



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 24 2017

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

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

Dear Ms. Handy:

As a result of the Department of Human Services' annual licensing inspection on February 28, 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.

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: 20205 - 02/28/2017 - Foulkes, Kimberli
PCH Name: COUNTRY COMFORT ALTERNATIVE LIVING INC

1. REGULATION 55 Pa.Code §2600
2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The home has two gas fired stoves in the kitchen area of the home. The home does not have a Carbon Monoxide detector in the kitchen.
The home has failed to comply with the Care Facility Carbon Monoxide Alarms Standards Act.

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.

1. ON 3/3/17, HAD MAINTENANCE PERSON INSTALL A CARBON MONOXIDE ALARM IN KITCHEN.
2. APPLY FOR A WAIVER FOR ALARM IN KITCHEN. (4/4/17)
3. APPLY FOR A WAIVER FOR ALARM IN BOILER ROOM. (4/4/17)

- The administrator shall monitor and comply with the Care facility Carbon Monoxide Alarm Standards act.

The administrator is responsible for ongoing compliance.

[Signature]
4/13/17

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) ROSE HARDY - ADMINISTRATOR Date 4/4/17

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

The above plan of correction is approved as of 4/13/17
(Date)

Plan of correction implementation status as of 4/13/17
(Date)

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

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

Violation Report: 20205 - 02/28/2017 - Foulkes, Kimberli
PCH Name: COUNTRY COMFORT ALTERNATIVE LIVING INC

1. REGULATION 55 Pa.Code §2600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #1, dated 12/14/16, does not include blood pressure and temperature.

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.

1. THE DOCTOR'S OFFICE DID NOT COMPLETE ALL ITEMS ON THE RESIDENT'S MEDICAL EVALUATION.
2. CONTACT DOCTOR'S OFFICE AND REQUESTED OMITTED INFO.
3. IF OMITTED INFO IS NOT AVAILABLE, HAVE DOCTOR'S OFFICE SIGN A STATEMENT THAT INFO IS NOT AVAILABLE.
4. TO PREVENT FUTURE VIOLATIONS, WE WILL ENCOURAGE DOCTOR'S OFFICE TO COMPLETE ALL INFO
5. ADMINISTRATOR WILL REVIEW ALL ~~RECEIVED~~ MEDICAL EVALUATIONS TO MAKE SURE ALL INFO IS COMPLETED.
6. DID CONTACT DOCTOR'S OFFICE ^{on 3/1/17} AND RECEIVED BLOOD PRESSURE AND TEMPERATURE INFORMATION FOR RESIDENT #1.

The administrator shall monitor and assure ongoing compliance. *m* 4/13/17

Repeat Violation: Yes

Date(s) of Previous Violation(s): 03/02/2016

Signature of Legal Entity Representative
(Required on EVERY Page)

Rose M. Handy

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

ROSE HANDY - ADMINISTRATOR

Date 4/4/17

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4/13/17
(Date)

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4/13/17
(Date)

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m
(Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 20205 - 03/20/2017 - Foulkes, Kimberli
PCH Name: COUNTRY COMFORT ALTERNATIVE LIVING INC

1. REGULATION 55 Pa.Code §2600

2600.186(c) - Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

2a. DESCRIPTION OF VIOLATION

At the time of the inspection the medication administration record (MAR) for resident #2 stated, "Triamcinolone oint 0.1% apply topically to affected area of upper body PRN." The medication located in the home's med cart was labeled, "Triamcinolone oint 0.1% apply topically to affected area of upper body twice daily". On 1/6/17 the order was changed from twice daily to PRN, however the home never placed a label on the medication stating "see new order" and the MAR and med label did not match.

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.

1. CORRECTED VIOLATION BY PLACING A LABEL ON MEDICATION STATING "SEE NEW ORDER" ON 3/1/17.
2. IN THE FUTURE, A LABEL WILL BE PLACED ON MEDICATION STATING "SEE NEW ORDER" SO MEDICATION ~~AND~~ LABEL AND MAR MATCH IF CHANGES HAVE BEEN ORDERED.
3. ADMINISTRATOR OR ADMINISTRATIVE ASSISTANT WILL MAKE SURE ALL MED LABELS & MARs MATCH

The administrator is responsible for monitoring and ongoing compliance.

M 4/13/17

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) ROSE HANDY - ADMINISTRATOR Date 4/4/17

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(Date)

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(Date)

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(Initials)

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Violation Report: 20205 - 02/28/2017 - Foulkes, Kimberli
PCH Name: COUNTRY COMFORT ALTERNATIVE LIVING INC

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

2a. DESCRIPTION OF VIOLATION

Resident #3 is prescribed sliding scale insulin. On 2/28/17 at 7:30pm the resident's blood glucose reading was 207. According to the physician's orders the resident should have been administered 2 units of insulin. The resident did not receive any insulin at this time.

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.

1. PERSONAL CARE AID GAVE INSULIN BUT DID NOT MARK MAR IMMEDIATELY AFTER GIVING INSULIN. I AM SURE RESIDENT #3 RECEIVED INSULIN BECAUSE ~~HE~~ ~~THEY~~ COGNITIVE FUNCTIONING IS GOOD. WOULD HAVE TOLD AID IF DID NOT RECEIVE INSULIN. ALWAYS ASK WHAT COUNT IS AND KNOWS IF IT IS ABOVE 200, NEEDS TO GET A SHOT. CAN NOT DO OWN INJECTIONS BECAUSE IS LEGALLY BLIND.
2. MEDICATION TRAINER REVIEWED MEDICATION DISTRIBUTION PROCEDURE WITH PC AID ON 2/28/17.
3. MEDICATION TRAINER WILL CONTINUE TO REVIEW PC AID'S MAR DOCUMENTATION FOR NEXT SEVERAL MONTHS
4. MEDICATION TRAINER WILL MONITOR THE PC AID DISTRIBUTING MEDICATIONS FOR NEXT MONTH

The administrator shall monitor and assure ongoing compliance 4/13/17

Repeat Violation: Yes Date(s) of Previous Violation(s) 03/02/2016

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) ROSE HANDY - ADMINISTRATOR Date 4/4/17

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The above plan of correction was approved by <u>AM</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented