



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 18 2016

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

RE: Countryside Personal Care Home
License #: 460500

Dear Ms. Evans:

As a result of the Department of Human Services' annual licensing inspections on March 15, 2016 and March 16, 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 blue ink that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: COUNTRYSIDE PERSONAL CARE HOME		License Number: 46050
Address: 8221 LAMOR ROAD, MERCER, PA 16137		County: Mercer
Administrator: Kathy Yahner		Region: WEST
Legal Entity Name: COUNTRYSIDE CONVALESCENT HOME LIMITED PARTNERSHIP		
Legal Entity Address: 8221 LAMOR ROAD, MERCER, PA 16137		RECEIVED
Certificate(s) of Occupancy C2LP 12/04/2003 L&I		AUG 19 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 72	Waking Staff: 54
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 03/15/2016: Marini, Michael; Knee, Donald 03/16/2016: Marini, Michael; Knee, Donald		
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: 100	Number of Residents who:	Receive Supplemental Security Income: 0
Number of Residents Served: 50		Are 60 Years of Age or Older: 50
Secured Dementia Care Unit in Home: Yes		Have Mental Illness: 4
Area: Memory Lane		Have an Intellectual Disability: 2
Secured Dementia Unit Capacity, If Applicable: 28		Have a Mobility Need: 22
Number of Residents Served in Secured Dementia Care Unit, If applicable: 20		Have a Physical Disability: 0
Number of Current Hospice Residents: 5		
Number of Hospice Residents in past year: 11		

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Violation Report: 48050 - 03/15/2016 - Marini, Michael
PCH Name: COUNTRYSIDE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

On 3-15-16, the license inspection summary, dated 3-5-14, and a copy of the personal care home regulations (Chapter 2600) were not posted in a conspicuous and public place 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.

See pg 2^a of 14

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

Signature of Legal Entity Representative (Required on EVERY Page) *D Jones*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *DIANNA JONES* Date *8/15/16*

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

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

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

Plan of correction implementation status as of 9/6/16 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *pu.*
- Partially Implemented - Inadequate Progress
- Not Implemented

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report Correction Plan

Administrator: Dianna Jones

License #: 460500

Page 2A of 14

Regulation 2600.3 (c)—The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of the Violation-- On 3-15-16, the license inspection summary, date 3-5-14, and a copy of the personal care home regulations (Chapter 2600) were not posted in a conspicuous and public place in the home.

Plan of Correction—Immediately the summary dated 3-5-14 and a copy of the personal care home regulations were posted by the administrator on the nurses station desk in the personal care department of Countryside.

An in-service to go review and education on these violations was held on March 28, 2016 and again after violation report was received on August 9, 2016.

The administrator will check weekly to make sure the summary and regulations are still posted at the nurses station

Signature Dianna Jones Date 8/15/16

9/12 9/6/16

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Violation Report: 46050 - 03/15/2016 - Marini, Michael
PCH Name: COUNTRYSIDE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The safe evacuation time, as designated by a fire safety expert in a letter dated 12-1-15, is 8 minutes. However, the evacuation time for the fire drill conducted on 2-25-16 at 2:15 AM was 8 minutes and 27 seconds.

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.

See pg. 4^o of 14

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

Signature of Legal Entity Representative (Required on EVERY Page) *D. Jones*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Diana Jones* Date *8/15/16*

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

The above plan of correction is approved as of 9/6/16
(Date)

The above plan of correction was approved by D.N.
(Initials)

Plan of correction implementation status as of 9/6/16
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *9/6/16*
- Partially Implemented - Inadequate Progress
- Not Implemented

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report Correction Plan

Administrator: Dianna Jones

License #: 460500

Page 4A of 14

Description of Violation—The safe evacuation time, as designated by a fire safety expert in a letter dated 12-1-15 is 8 minutes. However, the evacuation time for the fire drill conducted on 2-25-16 at 2:15 am was 8 min and 27 seconds.

Plan of correction—Immediately following the inspection, maintenance was educated on this regulation and additional fire drills were ran to ensure compliance. Attached are the logs from those fire drills.

This administrator will review with maintenance monthly to ensure our fire drills are meeting the requirements of DHS.

