



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to COUNTRY MANOR PCH LP  
LEGAL ENTITY

To operate COUNTRY MANOR  
NAME OF FACILITY OR AGENCY

Located at 111 ALTMAYER DRIVE, KITTANNING, PA 16201  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE

To provide Personal Care Homes  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 40  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from December 5, 2017 until June 5, 2018,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **446292**

Robert E. Robinson  
ISSUING OFFICER

Jay Baulk  
DEPUTY SECRETARY

**NOTE:** This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE:**

DEC 05 2017

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

RE: Country Manor  
Certificate #: 446292

Dear Mr. Willner:

As a result of the Department of Human Services' licensing inspections on May 16, 2017; August 23, 2017; and August 24, 2017, of the above facility, we found that violations specified for your previous PROVISIONAL license have not been corrected and we found new violations not found during our previous inspection.

A SECOND PROVISIONAL license is being issued based on substantial compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Your PROVISIONAL license is enclosed.

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.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
85(a)	II	36	\$5	\$180	5 calendar days from mailing date of this letter
183(b)	II	36	\$5	\$180	5 calendar days from mailing date of this letter
185(a)	II	36	\$5	\$180	5 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation

has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacqueline Rowe, Bureau Director  
Human Services Licensing  
Department of Human Services  
Room 631 Health and Welfare Building  
625 Forster Street  
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Jacqueline L. Rowe  
Director

Enclosures  
License  
License 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: KELLY DAVIS		Region: WEST
Legal Entity Name: COUNTRY MANOR PCH LP		
Legal Entity Address: 111 ALTMAYER DRIVE, KITTANNING, PA 16201		<b>RECEIVED</b>  AUG 21 2017 <b>WEST REGION FIELD OFFICE</b> Human Services Licensing
Certificate(s) of Occupancy C-2 LP 06/20/1996 L & I		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 34	Waking Staff: 26
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Renewal, Provisional		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 05/16/2017: Georgoulis, Karen; Roser, Ashley		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 40 Number of Residents Served: 30 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: 1 Number of Hospice Residents in past year: 15		<b>Number of Residents who:</b> Receive Supplemental Security Income: 7 Are 60 Years of Age or Older: 27 Have Mental Illness: 9 Have an Intellectual Disability: 0 Have a Mobility Need: 4 Have a Physical Disability: 1

Violation Report: 44629 - 05/16/2017 - Georgoulis, Karen  
PCH Name: COUNTRY MANOR

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

The home's most recent licensing inspection summary, dated 7/1/16, was not posted in the home. The home only posted the cover letter and page 1 of 28 of the licensing inspection summary in the east and west hall.

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 on the day of inspection the entire recent inspection summary dated 7-1-2016 was posted in the Home on the bulletin boards. Moving forward as each inspection report is received, it will be posted in a conspicuous and public place in the Home. Administration will check the inspection report summary monthly to be sure that all 3 components are still posted and have not been removed. Documentation will be kept with a signature page for verification. Attached as 2A

The licensing inspection summary dated 7/1/16 was posted in a conspicuous and public place on 8/24/17.

11-8-17

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 *8-10-17*

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

The above plan of correction is approved as of 11-9-17  
(Date)

Plan of correction implementation status as of 11-9-17  
(Date)

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

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

Violation Report: 44629 - 05/16/2017 - Georgoulis, Karen  
PCH Name: COUNTRY MANOR

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.25(d) SOPb1 - If the home collects a resident's rent rebate under § 2600.25(a), the resident-home contract is to include the dollar amount or percentage of the rent rebate to be collected.

2a. DESCRIPTION OF VIOLATION

The home collects a portion of the rent rebate benefit for resident #2. However, the rent rebate portion of the resident's contract dated [redacted] 16, does not indicate percentage or dollar amount of the rent rebate revenue to be collected.

The home collects a portion of the rent rebate benefit for resident #3. However, the rent rebate portion of the resident's contract dated [redacted] 14, does not indicate percentage or dollar amount of the rent rebate revenue to be collected.

