



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: July 28, 2016

Ms. Shari Evans, Administrator
Countryside Convalescent Home Ltd. Partnership
8221 Lamor Road
Mercer, Pennsylvania 16137

RE: Countryside Personal Care Home
460500

Dear Ms. Evans:

As a result of the Department of Human Services' licensing inspection on January 14, 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 "Janine Wenzig".

Janine Wenzig
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

MAR 25 2016

Violation Report: 46050 - 01/14/2016 - Barry, Courtney
PCH Name: COUNTRYSIDE PERSONAL CARE HOME 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 1/9/16, at approximately 2:38 p.m., the home was notified of an allegation of abuse regarding resident #1 being found with a disintegrated incontinence brief and hygiene neglected. This allegation 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.

an in-service was completed by our Mercer County office of Aging by [redacted] on 9/28/15 along with [redacted] From At Home Services reviewing mandatory abuse training/reporting and dementia training

Additional written information will be provided to all PC staff by 4/1/16 reviewing DHS mandatory incident reporting

Immediately - The administrator or a designee will review all incidents in the home daily, to ensure any allegation of abuse is immediately reported in accordance with OAPSA.

Immediately - An abuse reporting procedure will be implemented to ensure all allegations of abuse are reported in accordance with OAPSA.

ju 6/28/16

Repeat Violation: Yes Date(s) of Previous Violation(s): 03/05/2014 et al

Signature of Legal Entity Representative (Required on EVERY Page) *Katny Yabner*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Katny Yabner* Date *3/25/16*

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

The above plan of correction is approved as of 6/28/16 (Date)

Plan of correction implementation status as of 6/28/16 (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: 46050 - 01/14/2016 - Barry, Courtney
PCH Name: COUNTRYSIDE PERSONAL CARE HOME

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 1/9/16, at approximately 2:38 p.m., the home was notified of an allegation of abuse regarding resident #1 being found with a disintegrated incontinence brief and hygiene neglected. This allegation was not reported to the Department.

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.

A review with staff of Regulation 2600.16c will be reviewed by 4/1/16 and needed forms and instructions for notifying DHS will be located at the PC Nurse Station

Immediately - The administrator or designee will review all incidents in the home daily to ensure all reportable incidents are reported to the Department in the required timeframe and by the required reporting method.

6/28/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Kathy Yachner

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

Kathy Yachner

Date

3/25/16

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

The above plan of correction is approved as of

6/28/16
(Date)

Plan of correction implementation status as of

6/28/16
(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: 46050 - 01/14/2016 - Barry, Courtney
PCH Name: COUNTRYSIDE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 1/14/16, at approximately 9:10 a.m., confidential resident information was unlocked, unattended, and accessible at the nurses' station in the main hallway of the home including the following:

- *Medication checklists and physician orders and requests for residents #1, #2, #4, #5, #6, #7, #8, #9, #10, #11, and #12.
- *Resident #3's record on top of the medication cabinet

Also, The narcotic count book was unlocked and accessible on top of the medication cart in Redic Hall.

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 - A designated staff person, daily and on each shift, will monitor the home to ensure all resident records are locked.

Immediately - The administrator will monitor the home at least weekly to ensure resident records are kept locked

The cardex and narc book was immediately removed and secured in a locked area and will remain there when not in use. The administrator will monitor for compliance. A review of the Notice of Privacy Practices will be completed by 4/1/16

6/28/16

Repeat Violation: Yes

Date(s) of Previous Violation(s): 03/05/2014 et al

Signature of Legal Entity Representative
(Required on EVERY Page)

Kathryn Valmer

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

Kathryn Valmer

Date 3/25/16

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

The above plan of correction is approved as of 6/28/16
(Date)

Plan of correction implementation status as of 6/28/16
(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: 48050 - 01/14/2016 - Barry, Courtney
PCH Name: COUNTRYSIDE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

Resident #1 is diagnosed with Alzheimer's dementia with behavioral disturbance, and resides on the Secured Dementia Care Unit (SDCU) of the home.

On 1/9/16, resident #1 was sent to the emergency room due to shortness of breath, low pulse oxygen level and low blood pressure. According to the hospital records, the resident had "extremely poor hygiene," and "Upon bathing patient, RN found old, disintegrated brief on patient, the only thing left to the brief was the elastic" waist band. "Patient had filth buildup on back of ears, in nostril crevice as well as in periaura, patient had hospital band on from [redacted] 15....EKG leads from last hospital visit...were still on chest and legs. Patient has ear wax so bad it is dripping from ears and underneath nails are filthy. Patient has dementia and is unable to comprehend questioning or voice concerns for [redacted]"

Multiple staff interviews indicate the care needs of the resident could not be met at the home, including providing assistance with incontinence care and bathing. Multiple staff interviews and records indicate the resident exhibited ongoing, repeated physical violence toward staff who were "terrified" to provide personal care.

