



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 13 2017

Ms. Dianna Jones,
Administrator
Countryside Convalescent Home Limited Partnership
8221 Lamor Road
Mercer, Pennsylvania 16137

RE: Countryside Personal Care Home
License #: 460500

Dear Ms. Jones:

As a result of the Department of Human Services' annual licensing inspection on December 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.

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.

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, appearing to read "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: Dianna Jones		Region: WEST
Legal Entity Name: COUNTRYSIDE CONVALESCENT HOME LIMITED PARTNERSHIP		
Legal Entity Address: 8221 LAMOR ROAD, MERCER, PA 16137		
Certificate(s) of Occupancy C-2 LP 12/04/2003 L&I		FEB 15 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 80	Waking Staff: 60
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 12/14/2016: Hultquist, Cliff; Mulick, Cindy		
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 Served: 52 Secured Dementia Care Unit in Home: Yes Area: Memory Lane Secured Dementia Unit Capacity, if Applicable: 36 Number of Residents Served in Secured Dementia Care Unit, if applicable: 21 Number of Current Hospice Residents: 2 Number of Hospice Residents in past year: 14		Number of Residents who: Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 52 Have Mental Illness: 26 Have an Intellectual Disability: 1 Have a Mobility Need: 28 Have a Physical Disability: 6

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FEB 15 2017

Violation Report: 48050 - 12/14/2016 - Hultquist, Cliff
PCH Name: COUNTRYSIDE PERSONAL CARE HOME

WEST REGIONAL HEAD OFFICE
Human Services Licensing

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

The following residents' records were unlocked and accessible on the desk in the kitchen area of the secure dementia care unit (Memory Lane):

- Resident #1
- Resident #2
- Resident #3
- Resident #4
- Resident #5
- Resident #6
- Resident #7
- Resident #8

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 page 2nd of 10

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 *2/14/17*

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

The above plan of correction is approved as of 2/27/17 (Date)

Plan of correction implementation status as of 2/27/17 (Date)

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

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

Countryside Personal Care Home
Violation Report Correction Plan

Feb. 14, 2017

Dianna Jones, Administrator

License # 460500

D Jones

Page 2a

Plan of Correction:

1. Immediately all materials with residents names or protected health information were removed from the desk area.
2. All resident records are stored in a locked room behind personal care nurses station.
3. The PC Administrator will check for records left unlocked/unattended on daily rounds.
4. Staff will be trained on this violation on 2-17-17 at our monthly staff meeting. *Documentation of staff training shall be kept. DJ. 2/27/17*
5. This area of our secure dementia unit does have a locked filing cabinet that staff keep the resident shower book and narcotic count book in. Keys are kept with medication cart keys.

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WEST VIRGINIA FIELD OFFICE
Human Services Licensing

DJ. 2/27/17

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FEB 15 2017

Violation Report: 46050 - 12/14/2016 - Hultquist, Cliff
PCH Name: COUNTRYSIDE PERSONAL CARE HOME

WEST VIRGINIA BLDG OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Direct care staff person B, hired on [redacted] 16, did not receive training in any of the topics under regulation 2600.65a.

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 page 3 of 10

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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 *2/14/17*

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

Countryside Personal Care Home
Violation Report Correction Plan
Feb. 14, 2017 Dianna Jones, Administrator

License # 460500

D. Jones

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FEB 15 2017

WEST VIRGINIA DIVISION OF
Human Services Licensing

Page 3a

Plan of Correction:

1. Immediately training was provided for regulation 2600.65a and employee signature was obtained, please see attached.
2. All employee files will be audited by Personal Care Administrator for this regulation. Any discrepancies will be immediately corrected by Administrator.
3. Human Resources and Personal Care Administrator will work together to develop a plan for new hires in personal care ensuring this training does not become overlooked. This plan will be utilized with every new hire to personal care.
4. The Administrator will continue to monitor/audit all new employee files for proper documentation every 3 months.

Within 30 days of the receipt of the plan of correction.

DW. 2/27/17

DW. 2/27/17

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FEB 16 2017

Violation Report: 46050 - 12/14/2016 - Hultquist, Cliff
PCH Name: COUNTRYSIDE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
(1) Resident rights.
(2) Emergency medical plan.
(3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
(4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION
Direct care staff person B, hired on [redacted] 16, did not receive training in any of the topics under regulation 2600.65b.