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

On 5-17-2017 the day after inspection, all current contracts were reviewed and if the rent rebate portion of the contract did not indicate the percentage of the rent rebate revenue to be collected, it was changed at that time and signed by Resident #2 and Resident #3. The rebate page for all future contracts was updated to reflect the percentage of the rent rebate revenue to be collected. Documentation of the new rent rebate part of the contract is attached. All future contracts will be reviewed by the Administrator and one other person for accuracy.

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 *8-10-17*

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

The above plan of correction is approved as of 11-9-17  
(Date)

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

Plan of correction implementation status as of 11-9-17  
(Date)

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

Violation Report: 44629 - 05/16/2017 - Georgoulis, Karen  
PCH Name: COUNTRY MANOR

WEST BUCKLE HILL OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A started working in the home on 6/6/16. However direct care staff person A does not have a high school diploma, GED diploma, or an active registration status on the Pennsylvania nurse aide registry and has been providing unsupervised direct care services regularly.

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 as of the day of inspection, Staff Person A (who was the Cook), was informed that she would no longer be able to cover as an Aide without the appropriate Education proof. She was told she would have to produce it to remain on Staff at the Home. Due to refusing to give the appropriate documentation, Staff person A was relieved of her job on 6-2-2017. Going forward no Staff Person will do Direct Care without the appropriate documentation or proof that that person is in an active program that meets the required qualification as per regulation 2600.54(a). All other Employee files have been reviewed to be sure they are all in compliance with this regulation.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	
<i>Caroline Dunn</i>	

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Caroline Dunn - Executive Director</i>	<i>8-10-17</i>

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

The above plan of correction is approved as of 11-9-17  
(Date)

Plan of correction implementation status as of 11-9-17  
(Date)

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

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

Violation Report: 44629 - 05/16/2017 - Georgoulis, Karen  
PCH Name: COUNTRY MANOR

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

On 5/16/17, there is a 2" tear that exposes the padding of the right arm pad of resident #3's wheelchair. The edges of the tear are uneven and rough presenting an injury hazard.

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

On 5-17-2017 the day after inspection, the Executive Director talked to the Medicare equipment company on behalf of Resident #3 for the tear in his wheelchair arm. The part was ordered on 5-17-2017 and both arms had the pads replaced on 5-19-2017. Documentation attached. Moving forward all wheelchairs, walkers, canes, prosthetic devices and all other apparatus will be cleaned, inspected and repaired if needed. This will be done monthly and documentation will be kept on a log. Documentation that will be used is attached as 5A-5B & 5C. A Staff training will be held on August 30 to go over regulation 2600.81 (b). This training will include education on repairing or cleaning the item at the time of finding or reporting it to the Administration on form (5c) at the time of finding something in need of repair.

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

*8-10-17*

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

The above plan of correction is approved as of

11-9-17  
(Date)

Plan of correction implementation status as of

11-9-17  
(Date)

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

The above plan of correction was approved by

*[Signature]*  
(Initials)

Violation Report: 44629 - 05/16/2017 - Georgoulis, Karen  
PCH Name: COUNTRY MANOR

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

At 9:52 a.m., the cleaning cart was left unattended, in the West hallway, with the following cleaning products on the cart, to include:  
\* Two 13.5oz. bottles of disinfectant spray with a label indicating: "call poison control center."  
\* A 25oz. can of Comet Classic Cleanser with a label indicating: "see a physician and seek medical attention"  
\* A 32oz. bottle of Super Strength Cleaner and Degreaser with a label indicating: "call poison control."

Residents of the home including residents #2 and #3 are assessed as not being capable to safely use or avoid poisonous materials.

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 on the day of inspection the cleaning cart was moved out of reach of all Residents. The Housekeeper and DCS were made aware of the importance of following regulation 2600.82 (c). A training was held on August 16<sup>th</sup>. Documentation with signatures of Staff (6a) attached. Moving forward all poisonous items will be stored in a secure area for the safety of all Residents. No items will be left unattended. In order to comply with this regulation a weekly walk-through will be done and documented by the Administration.

