



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

AUG 02 2017

Ms. Tamara McGill,  
Owner/Administrator  
Country Acres Personal Care Home, Inc.  
2017 Meadville Road  
Titusville, Pennsylvania 16354

RE: Country Acres Personal Care Home  
License #: 411770

Dear Ms. McGill:

As a result of the Department of Human Services' annual licensing inspection on September 7, 2016 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black 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: COUNTRY ACRES PERSONAL CARE HOME	License Number: 41177
Address: 2017 MEADVILLE ROAD, TITUSVILLE, PA 16354	County: Venango
Administrator: Tammy McGill	Region: WEST
Legal Entity Name: COUNTRY ACRES PERSONAL CARE HOME INC	<b>RECEIVED</b>
Legal Entity Address: 2017 MEADVILLE ROAD, TITUSVILLE, PA 16354	<b>JAN 19 2017</b>
Certificate(s) of Occupancy C2 LP 04/09/2001 L&I	WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours Resident Support: 0	Total Daily Staff: 23 Waking Staff: 17
Type of Inspection: Full	BHA Docket Number: Notice: Unannounced
Reason(s) for Inspection(s) Renewal	
On-Site Inspections Dates and Department Representatives On-Site 09/07/2016: Marini, Michael; Cuffer, Jan	
Off-Site Inspection Dates and Inspectors, if Applicable	
Other Details Partial or Full Triggers:	Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>	
Licensed Capacity: 33 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: 2 Number of Hospice Residents in past year: 4	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 20 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 3 Have a Physical Disability: 0

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Violation Report: 41177 - 09/07/2016 - Marini, Michael  
PCH Name: COUNTRY ACRES PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

- 2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:
- (1) Medication self-administration training.
  - (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
  - (3) Care for residents with dementia and cognitive impairments.
  - (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
  - (5) Personal care service needs of the resident.
  - (6) Safe management techniques.
  - (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person B, hired on [redacted] 14, did not receive annual training on the following topics during the August 1, 2015 through July 31, 2016 training year:

- \*Medication self-administration training
- \*Care for residents with dementia and cognitive impairments
- \*Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration
- \*Safe management techniques
- \*Care for residents with mental illness or intellectual disability. Currently, the home serves a resident with a mental illness.

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.

*Staff person B is no longer employed in the home. Staff person B had completed all of her annual training hours - documentation wasn't completed by Admin [redacted] because she was on [redacted] leave - Admin Tammy is now tracking and staying training to ensure timely completion*

*as of 2/1/17*

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

Signature of Legal Entity Representative (Required on EVERY Page)

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

*Lamarie E. Marini*

*1-18-17*

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

The above plan of correction is approved as of 6/1/17 (Date)

Plan of correction implementation status as of 6/1/17 (Date)

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

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

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JAN 19 2017

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Violation Report: 41177 - 09/07/2016 - Marini, Michael  
PCH Name: COUNTRY ACRES PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

There is a 9 inch tear in the lint trap of the home's dryer.

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.

Ordered new complete lint trap for dryer - 12-2-16 -  
delivered new one 12-30-16 - See attached receipt -

Educated DCs to notify me immediately if  
any furniture or appliance is in need of repair.

Immediately, then weekly thereafter: A designated staff person shall  
inspect all furniture and equipment, including all lint traps in  
all dryers, to ensure it is in good repair, clean and free  
of hazards. f

See attached  
receipt -

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Jamara K. McGill*

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

Jamara K. McGill

Date 12-29-16

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

The above plan of correction is approved as of

*6/1/17*  
(Date)

Plan of correction implementation status as of

*6/1/17*  
(Date)

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

The above plan of correction was approved by

*f*  
(Initials)

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JAN 19 2017

Violation Report: 41177 - 09/07/2016 - Marini, Michael  
CH Name: COUNTRY ACRES PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

REGULATION 55 Pa.Code §2600  
600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

a. DESCRIPTION OF VIOLATION

On 9-7-16, the home served 20 residents, requiring a minimum of 60 gallons of emergency drinking water; however, there were only 54.25 gallons of water on-site. The home does not have a contractual agreement with a water supplier to supply emergency drinking water.

b. 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.

11-17-16 Ordered 20 12 gallons of water for our  
Reserve supply - labeled all for emergencies  
only - Directed staff to not use unless for  
emergency water supply - med staff to re order  
within 48 hours to replenish -  
water was received on 11-20-16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Tamara K McG

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

Tamara McG

Date

12-28-16

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The above plan of correction is approved as of

12/11/17  
(Date)

Plan of correction implementation status as of

12/11/17  
(Date)

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

The above plan of correction was approved by

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(Initials)

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Violation Report: 41177 - 09/07/2016 - Marini, Michael  
PCH Name: COUNTRY ACRES PERSONAL CARE HOME

JAN 19 2017

1. REGULATION 55 Pa.Code §2600  
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #1's most recent medical evaluation was completed on 2-25-18; however, resident #1's previous medical evaluation was completed on 1-13-15.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Admin has updated her current way of tracking dates for renewal med eval - contract & support plans - now have a binder w/ monthly sheets w/ dates of admit - contract - support plans  
This was implemented on 10/15/16  
Immediately a designated staff person shall renew all resident records to ensure each resident has a current medical evaluation at least annually.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Jamara King*

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

Jamara King

Date 1-6-17

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The above plan of correction is approved as of 6/1/17  
(Date)

Plan of correction implementation status as of 6/1/17  
(Date)

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

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

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Violation Report: 41177 - 09/07/2016 - Marini, Michael  
PCH Name: COUNTRY ACRES PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

The home had only one weekly menu posted in a conspicuous and public place in the home and did not have a menu posted a week in advance. Also, the posted menu was undated so it was unable to be determined if the posted menu was for the current week.