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 page 4^a of 10

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 *2/14/17*

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(Date)

Plan of correction implementation status as of 2/27/17
(Date)

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

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

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WEST REGIONAL FIELD OFFICE
Human Resources Training

Countryside Personal Care Home
Violation Report Correction Plan
Feb. 14, 2017 Dianna Jones, Administrator

License # 460500
D Jones

Page 4a

Plan of Correction:

*Within 30 days of receipt of the plan of correction
NW. 2/27/17*

5. Immediately training was provided for regulation 2600.65b and employee signature was obtained, please see attached.
6. All employee files will be audited by Personal Care Administrator for this regulation. Any discrepancies will be immediately corrected by Administrator.
7. Human Resources and Personal Care Administrator will work together to develop a plan for new hires in personal care ensuring this training does not become overlooked. This plan will be utilized with every new hire to personal care.
8. The Administrator will continue to monitor/audit all new employee files for proper documentation every 3 months.

NW. 2/27/17

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WEST VIRGINIA UNIVERSITY OFFICE
Human Services Licensing

Violation Report: 46050 - 12/14/2016 - Hultquist, Cliff
PCH Name: COUNTRYSIDE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired on [redacted] 14, did not successfully complete the Department approved direct care training course and pass the competency test.

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 page 5^a of 10

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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)	Date
<i>Dianna Jones</i>	<i>2/14/17</i>

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

The above plan of correction is approved as of 2/27/17
(Date)

Plan of correction implementation status as of 2/27/17
(Date)

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

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

Countryside Personal Care Home

Violation Report Correction Plan

Feb. 14, 2017

Dianna Jones, Administrator

License # 460500

D Jones

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FEB 16 2017
WEST NEW YORK FIELD OFFICE
Human Services Division

Page 5a

Plan of Correction:

9. Immediately training was provided for regulation 2600.65d and employee signature was obtained, please see attached.
10. All employee files will be audited by Personal Care Administrator for this regulation. Any discrepancies will be immediately corrected by Administrator.
11. Human Resources and Personal Care Administrator will work together to develop a plan for new hires in personal care ensuring this training does not become overlooked. This plan will be utilized with every new hire to personal care.
12. The Administrator will continue to monitor/audit all new employee files for proper documentation every 3 months.

Within 30 days of receipt of the plan of correction.
JW. 2/27/17

JW. 2/27/17

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Violation Report: 46050 - 12/14/2016 - Hultquist, Cliff
PCH Name: COUNTRYSIDE PERSONAL CARE HOME

WEST VIRGINIA FIELD OFFICE
Human Services / Licensing

1. REGULATION 55 Pa.Code §2600
2600.84 - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120°F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

2a. DESCRIPTION OF VIOLATION
At 4:50 p.m., the temperature of the top portion of the protective screen in front of the fireplace at the entrance of the home measured 197 degrees Fahrenheit, which poses a burn hazard to residents.

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 page 6⁹ of 10

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 *2/14/17*

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

The above plan of correction is approved as of 2/27/17
(Date)

Plan of correction implementation status as of 2/27/17
(Date)

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

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

Countryside Personal Care Home
Violation Report Correction Plan

Feb. 14, 2017

Dianna Jones, Administrator

License # 460500

Djones

Page 6a

Plan of Corrections:

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FEB 15 2017
WEST VIRGINIA DEPT. OF CORRECTIONS
HUNTER STREET, MARTINSBURG, WV 26101

1. Immediately upon notification of this violation the fireplace was turned off while inspectors were still in building.
2. All staff were notified to leave fireplace off until further notice.
3. The fireplace remains off while products/services are reviewed to correct this violation.
4. At the time that a new product/service is implemented to correct this violation the department will be notified in writing of any changes.

Immediately: a designated staff person will check the fireplace daily, on each shift, to ensure it is not operated unless a protective guard, as specified in regulation 2600.84, is in place. g.u. 2/27/17

g.u. 2/27/17

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FEB 15 2017

Page 7 of 10

Violation Report: 46050 - 12/14/2016 - Hultquist, Cliff
PCH Name: COUNTRYSIDE PERSONAL CARE HOME

WEST VIRGINIA BLDG OFFICE
Human Services Licensing

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 home's most recent fire drill during sleeping hours was conducted on 9/29/16 at 2:31 a.m.; however, the previous sleeping hours fire drill was conducted on 2/25/16 at 2:15 a.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.