Immediately: A designated staff person shall check the home daily to ensure poisonous materials are locked and inaccessible to residents. 11-8-17 ✓

Repeat Violation: No	Date(s) of Previous Violation(s):			
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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 *8-10-17*

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

The above plan of correction is approved as of 11-9-11  
(Date)

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

Plan of correction implementation status as of 11-9-11  
(Date)

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

Violation Report: 44629 - 05/16/2017 - Georgoulis, Karen  
PCH Name: COUNTRY MANOR

RECEIVED

1. REGULATION 55 Pa.Code §2600  
2600.85(a) - Sanitary conditions shall be maintained.

AUG 21 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

[Redacted area]

Resident #3 is prescribed A & D ointment apply to peri area, one time a day and resident #6 is prescribed A & D ointment, to be applied to peri area, as needed. The same medication tube is being shared between both residents.

At 10:00 a.m. there were multiple unlabeled and used containers of stick deodorant that were in the common shower room of the west hall.

At 10:15 a.m., the toilet seat stains, in the private bathroom of bedroom #25, had three smears of feces measuring approximately 1' X1" and inside of the toilet bowl had two smears of feces measuring approximately 2" x 2".

At 10:20 a.m. there were four unlabeled toothbrushes, three of them were in a red cup and one purple toothbrush was in a toilet paper roll in the bathroom between bedrooms #18 and #19, which is shared by resident's #2, #4 and #5.

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.

See pages 7A-7F

Attached AS

7A

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 *8-10-17*

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

The above plan of correction is approved as of 11-9-17 (Date)

Plan of correction implementation status as of 11-9-17 (Date)

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

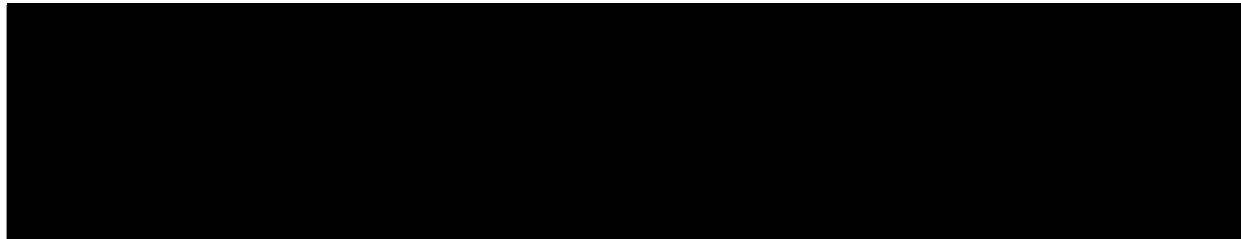
The above plan of correction was approved by [Signature] (Initials)

RECEIVED

AUG 21 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

Page 7 of 14



Concerning the A & D ointment, immediately on the day of inspection at the request of the Inspectors, the Administrator went and purchased 2 new tubes of A & D ointment and disposed of the used tube while inspectors were there.

Concerning the deodorants and toothbrushes, immediately on the day of inspection all unmarked items were disposed of. There is always a stock of these items, so they were marked with each Residents name. Anyone with toothbrushes was given a separate cup and new toothbrush for sanitary reasons. All rooms were checked to be sure that all toothbrushes and cups were marked accordingly and none of them are mixed together. In the future all items will be marked before leaving the Office.

Concerning the bathroom in bedroom # 25, immediately on the day of inspection the toilet seat and entire bathroom was cleaned due to the Resident having diarrhea that day. In the future if the DCS Is aware that a Resident has been not feeling well, they will check and clean the bathroom if immediately.

Concerning all of the above items, a training will be held on August 30 with documentation kept. All items dealing with the sanitary conditions will be monitored with documented walk throughs by the Administration weekly.