According to the medical records and the home's records, resident #1 assaulted and threatened staff and other residents on multiple occasions, including the following:

- * On 8/1/15, resident #1 grabbed a staff person by the throat. From 8/2/16 through 8/18/16, the resident was hospitalized in a behavioral health unit.
- * On 9/5/15, resident #1 struck staff persons C and D with a cane. On 9/6/15, resident #1 was taken to the hospital again and admitted to the behavioral health unit for aggressive behavior.
- * On 1/12/16, resident #1 grabbed staff person A by the neck and twisted his/her arm.
- * On 1/14/16, an agent of the Department observed resident #1 punch resident #18 in the stomach and push resident #18 to the floor.

The home failed to provide personal care services to resident #1, and also failed to adequately supervise the resident to prevent resident #1 from assaulting other residents, including resident #18.

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.

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

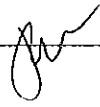
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 6/28/16
(Date)

Plan of correction implementation status as of 6/28/16
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress



Violation Report: 46050 - 01/14/2016 - Barry, Courtney PCH Name: COUNTRYSIDE PERSONAL CARE HOME	
1. REGULATION 55 Pa.Code §2600 2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.	
The above plan of correction was approved by <u> <i>AW</i> </u> (Initials)	<input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

See Page 6A of 13

Page 5

Violation 2600.42

Resident number one is no longer residing at CCH.

A care plan review has been developed to identify our high risk residents, and their potential need for a higher level of care.

The care plan meeting will include any agencies or therapy companies that is or will be providing services.

A therapy screening tool is including to further assist with identifying increasing needs.

Quick reference sheets will be located at each nurse's station on warning signs for increased negative behaviors and techniques for approach and intervention.

Additional staff education was completed for approach, triggers and appropriate techniques for re-direction

See Page 6B of 13

G. White

Page number 6.

2600.42

DCS will be educated on urgent communication techniques such as an acceptable time frame for showers/bathing and overall ADL completion particularly with residents with cognitive impairment

DCS will be educated on regulation 2600.42 and its interruption to assist with better understanding and services that are to be provided .

John W. Smith
6/28/16

MAR 29 2016

Violation Report: 46050 - 01/14/2016 - Barry, Courtney
PCH Name: COUNTRYSIDE PERSONAL CARE HOME WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION
On 1/14/16, approximately 10:06 a.m., a Clorox spray bottle with a manufacturer's label indicating "call poison control immediately if swallowed" was unlocked and accessible to residents in the middle lower cupboard in the dining area near room 18. Not all residents, including resident #2, who resides in the SDCU, but spends most daytime hours in the personal care side of the home, have been assessed capable of safely using and avoiding poisons.

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.

An inservice will be completed by 4/1/16 all poisonous substances/liquids were removed and secured at the time of DHS visit

Immediately - A designated staff person, daily and on each shift, will monitor the home to ensure poisons are kept locked.

Immediately - The administrator will monitor the home at least weekly, to ensure poisons are kept locked.

See Page 7A of 13

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kathy Yalmer*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathy Yalmer* Date *3/25/16*

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

The above plan of correction is approved as of 6/28/16 (Date)
The above plan of correction was approved by (Signature) (Initials)

Plan of correction implementation status as of 6/28/16 (Date)

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

Page number 7A of 13

2600.82c

All materials deemed poisonous will be locked and secured from the general public monitored by the housekeeping supervisor and staff.

Periodic checks will be done daily throughout the common areas.

☺
6/28/16

MAR 29 2016

Violation Report: 46050 - 01/14/2016 - Barry, Courtney PCH Name: COUNTRYSIDE PERSONAL CARE HOME	WEST REGION FIELD OFFICE Human Services Licensing
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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 #14 is ordered Labetalol HCl 300 mg, 1 tablet every 12 hours at 8 a.m. and 8 p.m. for hypertension. According to the medication administration record (MAR), on 1/3/16, the resident was administered 1 tablet at 8 a.m. and 1 tablet at 8 p.m. However, resident #14 was actually administered the 8 p.m. dose of the medication on 1/3/16 at approximately 5:25 p.m. According to staff interviews, staff person B directed other staff to administer medication early due to fewer staff on duty in that area from 6 p.m. - 10 p.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.

An inservice regarding reg 2600.187 will be completed by 4/1/16 regarding med administration and a visual reminder memo has been posted at the nurse station PC

Within 60 days of receipt of the plan of correction - The administrator or a designee who is trained in medication administration will observe at least 2 medication passes by each staff person who administers medications. Documentation will be kept. 6/28/16

Immediately - The administrator will ensure staffing is sufficient for residents to receive medication at prescribed times. 6/28/16

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) Kathy Yahnier

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Kathy Yahnier</u>	Date <u>3/25/16</u>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>6/28/16</u> (Date)	Plan of correction implementation status as of <u>6/28/16</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

Violation Report: 46050 - 01/14/2016 - Barry, Courtney
PCH Name: COUNTRYSIDE PERSONAL CARE HOME

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

MAR 29 2016

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #14 is ordered Labetalol HCl 300 mg, 1 tablet every 12 hours at 8 a.m. and 8 p.m. for hypertension. According to the MAR, on 1/3/16, the resident was administered 1 tablet at 8 a.m. and 1 tablet at 8 p.m. However, resident #14 was actually administered the 8 p.m. dose of the medication on 1/3/16 at approximately 5:25 p.m. According to staff interviews, staff person B directed other staff to administer medication early due to fewer staff on duty in that area from 6 p.m. - 10 p.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.

An inservice will be completed by 4/1/16 reviewing regulation 2600.187d

Within 60 days of receipt of the plan of correction -
The administrator or a designee who is trained in medication administration will observe at least 2 medication passes by each staff person who administers medications. Documentation will be kept.

Immediately - The administrator will ensure that staffing is sufficient for residents to receive medication at times prescribed.

6/28/16

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Kathy Palmer*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kathy Palmer* Date *3/25/16*

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

The above plan of correction is approved as of 6/28/16
(Date)

Plan of correction implementation status as of 6/28/16
(Date)

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

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

MAR 29 2016

Violation Report: 46050 - 01/14/2016 - Barry, Courtney
 PCH Name: COUNTRYSIDE PERSONAL CARE HOME
 WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION
 The assessment for resident #1, dated 2/9/15, indicates the resident is independent with bowel management; however, staff interviews indicate that the resident is incontinent of bowel and requires physical assistance. Also, the assessment indicates that the resident has no problem with agitation and aggression; however, according to the home's records, resident #1 hit staff and refused care numerous occasions from 8/1/15 and 1/14/16.
 The assessment for resident #2, dated 4/2/15, indicates the resident requires minimal supervision in the home; however, the preadmission screening, dated [redacted] 15, indicates the resident is an elopement risk.
 The assessment for resident #15, dated 7/24/15, indicates that the resident has no problem with agitation and aggression; however, according to multiple medical records and notes, including physician, hospital and home health and the home's progress notes, from 7/29/15 through 11/24/15, the resident was aggressive toward staff, threw chairs, punched staff and refused care. The hospital evaluation, dated 10/27/15, indicates the resident urinated and defecated on other residents' beds, had grossly abnormal behavior in the home, and was completely non-communicative at 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.
 By 4/30/16 a complete Res Chart Audit will be completed to ensure accurate updated information is documented.
 Resident #1 no longer in the home.
 Immediately - New assessments will be completed for residents #2 and #15.
 Immediately - All staff who complete assessments will be educated on completion and updating the document when required. *et al*

Repeat Violation: Yes
 Date(s) of Previous Violation(s): 03/05/2014

Signature of Legal Entity Representative (Required on EVERY Page)
Katny Vahner

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)
 Katny Vahner
 Date: 3/25/16

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

The above plan of correction is approved as of 4/28/16 (Date)
 The above plan of correction was approved by [Signature] (Initials)
 Plan of correction implementation status as of 4/28/16 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Page number 10

2600.225a

The initial assessment dated 2/9/15 did indicate res number 1 was independent with bowel and had at that time no aggression or agitation appears to be accurate. Documented behaviors start date was approximately 8/2015.

Res #2 does require minimal assistance when in the home due to [REDACTED] residing in our secured dementia unit. The resident is considered to be an elopement risk.

