



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 19 2016

Ms. Rose M. Handy, President & Administrator
Country Comfort Alternative Living Inc.
10546 River Road
New Columbia, Pennsylvania 17856

RE: Country Comfort Alternative Living, Inc.
License #: 202050

Dear Ms. Handy:

As a result of the Department of Human Services' annual licensing inspection on March 2, 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 "Jay Bausch".

Jay Bausch
Deputy Secretary

Enclosure
License Inspection Summary

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

PCH Name: COUNTRY COMFORT ALTERNATIVE LIVING INC		License Number: 20205
Address: 10546 RIVER ROAD, NEW COLUMBIA, PA 17856		County: Union
Administrator: Rose Handy		Region: NORTHEAST
Legal Entity Name: COUNTRY COMFORT ALTERNATIVE LIVING INC		
Legal Entity Address: 10546 RIVER ROAD, NEW COLUMBIA, PA 17856		
Certificate(s) of Occupancy Other 01/15/1997 White Deer Township		
Staffing Hours Resident Support: 0 Total Daily Staff: 20 Waking Staff: 15		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 03/02/2016: Novak, Ryan; Rushin, Julienne		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 20 Number of Residents Served: 20 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 11 Are 60 Years of Age or Older: 19 Have Mental Illness: 1 Have an Intellectual Disability: 2 Have a Mobility Need: 0 Have a Physical Disability: 1	

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Violation Report: 20205 - 03/02/2016 - Novak, Ryan

PCH Name: COUNTRY COMFORT ALTERNATIVE LIVING INC

1. REGULATION 55 Pa.Code §2600

2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

Act 56 of 2007 requires that "no person, organization, or program shall use the term 'assisted living' in any name or written material" unless the person, organization, or program is an assisted living residence licensed in accordance with 55 Pa. Code Chapter 2800 (relating to assisted living residences). The home is currently using the term as follows: A document titled, Assisted Living- A Quality of Life setting for Our Nation's Elderly, was noted in resident #1 and #2's resident record. Each document was signed by the resident and Administrator A.

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.

Plan of Correction: The document titled "Assisted Living - A Quality of Life setting for our Nation's Elderly" will no longer be used. Completed 3/3/16

Plan of Prevention: The administrator will review all documents in the future to make sure they do not use the term "Assisted Living."

Note: The document talks about personal care homes as well as assisted living but was titled "Assisted Living. . . ."

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Rose M. Handy

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

ROSE M. HANDY, ADMINISTRATOR

Date 3/29/16

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 5/27/16 (Date)

Plan of correction implementation status as of 5/27/16 (Date)

The above plan of correction was approved by

 (Initials)

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

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Violation Report: 20205 - 03/02/2016 - Novak, Ryan
PCH Name: COUNTRY COMFORT ALTERNATIVE LIVING INC

1. REGULATION 55 Pa. Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

An interview with Administrator A indicated that Resident #3's glucometer was used to measure Resident #4's blood sugar because Resident #4 did not have a glucometer yet.

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.

Plan of Correction:

1. Disposed of all 3 meters that were used by Resident #3 & #4. Did while inspectors were present.
2. Bought new meters for Residents #3 & #4 while inspectors were still at the facility. Inspectors received a copy of the sales receipt.

Plan of Prevention: Administrator will

Instruct PC staff of violation and explain that each resident must have their own glucometer. No glucometers may be shared with multiple residents. This will be completed at a staff meeting on 3/30/16.

Note: Resident #3 had 3 glucometers and was no longer using any. The doctor discontinued blood sugar checks on Resident #3 on 10/5/15. Resident #4 did not start doing blood sugar checks until 2/17/16. Research documents say hepatitis B virus can survive outside the body at least 7 days and hepatitis C can survive outside the body at least 48 hrs. Thus, in this case, the risk of transmitting this virus is null. Also note that hospitals and nursing homes are still allowed to use the same glucometer to check multiple patients.

Not pertinent to Plan of Correction.

Op 5/27/16

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) Rose M. Handy		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) ROSE M. HANDY, ADMINISTRATOR		Date 3/29/16

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

The above plan of correction is approved as of 5/27/16
 The regulations require sanitary practices to be in place at all time (Date)

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

Plan of correction implementation status as of 5/27/16 (Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

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Violation Report: 20205 - 03/02/2016 - Novak, Ryan
PCH Name: COUNTRY COMFORT ALTERNATIVE LIVING INC

1. REGULATION 55 Pa.Code §2600
2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION
The first aid kit located in the nursing office does not include adhesive tape and a CPR breathing shield.

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.

Plan of Correction:
1. Put adhesive tape & CPR breathing shield into first aid kit. This was completed in front of the inspector when the items were found missing.

Plan of Prevention:
1. The administrator will review with all staff what items need to be in the first aid kit at all times when the kit is not being used.
2. Have a staff person in charge of checking the first aid kit daily.
3. Steps 1 & 2 will be completed at a staff meeting on 3/30/16.