Fire drills were conducted on the following dates and times and were completed in less than the home's safe evacuation time:

3/30/16 @ 3:03 pm

4/29/16 @ 1:29 pm

6/21/16 @ 2:42 pm

5/27/16 @ 2:06 pm

gw. 9/6/16

Signature _____

Dianna Jones

Date 8/15/16

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WEST REGION FIELD OFFICE
Human Services Licensing Page 5 of 14

Violation Report: 46050 - 03/15/2016 - Marini, Michael PCH Name: COUNTRYSIDE PERSONAL CARE HOME	
1. REGULATION 55 Pa.Code §2600 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.	
2a. DESCRIPTION OF VIOLATION The last 2 fire drills during sleeping hours were conducted on 2-25-16 at 2:15 AM and 7-23-15 at 5:10 AM.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<i>Sec 25 5^a of 14</i>	
Repeat Violation: Yes	Date(s) of Previous Violation(s): <i>3/5/14</i>
Signature of Legal Entity Representative (Required on EVERY Page) <i>D Jones</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Dianna Jones</i>	Date <i>8/15/16</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u><i>9/6/16</i></u> (Date)	Plan of correction implementation status as of <u><i>9/6/16</i></u> (Date)
The above plan of correction was approved by <u><i>DJ</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>DJ</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report Correction Plan

Administrator: Dianna Jones

License #: 460500

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WEST REGION FIELD OFFICE
Human Services Licensing

Page 5A of 14

Description of violation—The last 2 fire drills during sleeping hours were conducted on 2-25-16 at 2:15 am and 7-23-15 at 5:10 am.

Plan of correction— Immediately following the inspection, maintenance was educated on this regulation and additional fire drills were ran to ensure compliance. Attached are the logs from those fire drills.

This administrator will review with maintenance monthly to ensure our fire drills are meeting the requirements of DHS.

within 30 days of receipt of the plan of correction: the home will conduct a sleeping hour fire drill in which all residents are evacuated in under the home's minimum safe evacuation time.

J.S.
9/8/16

Signature J. Jones Date 8/15/16

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Page 6 of 14

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 46050 - 03/15/2016 - Marini, Michael
PCH Name: COUNTRYSIDE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION

The home did not evacuate all residents to a fire safe area or outside the building during the following fire drills:

Date	Time	# Residents in Home	# Residents Evacuated
2-28-15	5:48 AM	43	42
3-30-15	9:18 AM	45	44
7-23-15	5:10 AM	34	0
8-27-15	8:40 PM	39	33
9-30-15	1:35 PM	37	31
2-25-16	2:15 AM	33	14

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.

See pg 6^a of 14

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

Signature of Legal Entity Representative (Required on EVERY Page) *D. Jones*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *DIANNA JONES* Date *8/15/16*

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

The above plan of correction is approved as of 9/6/16 (Date)

The above plan of correction was approved by JN. (Initials)

Plan of correction implementation status as of 9/6/16 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *JN.*
- Partially Implemented - Inadequate Progress
- Not Implemented

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report Correction Plan

Administrator: Dianna Jones

License #: 460500

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Description of Violation—The home did not evacuate all residents to a fire safe area or outside the building during the following fire drills:

2-28-15, 3-30-15, 7-23-15, 8-27-15, 9-30-15, 2-25-16.

Plan of correction— Immediately following the inspection, maintenance was educated on this regulation and additional fire drills were ran to ensure compliance. Attached are the logs from those fire drills.

This administrator will review with maintenance monthly to ensure our fire drills are meeting the requirements of DHS.

Fire drills were conducted on the following dates and times and all residents of the home were evacuated =

3/30/16 @ 3:03 pm

4/29/16 @ 1:29 pm

6/21/16 @ 2:42 pm

5/27/16 @ 2:06 pm DN. 9/6/16

Signature

Dianna Jones

Date

8/15/16

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WEST REGION FIELD OFFICE
Human Services Licensing

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Violation Report: 46050 - 03/15/2016 - Marini, Michael	
PCH Name: COUNTRYSIDE PERSONAL CARE HOME	
<p>1. REGULATION 55 Pa.Code §2600 2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.</p>	
<p>2a. DESCRIPTION OF VIOLATION</p> <p>Resident #1 was prescribed Warfarin-2 mg, take 1 tablet on Sunday, Tuesday, Wednesday, Thursday and Saturday. On 1-13-16 the dosage was increased to 3 mg, take 1 tablet on Sunday, Tuesday, Wednesday, Thursday and Saturday. However, on 3-16-16 the warfarin 2 mg was still in the medication cart.</p> <p>On 2-24-16, resident #1 was prescribed Nystatin ointment-100,000 units/gm-Apply three times daily for 10 days. This medication was still in the medication cart on 3-16-16.</p>	
<p>3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i></p> <p style="text-align: center; font-size: 1.2em;">See pg 7 of A14</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>D Jones</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Diana Jones</i>	Date <i>8/15/16</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u><i>9/5/16</i></u> (Date)	Plan of correction implementation status as of <u><i>9/6/16</i></u> (Date)
The above plan of correction was approved by <u><i>DM</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>DM</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report Correction Plan