Res #15 had no documentation in [REDACTED] records for 7/29/2015 however on 7/28/15 it was noted resident was "dragging chairs in the dining room"

J. [unclear]

MAR 29 2016

Violation Report: 46050 - 01/14/2016 - Barry, Courtney
PCH Name: COUNTRYSIDE PERSONAL CARE HOME

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

The support plan for resident #1, dated 04/02/15, indicates "no problem" under the Behavioral or Cognitive Need and Degree including: judgment, understanding directions, Long term memory, and short term memory; however, the resident was admitted to the SDCU on [redacted] 15 and the preadmission screening, dated [redacted] 15, indicates the resident is an "elopement risk". The summary and determination indicated that resident #1 is independent and does not address the need for SDCU.

The support plan for resident #13 sustained a fall on 11/22/15, 12/6/15, 12/10/15, and 01/07/16. On 12/10/15 a request was made for an order for therapy services and Staff person A indicated that therapy services were provided to address education and strength building in regards to the falls and positioning of the walker; however, the resident's support plan, dated 8/13/15, does not address the services the home provided to assist the resident due to the fall risk.

The support plan for resident #15, dated 7/24/15, was not updated to address the resident needs relating to multiple falls between 10/31/15 and 11/28/15, public toileting, maintaining appropriate dressing in public, agitation, and aggression towards staff.

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.

From today forward the administrator will ensure all updates are documented on DITS forms. Please refer to additional sheets for follow-ups

etal see page 11A of 13

Repeat Violation: Yes Date(s) of Previous Violation(s): 03/05/2014

Signature of Legal Entity Representative (Required on EVERY Page) Kathy Yahrner

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kathy Yahrner Date 3/25/16

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

The above plan of correction is approved as of [Signature] (Date)

Plan of correction implementation status as of 6/28/16 (Date)

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

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

Page number 11

2600.227d

The assessment completed on res #1 was completed based off of the area the resident was residing in which was a secured dementia unit at that time. With reference to [REDACTED] acclimation of resident in the SDU

Res #13 The administrator had met with therapy director and will now implement a process that indicated therapy services and goals, admission and the residents discharge date with recommendations to better assist with internal communication

The administrator will follow, complete, and update all RASPS with pertinent information relating to changes in condition and services being provided with emphasis on the residents that reside in our SDU.

All support plans for identified residents will be updated immediately or a new support plan will be completed.


D
12/21/16

MAR 29 2016

Violation Report: 46050 - 01/14/2016 - Barry, Courtney

PCH Name: COUNTRYSIDE PERSONAL CARE HOME

WEST REGION FIELD OFFICE

Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(h) - If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

2a. DESCRIPTION OF VIOLATION

The assessment dated 10/16/15, for resident #14 was not signed by the person who completed the assessment.

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.

Going forward the administrator will review and audit all required documentation for signatures

See Page 12A of 13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Kathy Yabner

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Kathy Yabner

Date

3/25/16

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

The above plan of correction is approved as of

6/28/16 (Date)

Plan of correction implementation status as of

6/28/16 (Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

(Initials)

Page number 12

2600.227h

A chart audit will be utilized to ensure all required signatures are on all documents. The administrator will review documents prior to them being filed

Chart audits will be conducted at least quarterly.

A handwritten signature, possibly reading "J. [unclear]", is written below the text.

MAR 30 2016

Violation Report: 46050 - 01/14/2016 - Barry, Courtney
PCH Name: COUNTRYSIDE PERSONAL CARE HOME WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION
Resident #1 was admitted to the secured dementia care unit on [redacted] 15. The resident's medical evaluation, dated 3/30/15, does not indicate the need for the resident to be served in a secured dementia care unit and does not include a diagnosis of Alzheimer's disease or other dementia.

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.

By 4/30/16 a complete Res Chart audit will be done to ensure accurate up to date information has been documented

Resident #1 no longer resides in the home.

Repeat Violation: Yes Date(s) of Previous Violation(s): 03/05/2014

Signature of Legal Entity Representative (Required on EVERY Page) *Kathy Yalmer*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathy Yalmer* Date *3/25/16*

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

The above plan of correction is approved as of 6/28/16 (Date)

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

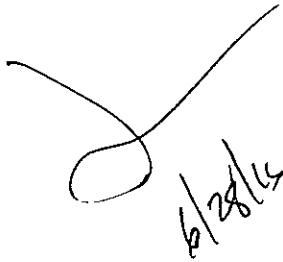
Plan of correction implementation status as of 6/28/16 (Date)

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

Page number 13

2600.231b

The administrator will complete review check list to ensure all required and accurate information is documented on the prescreen, DME, and RASP



A handwritten signature, possibly 'J', is written above the date '6/28/14'.