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

Signature of Legal Entity Representative
(Required on EVERY Page) Rose M. Handy

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) ROSE M. HANDY, ADMINISTRATOR Date 3/29/16

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

The above plan of correction is approved as of 5/27/16
(Date)

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

Plan of correction implementation status as of 5/27/16
(Date)

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

P 5 of 10

Violation Report: 20205 - 03/02/2016 - Novak, Ryan

PCH Name: COUNTRY COMFORT ALTERNATIVE LIVING INC

1. REGULATION 55 Pa.Code §2600

2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION

The home did not submit their emergency procedures to the local emergency management agency in 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.

Plan of Correction:

1. The administrator will review the Emergency Procedure document & make changes if necessary.
2. The administrator will send a letter and a copy of the personal care home's Emergency Procedures to the local emergency management agency. Letter & copy of procedures will be mailed 3/30/16. A copy of the letter has been included with this documentation.

Plan of Prevention:

1. The administrator will review and update the ~~the~~ home's Emergency Procedures annually.
2. The administrator will submit a copy to the local emergency management agency annually.

Repeat Violation: No	Date(s) of Previous Violation(s):
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Signature of Legal Entity Representative (Required on EVERY Page)	Rose M. Handy
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	ROSE M. HANDY, ADMINISTRATOR	Date	3/29/16
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 5/27/16 (Date)

Plan of correction implementation status as of 5/27/16 (Date)

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

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

plb 2/10

Violation Report: 20205 - 03/02/2016 - Novak, Ryan

PCH Name: COUNTRY COMFORT ALTERNATIVE LIVING INC

1. REGULATION 55 Pa.Code §2600

2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #5, evaluated on 10/08/15, is not dated to indicate when the physician signed the form.

The medical evaluation for resident #1, dated 5/27/15, is missing the following elements: Special Health and Dietary Needs and Body Positioning and Movement.

The medical evaluation for resident #2, dated 10/01/15, is not marked to indicate if the resident requires body positioning, if any.

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.

Plan of Correction:

1. Administrator will complete immediately missing information on residents #5 DME. Note: The date of the evaluation was 10/8/15 and the date the form was completed was 10/8/15. The resident returned the DME the same day that the exam was completed. Therefore it is assumed that the physician signed the form on 10/8/15 and that is the date that the administrator entered. # Completed 3/3/16
2. Completed immediately by administrator the missing information on resident #1 DME as "none" for both.
3. The administrator completed immediately the missing information on resident #2 DME which was "none"

Plan of Prevention:

Administrator will review more carefully the DMEs to make sure they are completed correctly. The administrator will have her assistant also review the DMEs when completed.

Form of NE initial date

Completed 3/3/16

All changes or corrections will be reviewed by the PCH.

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

Signature of Legal Entity Representative (Required on EVERY Page) Rose M. Nandy

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) ROSE M. NANDY, ADMINISTRATOR Date 3/29/16

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The above plan of correction is approved as of 3/27/16 (Date)

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

Plan of correction implementation status as of 3/27/16 (Date)

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

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Violation Report: 20205 - 03/02/2016 - Novak, Ryan

PCH Name: COUNTRY COMFORT ALTERNATIVE LIVING INC

1. REGULATION 55 Pa.Code §2600

2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

A (0.33 ounce) tube of Triple Antibiotic Ointment with an expiration date of June 2015 was noted in the home's vehicle first aid kit.

Resident #1's Advair 500/50 was not dated as to when the medication was opened. The medication expires 1 month after opening the foil pouch.

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.

Plan of Correction:

1. Replace the expired triple antibiotic ointment immediately. This was completed immediately when found by inspector.
2. Check when resident #1 received Advair from the pharmacy and count 30 days forward to determine expiration date. Completed 3/3/16.

Plan of Prevention:

1. The administrator will instruct all PC staff to date all inhalers when opened with the open date and expiration date.
2. The administrator will post ^{inhaler} expiration chart received from pharmacy. Completed 3/29/16.
3. The assistant to the administrator will do monthly checks to make sure the plan is followed.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Rose M. Handy

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

ROSE M. HANDY, ADMINISTRATOR

Date 3/29/16

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

The above plan of correction is approved as of 5/27/16 (Date)

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

Plan of correction implementation status as of 5/27/16 (Date)

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

98810
Page 9 of 10

Violation Report: 20205 - 03/02/2016 - Novak, Ryan
PCH Name: COUNTRY COMFORT ALTERNATIVE LIVING INC

1. REGULATION 55 Pa.Code §2600
2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION
Resident #1's tussin cough syrup was not labeled with the residents name.

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.

Plan of Correction:

1. Write resident's name on bottle of Tussin Cough syrup. This was completed immediately when found by the inspector.

Plan of Prevention:

1. Administrator will review the regulation with all PC staff at meeting on 3/30/16.
2. The assistant to the administrator will do monthly checks.

