mg 8:00 a.m. on 11/6/15, 11/7/15, 11/9/15, 11/13/15, 11/17/15, 11/18/15
- * Lovaza, 2 gm 8:00 p.m. on 11/12/15, 11/15/15, 11/16/15
- * Tamsulosin, 0.4 mg 7:00 p.m. on 11/15/15, 11/16/15

Staff person B has not completed an annual medication administration practicum since 10/13/14. However, this staff person administered several medications to include the following for resident #1:

- * Sertraline, 100 mg 8:00 a.m. 11/1/15 thru 11/5/15; 11/10/15 thru 11/12/15; 11/14/15, 11/16/15
- * Lyrica, 225 mg 8:00 p.m. on 11/14/15, 11/19/15
- * Tamsulosin, 0.4 mg 8:00 a.m. on 11/1/15 thru 11/5/15; 11/14/15 thru 11/16/15

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 Direct Care Staff who have not had medication administration training are not permitted to be in the medication room unless Administration. They will also not be permitted to administer oral, topical, eye, nose, ear drops, prescription medications, epinephrine injections for insect bite or other allergies. If the staff person is med trained, Administration will be sure to keep current with practicums. This will be monitored through the Administration by keeping a calendar of all the dates of expiration for med training, practicums, CPR and Diabetes.

Immediately - Staff persons A and B will not administer medications until the completion of a medication administration course conducted by a Department-approved medication train - the - trainer. Documentation of training shall be kept in the staff record. 8-8-16

Immediately: The administrator will review all staff person training records to ensure all staff persons administering medications are qualified to administer medications in accordance with regulation 2600.190(a) and the documentation is present in the staff person's record. 8-8-16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Jammy Branan

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

Jammy Branan

Date 6-30-16

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

The above plan of correction is approved as of 8-8-16
(Date)

Plan of correction implementation status as of 8-8-16
(Date)

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

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

JUN 30 2016

Violation Report: 44629 - 11/23/2015 - McConnell, Deb

PCH Name: COUNTRY MANOR

WEST REGION FIELD OFFICE
- Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Resident #1 needs fed at times and needs assistance with drinking; however, the resident's assessment, dated 1/15/15, indicates the resident is independent with feeding and drinking.

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.

Effective with new administration RASPS will be done annually and if there is a significant change or if the Department feels that a an update is required. RASPS addendums will be added and reviewed by all Direct Care Staff. Each RASPS and addendum will be reviewed and signed by the staff as a acknowledgement of reading. A master copy of all due dates is kept by the administration to be sure the physician sees the resident in a timely manner.

Immediately: Resident #1's assessment will be updated to include the resident's assistance with eating and drinking.

Within 30 days of receipt of the plan of correction: The administrator or designee will review all current resident assessments for accuracy and completion to ensure accuracy and completeness. *8-8-16*

see attachment: A, B, C, D

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Tammy Branagan

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

Tammy Branagan

Date *6-30-16*

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

The above plan of correction is approved as of *6-8-16*
(Date)

Plan of correction implementation status as of *8-8-16*
(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: 44629 - 11/23/2015 - McConnell, Deb
PCH Name: COUNTRY MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #1's skin integrity is monitored by home health; however, this is not indicated in the resident's support plan, dated 1/15/15.

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.

Effective immediately all RASPS will be checked to include all outside agencies and services. All doctors that the resident is associated will be listed on the RASPS. Any new home health agencies and doctors will be added as an addendum to the RASPS.

Immediately: Resident #1's support will be updated to include the services being provided by home health.

8-8-16

Within 30 days of receipt of the plan of correction: The administrator or designee will review all current completed support plans for accuracy and completion including the care and services the home and any other agency will provide.

8-8-16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Tammy Branam

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

Tammy Branam

Date

6-30-16

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

The above plan of correction is approved as of

8-8-16
(Date)

Plan of correction implementation status as of

8-8-16
(Date)

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

The above plan of correction was approved by

S
(Initials)