Immediately: A designated staff person shall check the home, including all bathrooms, daily on each shift to ensure sanitary conditions are maintained. Any unsanitary conditions shall be immediately corrected or reported the proper person to correct the unsanitary condition. 11-8-17 ✓

Immediately: All staff persons qualified to administer medications shall be educated that resident medications including creams and ointments shall not be shared between residents. All resident creams and ointments shall be clearly labeled with the resident's full name. 11-8-17 ✓

7A

Caroline Dunn

EP 8/10/17

Violation Report: 44629 - 05/16/2017 - Georgoulis, Karen  
PCH Name: COUNTRY MANOR

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION

At 2:30 p.m. the following items were on or next to the hot water tank in the laundry room, to include:  
\* A cardboard box measuring 26" x 18" x 37" against the hot water tank and a square piece of blue foam egg crate measuring 18" x 16" on top of the cardboard box.  
\* Three folded 16 gallon bio-waste boxes approximately 6" away from the hot water tank.

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 on the day of inspection all items were moved away from the hot water tank. A circle was drawn with permanent marker around the hot water tank within the required limits and a sign posted to let everyone know of the specifications of regulation 2600.125 (a) Documentation attached as a picture, 10A. On August 30 a Staff training with documentation will be held on this regulation. The Administration will do monthly monitoring with documentation to ensure that there are no materials located near the hot water heaters.

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 *8-10-17*

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

The above plan of correction is approved as of 11-4-17  
(Date)

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

Plan of correction implementation status as of 11-4-17  
(Date)

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

Violation Report: 44629 - 05/16/2017 - Georgoulis, Karen  
PCH Name: COUNTRY MANOR

**WEST REGION FIELD OFFICE**  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION

The home had a fire drill and fire safety inspection conducted by a fire safety expert on 10/8/15. However, the next fire drill and fire safety inspection were not conducted until 5/4/17.

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.

There is no way of reproducing the Fire Safety Expert report for 2016. Documentation was given to the DHS inspectors in 2016 at one of the inspections. The Inspectors took all of the fire records with them at the time of the inspection without having copies made. When it was realized that the documentation was missing, DHS was called and they realized they had taken the original documentation without leaving a copy. At that time they faxed the information back, but did not include the fire safety report. In the future all documentation will be double checked before the Inspectors leave to be sure everything was copied correctly with originals left in the Home. In the future all important documents will be copied twice and kept separately. A plan is being put into place to scan all items and keep available on the Administration computers for easy access. The Administration will work with the Fire Safety expert to pinpoint the date that the inspection report was done in 2016. The Fire Safety expert will be asked to re-do the document and it will be copied twice or scanned to the computer. The last inspection was done on 5-4-2017 and the next one will be in April or May of 2018.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Caroline Ann</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	<i>Caroline Ann Executive Director</i>	Date	<i>8-10-17</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 11-9-17  
(Date)

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

Plan of correction implementation status as of 11-9-17  
(Date)

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

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home

2a. DESCRIPTION OF VIOLATION  
The home posted the current week menu, May 14 through May 20, on the bulletin boards in the East and West hallways. The week in advance menu was not posted anywhere in the home.

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 on the day of inspection the week in advance menu was provided and posted on the bulletin boards. The Staff person posting the menus had posted 2 of the same menus back to back. The Executive Director went to the office and got the correct menus and posted them as per regulation 2600.162 (c). Moving forward all menus current and one week in advance will be posted on the bulletin boards. A log will be kept with weekly dates documenting that the appropriate menus are posted. The log (13d) will be kept and signed by the Administration.

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 *8-10-17*

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

The above plan of correction is approved as of 11-9-17  
(Date)

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

Plan of correction implementation status as of 11-9-17  
(Date)

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

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.225(c) - The resident shall have additional assessments as follows:
- (1) Annually.
  - (2) If the condition of the resident significantly changes prior to the annual assessment.
  - (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Resident #1's assessment, dated 7/6/16, indicates the resident requires prompting and cuing in the drinking section. However, on 3/14/17, the resident was seen by a speech pathologist who documented the resident "should drink liquids from the sippy type cup used today as it limits the amount of liquids the resident can take at one 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

