



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: August 17, 2017

Ms. Diana Jones
Administrator
Countryside Convalescent Home Ltd. Partnership
8221 Lamor Road
Mercer, Pennsylvania 16137

RE: Countryside Personal Care Home
Certificate #: 460500

Dear Ms. Jones:

As a result of the Department of Human Services' licensing inspection on March 3, 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 that reads "Jason Williams" with a stylized flourish at the end.

Jason Williams
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

JUL 18 2017

Violation Report: 46050 - 03/03/2017 - Park, Beth
PCH Name: COUNTRYSIDE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 2/1/17, the home was made aware of the following allegations of abuse or neglect through the corporate hot line:

*Direct care staff person A routinely yells at residents and disciplines them by refusing them help or not talking to them if they don't use what he/she considers proper manners.

*Direct care staff person B yells at residents and told a visually impaired resident to wash his/her self because direct care staff person B did not want to help the resident.

The home sent a reportable incident to the Department on 2/2/17; however, the report did not include the allegations of verbal abuse or neglect.

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. Incident reports shall be reported to the department within 24 hrs, by either Personal Care Home Administrator, Wellness Director, or Regional Director of Personal Care Services. Faxed confirmation of delivery kept with original report.

2. What incidents to report and how to report reviewed with reporting staff. Situations on call PCHA or WD need to be aware of on weekend/holidays review to meet deadline of reporting. See attached.

Immediately: The administrator will monitor reportable incidents at least weekly to ensure all reportable incidents are reported within 24 hours and that the reports contain all relevant information. g.u. 8/8/17

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, Administrator* Date *7/5/17*

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

The above plan of correction is approved as of 8/8/17
(Date)

The above plan of correction was approved by g.u.
(Initials)

Plan of correction implementation status as of 8/8/17
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *g.u.*
- Partially Implemented - Inadequate Progress
- Not Implemented

JUL 18 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 46050 - 03/03/2017 - Park, Beth
PCH Name: COUNTRYSIDE PERSONAL CARE HOME

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

2a. DESCRIPTION OF VIOLATION

Resident #1's medical evaluation, dated 8/13/2016, did not include the resident's height or weight.

Resident #2's medical evaluation, dated 12/4/2016, did not include the resident's height.

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. Immediately an audit of medical evaluations will be completed by Personal Care Administrator and/or Wellness Director.
2. Any section not filled in will be corrected by physician/LPN. Completed DME will be returned to residents chart.
3. DME's will be evaluated monthly after being completed by physician to ensure all boxes/sections are filled out with proper documentation. Any infractions will be returned to physician to be corrected w/i residents annual window.
4. Staff re-education completed for staff that handle resident DME's to cover timeline and completion requirements. See attached sign in sheet.
Resident #1 and #2's medical evaluations were updated to include all required information. g.u. 8/8/17

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, Administrator* Date *7/5/17*

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The above plan of correction is approved as of 8/1/17 (Date)

Plan of correction implementation status as of 8/8/17 (Date)

The above plan of correction was approved by g.u. (Initials)

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- Partially Implemented - Adequate Progress *g.u.*
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