



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 31, 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".

Jason Williams
Human Services Licensing Supervisor

Enclosure
Licensing 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		RECEIVED JUL 13 2017 WEST VIRGINIA OFFICE Human Resources
Staffing Hours		
Resident Support: 0	Total Daily Staff: 70	Waking Staff: 53
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 03/31/2017: Mulick, Cindy; Culter, Jan		
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: 49 Secured Dementia Care Unit in Home: Yes Area: lower level Secured Dementia Unit Capacity, if Applicable: 36 Number of Residents Served in Secured Dementia Care Unit, if applicable: 19 Number of Current Hospice Residents: 2 Number of Hospice Residents in past year: 12	Number of Residents who: Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 49 Have Mental Illness: 2 Have an Intellectual Disability: 1 Have a Mobility Need: 21 Have a Physical Disability: 0	

JUL 18 2017

Violation Report: 46050 - 03/31/2017 - Mulick, Cindy
PCH Name: COUNTRYSIDE PERSONAL CARE HOME

WEST REGION
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the secured dementia care unit (SDCU) on [redacted]; however, resident #1 does not have a written cognitive preadmission screening completed.

Resident #2 was admitted to the SDCU on [redacted]; however, resident #2 does not have a written cognitive preadmission screening 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.

1. Immediately an audit of pre-admission screenings for all residents completed by Wellness Director or PC Administrator.
2. Pre-admission screener paperwork will be ^{immediately} added to admission paperwork packet. All staff completing paperwork will be educated on this change, please see attached.
3. New resident charts will be audited to ensure completion of prescreen within one week of admission by wellness director or PC Administrator. Record of this audit will be kept in residents chart.

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 *8/14/17*
(Date)

Plan of correction implementation status as of *8/14/17*
(Date)

The above plan of correction was approved by *D.N.*
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *J.N.*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 46050 - 03/31/2017 - Mulick, Cindy
PCH Name: COUNTRYSIDE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.234(b) - The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

2a. DESCRIPTION OF VIOLATION

A psychiatric progress note, dated 11/11/16, as well as staff interviews indicate that resident #1 exhibits agitation with staff and is physically combative with ADL care. However, the resident's support plan, dated 9/14/16, was not updated to reflect these behavioral needs. The support plan indicates the resident has no problem with agitation or aggression.

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 upon changes in residents care or behaviors the RASP will be updated by Wellness Director or PC Administrator.
2. RASP addendum will be review by Wellness Director, PC Administrator for instruction on completion (timely manner, qualifying materials, etc.)
3. RASP's will be reviewed quarterly to ensure all changes are on addendum or new RASP created.
4. Wellness Director and PC Administrator will review opposite's work to ensure all details are caught.

Resident #1's support plan was updated to include the identified needs. *J.W.*
8/14/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

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 was approved by *J.W.*
(Initials)