The day after inspection on 5-17-2017 an addendum was added to the RASP for Resident #1. Documentation attached as 14A-14B. On 3-14-17 the day the diet was clarified, a copy of the diet & orders for Resident #1 was posted in the kitchen. Moving forward all new orders and significant changes will have an addendum or new RASP added to the Residents chart to account for the changes. All other charts were reviewed for accuracy in adding addendums of changes. For future new orders the Administration will double check any new addendums needed and all addendums will be signed by 2 people. One being in Administration.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/01/2017	
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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 *8-10-17*

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

The above plan of correction is approved as of 11-9-17  
(Date)

The above plan of correction was approved by f  
(Initials)

Plan of correction implementation status as of 11-9-17  
(Date)

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



OCT 17 2017

Violation Report: 44629 - 08/23/2017 - Georgoulis, Karen  
PCH Name: COUNTRY MANOR

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

Resident #1's contract dated [redacted] 17 was not signed by the administrator or a designee of the personal care home.

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 on the day of inspection 8-23-2017, the contract was signed by the Administrator. On 10-10 a review was started for all other Resident contracts. All reviews will be done by 10-12-2017. The supporting document is attached as 2A. Going forward the Administrator and Executive Director (or other Designee) will both review before filing their charts. Reviews will be done on all Resident charts starting immediately. The documentation will be kept in the front of the chart and reviews will be done quarterly with supporting signature and date on the chart. Review form is attached as 2B.

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

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

Printed Name and Title of Legal Entity Representative *Caroline Dunn - Executive Director*      Date *10-11-17*  
(Required on EVERY Page)

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

The above plan of correction is approved as of 11-9-17  
(Date)

Plan of correction implementation status as of 11-9-17  
(Date)

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

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

Violation Report: 44629 - 08/23/2017 - Georgoullis, Karen  
PCH Name: COUNTRY MANOR

OCT 17 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600 25(d) SOPb2 - If the home collects a resident's rent rebate under § 2600.25(a), the resident-home contract is to include the home's intended use of the revenue collected from the rent rebate.

2a. DESCRIPTION OF VIOLATION

The home collects a portion of the rent rebate benefit for the following residents. However, the rent rebate portion of the resident's contract did not indicate the intended use for the home's portion of the rent rebate, to include:

- Resident #1's contract dated [redacted] /17,
- Resident #2's contract dated [redacted] /17
- Resident #3's contract dated [redacted] /17
- Resident #4's contract dated [redacted] /15
- Resident #5's contract dated [redacted] /16

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.

On 8-25-2017 the contracts for Residents #1,3,4 & 5 were amended to include the Homes purpose for the rent rebate portion that is kept. Resident # 2 did have the correct addendum already. It had been dated on 8-18-2017. Attached as 3A. The addendum had been made for an earlier violation to include the amount kept by the Home. At that time we were told that to be in compliance we needed to add the portion to be kept by the Home. The intended purpose was not addressed at that time, so we were not aware of the change needed. The previous violation from 5-17-2017 is attached as 3B & 3C. A copy of the new rent rebate addendum is attached as 3D. All other contracts are being reviewed and any not having the correct information will have the addendum added. Going forward a new contract was made to include the new rent rebate page and all old ones were destroyed.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
Caroline Dunn Executive Director			10-11-17

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The above plan of correction is approved as of 11-9-17  
(Date)

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

Plan of correction implementation status as of 11-9-17  
(Date)

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

Violation Report: 44629 - 08/23/2017 - Georgoulis, Karen  
PCH Name: COUNTRY MANOR

OCT 17 2017

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE  
Human Services Licensing

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

- On 8/23/17, at 12:40 p.m., the door identified as "Employees Only" across from bedroom #21 was unlocked, unattended and accessible. The room contained numerous poisonous materials as to include:
- A 12 ounce can of Valspar white flat spray paint with a warning label, "If swallowed, do not induce vomiting. Get medical attention immediately".
  - An 8 fluid ounce can of Oatey medium Black ABS cement with warning label, "If swallowed, immediately call a poison center or doctor."
  - An 8 fluid ounce can Minwax wood finish- dark walnut with a warning label: "DO NOT TAKE INTERNALLY. Keep out of reach of children. Contact a physician for more health information."
  - Two- 5 gallon containers of Valspar Ultra 2000 paint with a label indicating, "Get medical advice/attention if you feel unwell."
  - A 4.5 gallon container of Sheet Rock Joint Compound with a label indicating "if swallowed or irritation persists contact physician".

