



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

APR 07 2017

Mr. Richard Tickner,  
Board President  
Broad Acres Nursing Home Association  
1883 Shumway Hill Road  
Wellsboro, Pennsylvania 16901

RE: Country Terrace  
1919 Shumway Hill Road  
Wellsboro, Pennsylvania 16901  
License #: 235010

Dear Mr. Tickner:

As a result of the Department of Human Services' annual licensing inspection on January 19, 2017 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,

  
Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 23501 - 01/19/2017 - Yellenic, Cindy  
PCH Name: COUNTRY TERRACE

1. REGULATION 55 Pa.Code §2600  
2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION  
Staff person A, date of hire [redacted] 18, did not have a Pennsylvania Criminal Background check completed.

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.

All staff prior to date of hire will have a criminal background check done.  
New background check was done on 1/20/17 on staff person A.  
Administrator or Designee will complete upon date of hire.  
Administrator or Designee will be responsible for this. Will review at Quality Management.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Deborah Hazette Manager*      Date *2/10/17*

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

The above plan of correction is approved as of 2/16/17 (Date)

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

Plan of correction implementation status as of 2/16/17 (Date)

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

Violation Report: 23501 - 07/10/2017 - Yellenic, Cindy

PCH Name: COUNTRY TERRACE

1. REGULATION 55 Pa.Code §2800  
2800.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION  
The monthly fire drills conducted at the home, from February 2016 to November 2016, used the same exits for every monthly drill.

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.

The administrator will ensure that alternate exit routes are used during all fire drills. She will monitor monthly to verify that there is no repetition in route used from month to month. Will review the home's monthly fire drill log. All staff inserviced 2/8 & 2/9/17. Will review at Quality Management.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Deborah Hazette

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

Deborah L Hazette Manager

Date

2/10/17

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(Date)

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(Initials)

Violation Report: 23501 - 01/19/2017 - Yellenic, Cindy  
PCH Name: COUNTRY TERRACE

1. REGULATION 55 Pa.Code §2600  
2600.226(b) - If a resident is determined to have mobility needs as part of the initial or annual assessment, specific requirements relating to the care, health and safety of the resident shall be met immediately.

2a. DESCRIPTION OF VIOLATION  
Resident #1's medical evaluation (DME) dated 10/27/16, indicates that the resident is totally immobile. The Resident's Assessment and Support Plan (RASP) dated 3/29/16 indicates that Resident #1 is "Minimal (Mobile)." Additionally, the RASP does not include the assistance Resident #1 needs to get out of bed in an emergency into his/her wheelchair.

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.

Wellness Coordinator to be sure that the RASP & DME coincide. Also any mobility needs will be more detailed on the RASP.  
All staff inserviced on 2/8/17.  
The administrator and/or Designer will monitor for compliance. Will review at Quality Management.  
DME / RASP was corrected during survey.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Deborah Hazetta Manager*      Date *2/10/17*

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Violation Report: 23501 - 01/19/2017 - Yellenic, Cindy  
PCH Name: COUNTRY TERRACE

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

The RASP dated 4-27-16 for Resident #2 did not include the formal support of Home Health Care Services which includes the name of the home health agency, a contact person, agency phone number and how often the service is coming into the home providing care.

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.

Wellness Coordinator will update all RASP with any phone numbers and pertinent information for any care services given to the resident. Whether it be a Specialist or Home Health Care Services. All staff made aware 2/8 & 2/9/17. Administrator and/or Designee will monitor for compliance. Will review at Quality Management. Done: RASP corrected day of survey. Any resident receiving Home Health Services has a packet in their room with phone numbers etc.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Debra Thaxton Manager*      Date *2/10/17*

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