



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 15 2016

Mr. Robert Swinsick, Board President
Broad Acres Nursing Home Association
1883 Shumway Hill Road
Wellsboro, Pennsylvania 16901

RE: Country Terrace
1919 Shumway Hill Road
Wellsboro, Pennsylvania 16901
License #: 235010

Dear Mr. Swinsick:

As a result of the Department of Human Services' annual licensing inspection on January 7, 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,

Matthew J. Jones
Director *MD*

Enclosure
License Inspection Summary

Violation Report: 23501 - 01/07/2016 - Dumas, Gerald
PCH Name: COUNTRY TERRACE

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident # 1's MAR did not have a diagnosis or purpose listed for Resident #1's Clarithromycin 500mg tab. to be taken by mouth 2 times a day for 10 days.
Resident # 2's MAR's states that their Lorazepam 0.5 mg. tabs. taken by mouth every eight hours as needed, has a diagnosis or purpose is to be given for agitation. This diagnosis describes a behavior, not a diagnosis.

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.

Personal Care Aid will let [redacted] LPN, be aware of any new medications entered onto the MAR. [redacted] LPN, will add a diagnosis at that time. [redacted] LPN, will review MAR's monthly to be sure every entry has a diagnosis. Administrator will conduct periodic reviews in order to ensure compliance.
Going forward will be sure that a diagnosis does not describe a behavior but is a diagnosis. WC, LPN, will also review monthly to be sure diagnosis are correct and if any questions arise, PCP will be contacted. These were both completed day of inspection.
Will review violations at QA.
All staff inserviced. 1/13/16.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Deborah Hazette*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Deborah Hazette Manager* Date *1/27/16*

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The above plan of correction is approved as of 1-1-16 (Date)

Plan of correction implementation status as of 1-1-16 (Date)

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

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