1. 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.

9-7-16 cook [redacted] was up and had menus w/ her doing the updates - menus for the next 4 weeks were reposted on 9-8-16 -

[redacted] will now post monthly menus every Sunday as to keep 4 weeks ahead of a time any changes in the menu will be noted on these posted menus also changed on the daily menu board in our dining room.

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

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Namara McGinnis Date 12-29-16

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The above plan of correction is approved as of 01/11/17 (Date)  
The above plan of correction was approved by [Signature] (Initials)  
Plan of correction implementation status as of 01/11/17 (Date)  
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 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

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JAN 19 2017

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Violation Report: 41177 - 09/07/2016 - Marini, Michael  
Facility Name: COUNTRY ACRES PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

REGULATION 55 Pa. Code § 2600

2600.162(e) - A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

a. DESCRIPTION OF VIOLATION

The posted menu was undated so it is unable to be determined if the posted menu was for the current week. On the day of inspection, the posted menu indicated beef stroganoff was to be served for lunch; however, lasagna was served. Notification of this menu change was not posted in advance of the lunch meal.

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.

The head cook was on on 9-7-16 and had the pack of menus whether doing updates - new menus were posted the next day on 9-8-16 -

will post all new weekly menus on each Sunday if not earlier as to ensure they are in our cycle of Menu-Sun

Immediately: All staff persons responsible for meal preparation shall be educated that any changes to the menu must be posted in a conspicuous and public place in advance of the meal. *WMTA*

Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page)	
<i>Jamara KMG</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Jamara KMG	1-10-17

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The above plan of correction is approved as of	<u>6/11/17</u> (Date)	Plan of correction implementation status as of	<u>6/11/17</u> (Date)
The above plan of correction was approved by	<i>[Signature]</i> (Initials)	<input checked="" type="checkbox"/> Fully Implemented	
		<input type="checkbox"/> Partially Implemented - Adequate Progress	
		<input type="checkbox"/> Partially Implemented - Inadequate Progress	
		<input type="checkbox"/> Not Implemented	

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Violation Report: 41177 - 09/07/2016 - Marini, Michael  
NCH Name: COUNTRY ACRES PERSONAL CARE HOME

JAN 19 2017

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE  
Human Services Licensing

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 #2 is prescribed, "PreserVision ARED-Take 1 tablet by mouth daily;" however, the pharmacy label indicates, "PreserVision ARED-Take 2 tablets by mouth daily."

2. 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.

Resident #2's pharmacy label was updated. Med staff will check each medication bottle against EMAR on all medications when they are received. When a mismatch occurs they will contact the PCP to verify correct dosage. When correct dosage is confirmed the med staff will inform other med staff via daily per shift notes. Will also inform EMAR tech @ pharmacy.

See attached 2 pages -

Corrected on 9-13-16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

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

Tamara McGowan

Date 12-29-16

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6/1/17  
(Date)

Plan of correction implementation status as of

6/1/17  
(Date)

- Fully Implemented
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- Not Implemented

The above plan of correction was approved by

*[Signature]*  
(Initials)

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Violation Report: 41177 - 09/07/2016 - Marini, Michael  
Facility Name: COUNTRY ACRES PERSONAL CARE HOME

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

JAN 19 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed, "Vitamin D3-2,000 units-Take 1 tablet by mouth daily;" however, staff members indicate the vitamin is dispensed in 1,000 unit pills and staff have only been administering 1 pill, or 1,000 units daily, instead of the 2,000 units which is prescribed.

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.

1. Staff member was misinformed as to the amount of pills given. Resident was receiving 2 pills to get the correct dosage of 2000 units. The bottle had a label on it indicating a direction change & refer to chart (EMAR) as of 9/12/16  
2. All staff (med) will review new orders as prescribed on the bottle & will ensure the EMAR matches whenever a bottle & EMAR don't match up - med staff will immediately contact Residents PCP for clarification. Med staff will also inform the other med staff via daily notes on each resident & to also check supporting document from PCP.

See 2 pages of documents -

Repeat Violation: Yes      Date(s) of Previous Violation(s): 05/13/2015

Signature of Legal Entity Representative (Required on EVERY Page)  
*Tamara K. McGee*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)  
Tamara K. McGee      Date 1-10-17

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The above plan of correction is approved as of 6/11/17  
(Date)

Plan of correction implementation status as of 6/11/17  
(Date)

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

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