Administrator: Dianna Jones

License #: 460500

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WEST REGION FIELD OFFICE
Human Services Licenship

Page 7A of 14

Description of Violation—Resident #1 was prescribed Warfarin 2 mg, take 1 tablet on Sunday, Tuesday, Wednesday, Thursday and Saturday. On 1-13-16 the dosage was increased to 3mg, take 1 tablet on Sunday, Tuesday, Wednesday, Thursday and Saturday. However on 3-16-16 the warfarin 2mg was still in the med cart.

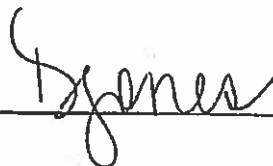
On 2-24-16, resident #1 was prescribed Nystatin ointment-100,000 units/gm—apply three times daily for 10 days. This medication was still in the medication cart on 3-16-16.

Plan of Correction—Immediately following the inspection, the medications listed above were removed from the med carts.

Going forward our medication carts are audited monthly by our corporate pharmacy. Weekly the carts will be audited by the LPN or administrator.

Staff was educated on these errors on 3-28-16 and again on 8-9-16.

Signature



Date

8/15/16

JW. 9/6/16

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Violation Report: 46050 - 03/15/2016 - Marini, Michael
PCH Name: COUNTRYSIDE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Carbidopa-Levodopa 10-100 mg, take 1 tablet by mouth once daily. The label indicates to take it twice daily.

Resident #2 is prescribed Peridex Solution-6 ml orally after meals and at bedtime. The label on resident #2's Peridex solution has faded so that the following cannot be read:

- * The resident's name.
- * The name of the medication.
- * The date the prescription was issued.
- * The prescribed dosage and instructions for administration.
- * The name and title of the prescriber.

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.

See pg 8⁹ of 14

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Diana Jones</i>	Date <i>8/15/16</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 9/6/16 (Date)

Plan of correction implementation status as of 9/5/16 (Date)

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

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

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report Correction Plan

Administrator: Dianna Jones

License #: 460500

Page 8A of 14

Description of Violation—Resident #1 is prescribed Carbidopa-Levodopa 10-100mg, take 1 tablet by mouth once daily. The label indicated to take it twice daily.

Resident #2 is prescribed Peridex-Solution-6ml orally after meals and at bedtime. The label on residents #2 Peridex solution has faded so that the following cannot be read:

Resident's name, name of the medication, date the prescription was issued, prescribed dosage and instructions for administration, the name and title of the prescriber.

Plan of correction—Immediately following the inspection the medication errors listed above were corrected.

Going forward the carts will be audited by the LPN or administrator weekly to ensure compliance with medication regulations.

Staff was re-trained on these violations on 3-28-16 and again on 8-9-16.

Signature Dianna Jones Date 8/15/16

DM 9/17/16

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 46050 - 03/15/2016 - Marini, Michael
PCH Name: COUNTRYSIDE PERSONAL CARE HOME

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 March 2016 medication administration record (MAR) did not include the diagnosis or purpose for any of the medications, to include Carbidopa-Levodopa 10-100mg and Furosemide 20mg.

Resident #2's March 2016 MAR did not include Refresh Liquigel 1%-Instill 1 drop into each eye twice daily.

Resident #2 is prescribed Morphine 20 mg/ ml-Take 0.25 ml (5 mg) under the tongue every 1 hour as needed for pain or shortness of breath; however, resident #2 's March 2016 MAR indicates Morphine 20 mg/ ml, inject 1 syringe subcutaneously every hour as needed for pain.

Resident #2 is prescribed Acetaminophen Suppository 850 mg-Insert 1 suppository rectally every 4 hours as needed for pain; however, resident #2's March 2015 MAR indicates to take it every 6 hours as needed for pain.

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.

