



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: May 5, 2017

Mr. Ben Willner
Partner
Country Manor, PCH, LP
111 Altmeyer Drive
Kittanning, Pennsylvania 16201

RE: Country Manor
#446291

Dear Mr. Willner:

As a result of the Department of Human Services' licensing inspection on March 1, 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Jon Kimberland".

Jon Kimberland
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PCH Name: COUNTRY MANOR		License Number: 44629
Address: 111 ALTMAYER DRIVE, KITTANNING, PA 16201		County: Armstrong
Administrator: TARA BECK		Region: WEST
Legal Entity Name: COUNTRY MANOR PCH LP		RECEIVED
Legal Entity Address: 111 ALTMAYER DRIVE, KITTANNING, PA 16201		
Certificate(s) of Occupancy C-2 LP 10/15/1995 L&I		MAR 29 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 35	Waking Staff: 26
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint, Fine		
On-Site Inspections Dates and Department Representatives On-Site 03/01/2017: Eveses, Joseph; Mulick, Cindy; Lester, Marie		
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: 40 Number of Residents Served: 31 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: 9 Number of Hospice Residents in past year: 14		Number of Residents who: Receive Supplemental Security Income: 8 Are 60 Years of Age or Older: 28 Have Mental Illness: 10 Have an Intellectual Disability: 0 Have a Mobility Need: 4 Have a Physical Disability: 2

Violation Report: 44629 - 03/01/2017 - Eveses, Joseph
PCH Name: COUNTRY MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.25(c)(2) - The contract shall specify a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services

2a. DESCRIPTION OF VIOLATION
Resident #1's resident-home contract, dated [redacted] 17, does not indicate the monthly charge for room and board. The section is blank.

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.

Immediately the amount of rent that is typical of the SSI amount less the \$85 was written on the contract. On Resident #1's contract the amount stated said SSI because the amount [redacted] will receive is not yet known. (Resident was admitted on [redacted] 2017). In the future an amount for room and board will be written on the contract for the amount we expect the Resident to receive. If the amount on the contract does not match what the Resident receives, an addendum will be added to the contract indicating the change. All other Resident contracts were reviewed and no other ones were missing the amount.

Resident #1 is no longer served in the home. *BS 4/27/17*

2

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Caroline Dunn - Executive Director* Date *3-29-17*

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

The above plan of correction is approved as of *4/27/17*
(Date)

Plan of correction implementation status as of *4/27/17*
(Date)

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

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

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44629 - 03/01/2017 - Eveses, Joseph
PCH Name: COUNTRY MANOR

1. REGULATION 55 Pa.Code §2600
2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

On 2/28/17 at approximately 9:30 a.m., staff person A, the home's cook, confronted Resident #1, in the home's dining area regarding missing staff cigarettes. Several residents were present during the incident. Staff person A yelled at resident #1 concerning the cigarettes. This caused Resident #1 to become upset, embarrassed and intimidated by staff person A.

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 day after incident, on 3-2-2017 Staff person A was called into the Office by the Director and Administrator to talk about the confrontation with Resident #1. The written warning with Staff person A's signature and response is attached. A Staff meeting was held on 3-16-2017 with Resident rights being one of the topics. Also attached is the previous month training sign in sheet for the training with handouts on Residents rights held on 2-20-2017. Staff person A was reminded of the training and handout and given another handout. It has become practice at all Staff meetings to review the Residents rights. The April meeting will focus on Respect and Dignity and documentation will be kept on the content of the training.

Resident #1 is no longer served in the home. BB 4/27/17

Attachments 3A-3B-3C

3

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Caroline Dunn - Executive Director* Date *3-29-17*

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- Partially Implemented - Inadequate Progress
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3

MAR 29 2017

Violation Report: 44629 - 03/01/2017 - Evegges, Joseph

PCH Name: COUNTRY MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 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

There was a brown medication bottle for resident #2 with an original pharmacy label of "Acetaminophen 325mg" in the home's medication cart. However, there were 2 bar code labels covering the original pharmacy label. One of the bar code labels read "Sertraline 100mg tab 10/27/16" and the other bar code label read "Gabapentin 400mg cap 2/24/17"

Resident #3 is prescribed Levothyroxine, 88mcg - Take 1 tab by mouth once daily. However, the medication label reads Levothyroxine, 88mcg - Take 2 tabs by mouth daily.

Resident #3 is prescribed Cephalexin, 250mg cap - take 2 caps (500mg) by mouth 3 times per day. However, the medication label reads Cephalexin, 500mg cap - take 1 cap by mouth every 8 hours.