Residents of the home including residents #2 and #8 are assessed as not being capable to safely use or avoid poisonous materials.

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 on the day of inspection 8-23-2017 the door was locked and the key removed from the hook above the door. The key was put on the Med Tech key ring. The Administration also has a key. All keys for any doors that need to be locked are now kept on the Med Tech key ring and the Administration. Also for Resident #2, his contract states that he can safely avoid poisonous materials. Front page of DME is attached as 4A. A training will be held on 10-25-2017 to address why it is important to be aware of regulation 2600.82c.**

Immediately: All staff persons shall be reeducated concerning the safe storage of poisonous materials and the risks to residents. Documentation of education shall be kept. 11-8-17 ✓

Immediately: A designated staff person shall check the home daily to ensure poisonous materials are locked and inaccessible to residents. 11-8-17 ✓

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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* Date *10-11-17*

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

The above plan of correction is approved as of 11-9-17 (Date)

Plan of correction implementation status as of 11-9-17 (Date)

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

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

RECEIVED

Violation Report: 44629 - 08/23/2017 - Georgoulis, Karen  
PCH Name: COUNTRY MANOR

1. REGULATION 55 Pa.Code §2600  
2600.85(a) - Sanitary conditions shall be maintained.

OCT 17 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 8/23/17 at 12:20 a.m., there was an accumulation of pooled blood measuring an area of 4" x 2½" that had dried, inside a larger area that measured approximately 8" x 6" on the carpet next to the green recliner in resident #9's bedroom. The resident indicated that it was blood from an arm injury and had been there from approximately 2 weeks to one month

On 8/23/17 at 12:20 pm., there is a smear of blood measuring approximately 1½" on the threshold at bedroom #20. Approximately 8 small red droplets on the floor from the threshold at bedroom #20 into the bathroom to the toilet.

On 8/23/17 and 8/24/17, there was a very strong odor of urine in the hallways and in room #22 from the hours of 9:00 a.m. through 5:00 p.m.

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 on the day of inspection 8-23-2017 steps were taken to clean the blood stain from the carpet in Resident # 9's room which is room # [redacted]. Peroxide was used along with a strong cleaner. The Resident did not report the stain to any Staff to be addressed. The underlying problem of why there was blood in and around that room was addressed with the Dr. and Resident. The Resident picks at his skin to the point of bleeding. Blood work was done and the Dr. prescribed a topical cream Triamcinolone to help with any irritation of the skin that the Resident has.

On 8-25 the carpet in room #22 was scrubbed. Since it was an empty room, there were no other things to clean that could have held a urine odor. Extra Housekeeping was brought in the week of 8-28-2017 to do some extra deep cleaning. Trainings were done on 8-30-2017 and 9-27-2017 with topics and

Documentation attached as 5A, 5B, 5C, 5D & 5E. Sanitary conditions was one of the training items addressed. The items that still need attention will be addressed at all Staff meetings and the Housekeeper (which is new to the position) has been trained on the importance of the tasks that need done including doing rounds of the rooms even if the Resident likes to do their own things. The Administrator and Executive Director do regular walk throughs of the Home and will direct any problems with sanitary conditions to the Housekeeper. A checklist for each room has been made for accountability of what things are done in each room. The Housekeeper will use the checklist for all Housekeeping duties after being trained over the next week as to what is expected. The implementation of the checklist will start on Monday, October 16. The checklist will be kept in a binder and reviewed weekly by the Administration for a period of 3 months. At that point it will be determined if the checklist is still needed.