See P59 of F14

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Dianna Jones* Date *8/15/16*

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

The above plan of correction is approved as of <u>9/6/16</u> (Date)	Plan of correction Implementation status as of <u>9/6/16</u> (Date)
The above plan of correction was approved by <u><i>DW.</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>9/6/16</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report Correction Plan

Administrator: Dianna Jones

License #: 460500

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AUG 19 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Page 9A of 14

Description of Violation—Resident #1's March 2016 medication administration record did not include the diagnosis or purpose for any of the medications, to include Carbidopa-levidopa 10-100mg and furosemide 20mg.

Resident #2's march 2016 MAR did not include Refresh Liquigel 1%—instill 1 drop into each eye twice daily.

Resident #2 is prescribed Morphine 20 mg/ml—take 0.25ml (5mg) under the tongue every house as needed for pain and shortness of breath; however, resident #2's March 2016 MAR indicates Morphine 20 mg/ml, inject 1 syringe subcutaneously every hour as needed for pain.

Resident #2 is prescribed Acetaminophen Suppository 650 mg—insert 1 suppository rectally every 4 hours as needed for pain; however, resident #2's March 2015 MAR indicates to take it every 6 hours as needed for pain.

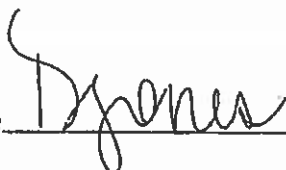
Plan of correction—Immediately following inspection all violations listed above were corrected.

Going forward the medication carts will be audited by the LPN or administrator weekly to ensure compliance with all medication regulations.

Staff were re-educated on these med errors on 3-28-16 and again on 8-9-16.

Resident #1 was discharged on [REDACTED] /16. NU; 9/16/16

Signature



Date

8/15/16

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AUG 19 2016

WEST REGION FIELD OFFICE
Human Services Licensing

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Violation Report: 46050 - 03/15/2016 - Marini, Michael
PCH Name: COUNTRYSIDE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

Resident #4 was admitted to the home on [redacted] 15. However, the home did not complete a pre-admission screening of him/her.

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.

See pg 10^a of 14

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

Signature of Legal Entity Representative (Required on EVERY Page) *D Jones*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *DIANNA JONES* Date *8/15/16*

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

The above plan of correction is approved as of <u>9/6/16</u> (Date)	Plan of correction implementation status as of <u>9/6/16</u> (Date)
The above plan of correction was approved by <u><i>DJ</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>qu.</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report Correction Plan

Administrator: Dianna Jones

License #: 460500

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AUG 19 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Page 10A of 14

Description of the violation—Resident #4 was admitted to the home on [REDACTED]-15. However, the home did not complete a pre-admission screening of him/her.

Plan of corrections—From the point of inspection on all residents will have a prescreen completed before being admitted to the home.

This administrator audited all resident files to ensure compliance with this regulation.

The concierge was educated on this violation on 8-9-16 as they are the only other person who fills out the prescreen at this time.

Within 30 days of receipt of the plan of correction the administrator will develop and implement a tracking system to ensure each resident has an accurate pre admission screening completed, including a determination that the home can meet the residents' needs, within 30 days prior to admission. J.D. 9/6/16

Signature

Dianna Jones

Date

8/15/16

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AUG 19 2016

WEST REGION FIELD OFFICE Page 11 of 14
Human Services Licensing

Violation Report: 46050 - 03/15/2016 - Marini, Michael
PCH Name: COUNTRYSIDE PERSONAL CARE HOME

1. REGULATION 65 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

Resident #4 was admitted to the home on [redacted] 15. However, the home did not complete an assessment of him/her.

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.

See pg. 11^a of P 14

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *DIANNA JONES* Date *8/15/16*

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

The above plan of correction is approved as of 9/6/16
(Date)

Plan of correction implementation status as of 9/6/16
(Date)

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

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

Violation Report Correction Plan

Administrator: Dianna Jones

License #: 460500

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AUG 10 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Page 11A of 14

Description of violation—Resident #4 was admitted to the home on [REDACTED] 15. However, the home did not complete an assessment of him/her.

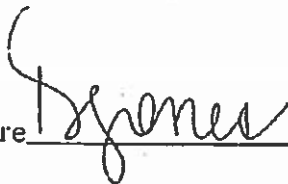
Plan of correction—From the point of inspection on all residents will have an assessment complete within the allotted time.