See page 7 of 10

Repeat Violation: Yes

Date(s) of Previous Violation(s):

03/15/2016

Signature of Legal Entity Representative
(Required on EVERY Page)

Jones

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

Dianna Jones

Date 2/14/17

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

The above plan of correction is approved as of

2/27/17
(Date)

Plan of correction implementation status as of

2/27/17
(Date)

Fully Implemented

Partially Implemented - Adequate Progress JW

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

JW.
(Initials)

Countryside Personal Care Home
Violation Report Correction Plan
Feb. 14, 2017 Dianna Jones, Administrator

License # 460500

Djones

RECEIVED

FEB 15 2017

WEST VIRGINIA OFFICE
Human Services Licensing

Page 7a
Plan of Corrections:

1. The fire drill plan for 2017 was reviewed with personal care administrator and maintenance director.
2. It was determined that March, June, September and December will be the months sleeping fire drills are performed in 2017.
3. After each monthly drill is performed, maintenance director will provide administrator with details from the drill and review any issues that may have occurred.
4. Maintenance director and personal care administrator will monitor monthly fire drills to ensure compliance.

*A sleeping hear fire drill was conducted on 2/22/17 @ 5:14 AM.
p.u. 2/27/17*

p.u. 2/27/17

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FEB 16 2017

Violation Report: 46050 - 12/14/2016 - Hultquist, Cliff
PCH Name: COUNTRYSIDE PERSONAL CARE HOME

WEST VIRGINIA FIELD OFFICE
Human Services Technology

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

2a. DESCRIPTION OF VIOLATION

Resident #1's most recent annual medical evaluation was completed on 09/02/16. However, resident #1's previous medical evaluation was completed on 03/06/15.

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.

See page 8⁹ of 10

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 2/14/17

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

The above plan of correction is approved as of

2/27/17
(Date)

Plan of correction implementation status as of

2/27/17
(Date)

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

The above plan of correction was approved by

DJ
(Initials)

Countryside Personal Care Home
Violation Report Correction Plan
Feb. 14, 2017

Dianna Jones, Administrator

License # 460500

D. Jones

Page 8a

Plan of Correction:

1. Resident's medical evaluation were all audited to ensure compliance.
2. The personal care administrator will continue to audit every 6 months.
3. Results of audit will be reported to Quality Improvement committee quarterly to ensure compliance.

Within 30 days of receipt of the plan of correction: all staff persons involved in the resident medical evaluation process will receive education on the home's policy and procedure for completing timely medical evaluations, including the requirement that medical evaluations be completed annually.

g.u. 2/27/17

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FEB 15 2017
WEST VIRGINIA
STATE DEPARTMENT OF
HUMAN SERVICES

g.u. 2/27/17

RECEIVED

FEB 15 2017

Violation Report: 48050 - 12/14/2016 - Hultquist, Cliff
PCH Name: COUNTRYSIDE PERSONAL CARE HOME

WEST VIRGINIA DEPARTMENT OF
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Resident #1's most recent assessment was completed on 09/02/16. However, resident #1's previous assessment was completed on 03/06/15.

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.

See page 9 of P10

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 2/14/17

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(Date)

Plan of correction implementation status as of 2/27/17
(Date)

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

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

Countryside Personal Care Home
Violation Report Correction Plan
Feb. 14, 2017

Dianna Jones, Administrator

License # 460500

D. Jones

RECEIVED

FEB 16 2017

WEST VIRGINIA COLLEGE
Human Services Building

Page 9a

Plan of Correction:

1. Resident's assessment were all audited to ensure compliance.
2. The personal care administrator will continue to audit every 6 months.
3. Results of audit will be reported to Quality Improvement committee quarterly to ensure compliance.

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 completing timely assessments, including the requirement that assessments be completed annually. *DW. 2/27/17*

DW. 2/27/17

6/20/2017

3/13/2017

Violation Report: 46050 - 12/14/2016 - Hultquist, Cliff
PCH Name: COUNTRYSIDE PERSONAL CARE HOME

DEPARTMENT OF LICENSING
COMMUNITY SERVICES LICENSING

1. REGULATION 55 Pa.Code §2600
2600.234(d) - The support plan shall be revised at least annually and as the resident's condition changes.

2a. DESCRIPTION OF VIOLATION
Resident #1's most recent support plan was completed on 09/02/16. However, resident #1's previous support was completed on 03/06/16.

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 page 10^a of 10

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 *2/14/17*

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(Date)

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(Initials)

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

Countryside Personal Care Home

Violation Report Correction Plan

Feb. 14, 2017

Dianna Jones, Administrator

License # 460500

Djones

RECEIVED

FEB 15 2017

WEST VIRGINIA STATE OFFICE
Charleston, West Virginia

Page 10a

Plan of Correction:

1. Resident's support plan were all audited to ensure compliance.
2. The personal care administrator will continue to audit every 6 months.
3. Results of audit will be reported to Quality Improvement committee quarterly to ensure compliance.

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 and procedure for completing timely support plans, including the requirement that support plans be completed annually. *DL 2/27/17*

DL 2/27/17