See PAGE 5A & 5E

Repeat Violation: Yes      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 *10-11-17*

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

The above plan of correction is approved as of 11-9-17 (Date)

Plan of correction implementation status as of 11-9-17 (Date)

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

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

Violation Report: 44629 - 08/23/2017 - Georgoulis, Karen  
PCH Name: COUNTRY MANOR

NOV 08 2017

1. REGULATION 55 Pa.Code §2600  
2600.85(a) - Sanitary conditions shall be maintained.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 8/23/17 at 12:20 a.m., there was an accumulation of pooled blood measuring an area of 4" x 2 1/2" that had dried, inside a larger area that measured approximately 8" x 8" on the carpet next to the green recliner in resident #9's bedroom. The resident indicated that it was blood from an arm injury and had been there from approximately 2 weeks to one month

On 8/23/17 at 12:20 pm., there is a smear of blood measuring approximately 1 1/2" on the threshold at bedroom #20. Approximately 8 small red droplets on the floor from the threshold at bedroom #20 into the bathroom to the toilet.

On 8/23/17 and 8/24/17, there was a very strong odor of urine in the hallways and in room #22 from the hours of 9:00 a.m. through 5:00 p.m.

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: A designated staff person shall check the home daily on each shift to ensure sanitary conditions are maintained. Documentation of checks shall be kept. 11-8-17

Immediately: A designated staff person shall check the home daily on each shift to ensure sanitary conditions are maintained. Any unsanitary conditions shall be immediately corrected or reported the proper person to correct the unsanitary condition. 11-8-17

Immediately: The administrator or designee shall reassess resident #9 to determine the resident's needs related to behavioral problems. The administrator or designee shall update the resident's support plan to include the care and services the home will provide to meet the resident's needs including positive interventions to address the resident's behavioral problems. 11-8-17

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/25/2016
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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 *11-8-17*

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

The above plan of correction is approved as of <u>11-9-17</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

OCT 17 2017

Violation Report: 44629 - 08/23/2017 - Georgoulis, Karen  
PCH Name: COUNTRY MANOR

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.85(b) - There may be no evidence of infestation of insects or rodents in the home.

2a. DESCRIPTION OF VIOLATION

On 8/23/17, at approximately 11:40 a.m. there were approximately 50 to 75 ants along the baseboard of the common shower room in the west wing.

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.

On 8-23-2017 the ants along the baseboard in the west wing bathroom were sprayed and then the entire bathroom was scrubbed down. There have been no ants found since that day. The Home has pest control come in regularly and any problem areas will be addressed with them. The Housekeeper has also been made aware of this instance and it will be one of the items on the cleaning checklist. The Staff meeting on 10-25-2017 will include training on this regulation. This checklist will be reviewed by The Administration weekly.

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

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Caroline Dum Executive Director*      Date *10-11-17*

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

The above plan of correction is approved as of 11-9-17  
(Date)

Plan of correction implementation status as of 11-9-17  
(Date)

The above plan of correction was approved by X  
(Initials)

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

OCT 17 2017

Violation Report: 44629 - 08/23/2017 - Georgoullis, Karen  
PCH Name: COUNTRY MANOR

WEST REGION FIELD OFFICE  
Durham Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

On 8/23/17 at approximately 11:40 a.m., there is a hole measuring approximately 4" x 2" in the wall between the two shower stalls just above the grey baseboard in the common shower room of the West Wing.

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.

On 8-30-2017 a temporary patch was put on the hole in the wall. There will be a Handyman coming in to do some work the week of 10-16-2017. The hole at the baseboard will be repaired at that time. Monthly rounds are being done by Administration with documentation. The need for reporting items in need of repair will be added to the monthly Staff meeting for 10-25-2017, and forms for reporting will be kept in the breakroom for all Staff to use. Form attached as 7A

Immediately: Staff shall be educated on the new form.

11-8-17 ✓

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

10-11-17

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

The above plan of correction is approved as of

11-9-17  
(Date)

Plan of correction implementation status as of 11-9-17  
(Date)

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

The above plan of correction was approved by

*J*  
(Initials)

OCT 17 2017

Violation Report: 44629 - 08/23/2017 - Georgoullis, Karen  
 PCH Name: COUNTRY MANOR

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

On 8/23/17 at 11:10 a.m., the temperature of the black refrigerator freezer section measured -10 degrees Celsius, converted is 14 degrees Fahrenheit.