This administrator audited all resident files to ensure compliance with this regulation. This administrator will be responsible going forward to complete all assessments on residents required by DHS.

Resident #4's assessment was completed on 3/21/16. g.w. 9/8/16

Within 30 days of receipt of the plan of correction: all staff persons involved in the resident assessment process will receive education on the home's policy and procedure for the timely completion of resident assessments, including the requirement that assessments must be completed within 15 days of admission. Documentation of staff education shall be kept. g.w. 9/8/16

Signature



Date

8/16/15

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 48050 - 03/15/2016 - Marini, Michael
PCH Name: COUNTRYSIDE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600.

2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION

Resident #4 was admitted to the home on [redacted] 15. However, the home did not complete a support plan for him/her.

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.

See pg 12^a of 14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

D. Jones

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

Dianna Jones

Date 8/15/16

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

The above plan of correction is approved as of

9/6/16
(Date)

Plan of correction implementation status as of

9/6/16
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *DM*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

DM
(Initials)

Violation Report Correction Plan

Administrator: Dianna Jones

License #: 460500

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AUG 19 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Page 12A of 14

Description of violation—Resident #4 was admitted to the home on [REDACTED] 15. However, the home did not complete a support plan for him/her.

Plan of corrections—Immediately following the inspection a support plan was written for resident #4. This administrator audited all resident files to ensure each resident has an accurate support plan.

This administrator will be responsible for writing support plans for all residents annually, with significant change and upon admission.

Resident #4's support plan was completed on 3/21/16.

Within 30 days of receipt of the plan of correction: all staff persons involved in the resident support plan process will receive education on the home's policy + procedure for the timely completion of resident support plans, including the requirement that support plans must be completed within 30 days after admission. Documentation of staff education shall be kept. *per 9/16*

Signature

D. Jones

Date

8/16/15

RECEIVED

AUG 19 2016

Page 13 of 14

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 46050 - 03/15/2016 - Marini, Michael
PCH Name: COUNTRYSIDE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2800
2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the secure dementia care unit on [redacted] 15. However, the home did not complete a cognitive preadmission screening for him/her.

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.

See pg 13^a of 14

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *DIANNA JONES* Date *8/15/16*

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

The above plan of correction is approved as of 9/6/16 (Date)

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

Plan of correction implementation status as of 9/6/16 (Date)

- Fully implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not implemented

Violation Report Correction Plan

Administrator: Dianna Jones

License #: 460500

RECEIVED

AUG 19 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Page 13A of 14

Description of violation—Resident #1 was admitted to the secure dementia care unit on [REDACTED]-15. However, the home did not complete a cognitive preadmission screening for him/her.

Plan for correction—From inspection point on all residents who are admitted to the secure dementia unit will have a cognitive preadmission screening completed.

This administrator audited all resident files in the secure dementia unit to ensure compliance with this regulation.

Concierge was educated on this violation on 8-9-16 as that position or the administrator are responsible for the prescreen screening on new residents.

Concierge and administrator ensure communication with residents physician to ensure completion of cognitive prescreen to our secure dementia unit within the allotted time frame.

Resident #1 was discharged on [REDACTED]/16. 9/16/16

Signature

Dianna Jones

Date

8/15/16

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AUG 19 2016

Page 14 of 14

Violation Report: 46050 - 03/15/2016 - Marini, Michael
PCH Name: COUNTRYSIDE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

2a. DESCRIPTION OF VIOLATION

The directions for operating the home's locking mechanism are not conspicuously posted near the door to the SDCU.

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.

See pg 14^a of 14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

D. Jones

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

Dianna Jones

Date 8/15/16

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

The above plan of correction is approved as of

9/6/16
(Date)

Plan of correction implementation status as of

9/6/16
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *DW.*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

DW.
(Initials)

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AUG 19 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report Correction Plan

Administrator: Dianna Jones

License #: 460500

Page 14A of 14

Description of violation—The directions for operating the home's locking mechanism are not conspicuously posted near the door to the SDCU.

Plan of correction—Immediately following the inspection the code for operating the locking mechanism to our SDCU were posted near the door.

This posting is changed monthly by maintenance when they change the code. Staff were educated on this violation on 3-28-16 and 8-9-16 and ensure compliance by checking the posting is in its place each time they leave the unit. If the posting has been removed or damaged, the administrator and maintenance will be immediately notified and the posting will be replaced.

Signature

Dianna Jones

Date

8/15/16

9/15/16