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. Resident #3 is no longer served in the home. BS 4/27/17

Immediately on 3-1-2017 the bar code labels that were covering the original pharmacy labels that were covering the original pharmacy label for Resident #2 acetaminophen was removed. Resident #2 had many medications in his specified medication compartment. The bar codes from the gabapentin and sertraline came loose and through time peeled off and became attached to the acetaminophen bottle. For Resident #2 there were 2 medications that should have had a change of directions label added to the medication container at the time the order was changed. Immediately the orders were verified for correct dosage and the change of directions label was added to the 2 prescriptions. A complete med cart audit was done the day after inspection on 3-2-2017. Everything was pulled from the cart and checked for all the appropriate labels and each prescription was matched with the EMAR to be sure the directions of the prescriber matched exactly as regulation 2600.18 (a) requires. The cart was also re-vamped to ensure each Resident had adequate room for all the medications prescribed. A med cart audit is being done weekly to check for anything that may need corrected. A new form that is printed from the EMAR is being used to keep track of medications, (documentation attached). 4A - 4J 4

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Caroline Dunn

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

Caroline Dunn Executive Director

Date *3-29-17*

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(Date)

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(Date)

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(Initials)

Violation Report: 44629 - 03/01/2017 - Eveges, Joseph
PCH Name: COUNTRY MANOR

MAR 29 2017

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Resident #3 is prescribed Combivent Respimat Inhaler, Inhale 1 puff by mouth four times a day as needed for wheezing/shortness of breath. However the medication was not available in the home for administration.

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.

Resident #3 was admitted to the Facility in [redacted] of 2016. [redacted] never used the PRN inhaler at the Facility. The inhaler had expired and was destroyed. An order was requested from the VA Physician, but never received. In order to prevent this from happening again, a complete med cart audit was done the day after inspection on 3-2-2017. Everything was pulled from the cart and checked for all the appropriate labels and each prescription was matched with the EMAR to be sure the directions of the prescriber matched exactly as regulation 2600.18 (a) requires. The cart was also re-vamped to ensure each Resident had adequate room for all the medications prescribed. A med cart audit is being done weekly to check for anything that may need corrected. A new form that is printed from the EMAR is being used to keep track of medications, (documentation attached). One of the forms gives the opportunity to use a checkmark system to check and account for each medication. Any missing medications would be caught at that time.

Attachments 4 A-45

Resident #3 is no longer served in the home.

BB 4/27/17

5

Repeat Violation: Yes Date(s) of Previous Violation(s): 10/25/2016

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Caroline Duan Executive Director* Date *3-29-17*

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- Not Implemented

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MAR 29 2017

Violation Report: 44629 - 03/01/2017 - Evegges, Joseph
PCH Name: COUNTRY MANOR

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

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION
Resident #3 is prescribed Trazodone 50mg, Take 1 Tablet by mouth every night. The medication was not available in the home for administration and not administered from 2/24/17 through 3/1/17.

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.

Immediately the Home's pharmacy sent a week's supply of Trazadone for Resident #3. The medication was ordered 2 weeks before, but the VA Physician did not approve it in a timely manner. The Home's pharmacy agreed to send another supply of the Trazadone for the Resident if it was not received before the supply ran out. The Home has been working with the Home's pharmacy to take advantage of some of the resources they have available for keeping track of all medications. Med cart audits are being done weekly by the Administration and documentation kept. The new form being used in addition to the audits is attached. Any medications that are getting low would be caught in a timely manner and the audits will be a weekly part of medication management. All med techs were also re-trained on the importance of reporting any low medication counts to the Administration. (documentation attached)

Resident #3 is no longer served in the home, BS 4/27/17

Attachments 4A-4J

6

Repeat Violation: No Date(s) of Previous Violation(s): 10/25/2016

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Caroline Dunn Executive Director* Date *3-29-17*

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MAR 29 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44629 - 03/01/2017 - Eveges, Joseph
PCH Name: COUNTRY MANOR

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 #1 was admitted to the home on [redacted] 17. However, the resident's record does not contain a preadmission screening.

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.

A prescreening was made for Resident #1 even though it had to be noted that it was not done before being admitted to the Facility. All Resident charts were reviewed and found to be in compliance with having the pre-admission screening in all of them. In the future the pre-admission screening will be reviewed by 2 people (1 being in Administration), to be sure that the Home can serve that person and to be sure the screening is done. Both people will sign the agreement, with the second signature in the section for Screening Information Sources, marking the other box.

Resident #1 is no longer served in the home. BB 4/27/17

7

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Caroline Dunn Executive Director* Date *3-29-17*

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