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

Signature of Legal Entity Representative
(Required on EVERY Page) Rose M. Handy

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) ROSE M. HANDY, ADMINISTRATOR Date 3/29/16

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

The above plan of correction is approved as of 5/27/16
(Date)

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

Plan of correction implementation status as of 5/27/16
(Date)

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

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Violation Report: 20205 - 03/02/2016 - Novak, Ryan
PCH Name: COUNTRY COMFORT ALTERNATIVE LIVING INC

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

On 2/29/16 at 12:34 pm, resident #6's glucometer indicates a blood glucose reading of 185; 184 is indicated on the MAR. On 2/23/16, there was no reading in resident #'s meter; a blood sugar level of 109 was indicated on the MAR.

Resident #1's fanapt did not include a diagnosis or purpose on the medication administration record.

Resident #7 has an order for blood glucose readings before meals and at bedtime. On 2/24/16 at 7:30pm the MAR noted a blood glucose reading of 227 but the glucometer noted 228. On 2/24/16 at 4:45pm the MAR noted a blood glucose reading of 177 but the glucometer noted 188.

Resident #4 has an order for blood glucose readings twice daily at 7:15am and 4:45pm. On 2/25/16 at 7:15am the MAR noted a blood glucose reading of 164 but the glucometer noted 195. On 2/24/16 at 7:15am the MAR noted a blood glucose reading of 195 but the glucometer noted 164.

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.

Plan of Correction


- 1. The administrator will speak to each staff person who had recording errors for resident #6, #7, & #4. Will complete after meeting on 3/30/16.
- 2. ~~will correct~~ The administrator will have the staff people from step #1 make corrections on the residents' MARs. Complete on 3/30

Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Rose M. Hardy</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Rose M. Hardy, Administrator</i>	Date <i>3/29/16</i>

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

The above plan of correction is approved as of 3/27/16
(Date)

Plan of correction implementation status as of 3/27/16
(Date)

The above plan of correction was approved by 
(Initials)

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

ppA 810

187a - cont'd.

Violation Report: 20205 - 3/2/16
Country Comfort Alternative Living

3. Administrator will add a diagnosis for Resident #1's. of anapt. Completed 3/3/16

Plan of Prevention:

1. The Administrative Assistant will do daily checks of all glucose meters and MARs she will notify Administrator of any discrepancies. The Administrator will speak with the staff persons who have the discrepancies.
2. The Administrative Assistant will review all MARs monthly for diagnosis for each medication.

Rose Handy

ROSE HANDY, ADMINISTRATOR

3/29/16

Annedragon RLA 5/27/16

P10810

Violation Report: 20205 - 03/02/2016 - Novak, Ryan
PCH Name: COUNTRY COMFORT ALTERNATIVE LIVING INC

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

2a. DESCRIPTION OF VIOLATION

Resident #7 has an order for blood glucose readings before meals and at bedtime, insulin coverage is ordered per a sliding scale. On 2/7/16 at 7:15am the blood glucose reading was 235. 8 units of insulin were administered, 7 units should have been administered. On 2/24/16 at 4:45pm the blood glucose reading was 188. 3 units of insulin were administered, 4 units should have been administered.

Resident #8 has an order for blood glucose readings once daily. On 2/23/16 at 9pm and 2/26/16 at 4pm the home did not complete the blood glucose readings.

Resident #1's PRN phenol anesthetic spray was not available at the time of the inspection.

Records indicate that resident #8 is to have his/her blood glucose tested daily. There is no reading for 2/23/16 in the resident's glucometer.

Resident #9 is prescribed Novolog with a sliding scale. Review of the resident's MAR indicates the following errors: On 2/24/16 at 11:00am, the resident's blood glucose level measured 168; 2 units of insulin were needed; "0" were administered. On 2/24/16 at 4:11 pm, the resident's blood glucose level measured 217; 4 units were needed; "0" were administered. On 2/26/16 at 4:20 pm, the resident's blood glucose level measured 206; 4 units were needed; "0" were administered. On 2/27/16 at 4:35 pm, the resident's blood glucose level measured 156; 2 units were needed; "0" were administered.

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.

Plan of Correction:

1. The Administrator will speak to each staff person who was involved with the above errors concerning Resident #7, #8, #6, & #9. Will review sliding scale with staff. Complete on 3/3/16
2. The Administrative Assistant will get phenol anesthetic spray for resident #1. Completed on 3/3/16

Plan for Prevention:

1. The Administrator will review sliding scale with PC staff when doing insulin observations quarterly.
2. The Administrative Assistant will make sure all medications on

Repeat Violation: No Date(s) of Previous Violation(s): MARs are available. She will do monthly reviews.

Signature of Legal Entity Representative (Required on EVERY Page) Rose Handy

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) ROSE HANDY, ADMINISTRATOR

Date 3/29/16

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

The above plan of correction is approved as of 3/27/16 (Date)
Admin or Designee will audit dr orders & insulin administered monthly to assure ongoing compliance

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

Plan of correction implementation status as of 3/27/16 (Date)

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