On 8/23/17 at 3:00 p.m., the temperature of the white refrigerator freezer section measured -14 degrees Celsius, converted is 6.8 degrees Fahrenheit.

On 8/24/17 at 3:00 p.m., the almond refrigerator section of the Amana refrigerator/freezer, in the storage room off the dining room, measured 44 degrees Fahrenheit.

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 new thermometers were put in the refrigerators and freezers in question. All of them have been checked and are holding the correct temperatures. A different kind of chart is being made to record the temperatures daily by DCS. The new chart will be implemented starting on 10-13-2017. All charts will be reviewed weekly by the Administration and they will sign off that the temperatures are correct. The temperatures were done today for verification that all refrigerators and freezers were in compliance. Documentation attached as 9A. The problem with the temperatures was a thermometer issue. If any temperatures are out of regulation boundaries the thermometer will be replaced and checked in 1 hour. If the temperature still not correct, all food will be moved to another freezer or refrigerator. All Staff will be reminded at the Staff meeting to pay attention to the thermometer readings when getting in and out of the freezer.

Immediately: The administrator shall check all refrigerators and freezers at least weekly to ensure all refrigerators and freezers have thermometers and food requiring refrigeration is stored at or below 40 degrees Fahrenheit and frozen food is stored at or below 0 degrees Fahrenheit. 11-8-17 ✓

Immediately: All staff persons involved in food storage and preparation shall be educated on safe food storage including all refrigerators and freezers have thermometers and food requiring refrigeration is stored at or below 40 degrees Fahrenheit and frozen food is stored at or below 0 degrees Fahrenheit. Documentation of education shall be kept. 11-8-17 ✓

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/21/2016	07/01/2016
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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 *10-11-17*

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

The above plan of correction is approved as of 11-9-17 (Date)

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

Plan of correction implementation status as of 11-9-17 (Date)

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

Violation Report: 44629 - 08/23/2017 - Georgoullis, Karen  
PCH Name: COUNTRY MANOR

OCT 17 2017

1. REGULATION 55 Pa.Code §2600  
2600.103(g) - Food shall be stored in closed or sealed containers.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 8/24/17, at 11:10 a.m., there was an opened and unsealed eight pack of Bob Evans Original sausage patties with two patties remaining in the white freezer in the kitchen.

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.*

*On 8-24-2017 the opened bag of Bob Evans sausage was thrown out. The Cook stated that it belonged to a Resident, but not sure which one. The Home purchases everything in bulk, so it was not for Home use. All other items were checked at that time to be sure they were all sealed and marked. The Cook and all other Staff will have a training on 10-25-2017 on regulation 2600.103 (g) on the importance of being sure all food is stored in a closed or sealed container*

Immediately: A designee shall check all food storage areas daily to ensure all food is stored in closed or sealed containers. *11-8-17 ✓*

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 *10-11-17*

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

The above plan of correction is approved as of 11-9-17  
(Date)

Plan of correction implementation status as of 11-9-17  
(Date)

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

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

OCT 17 2017

Violation Report: 44629 - 08/23/2017 - Georgoulis, Karen  
PCH Name: COUNTRY MANOR

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

On 8/23/17, at approximately 11:30 a.m., there was a black three shelf/two drawer book case on the left wall, across from a glido chair and couch creating a narrowed egress route of less than 3' in the back west hallway.

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 while the inspectors were present, the shelf was moved to a different wall where it had originally been placed. Someone had moved it to make room for a rolling air conditioner without the knowledge of Administration. A training is scheduled for 10-25-2017 where regulation 121 (a) will be discussed about the importance of keeping all passageways open.*

Immediately: A designated staff person will check the home daily to ensure all stairways, hallways, doorways, passageways and egress routes from rooms and from the building are unlocked and unobstructed.

11-8-17

Repeat Violation: No	Date(s) of Previous Violation(s):			
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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 *10-11-17*

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(Date)

The above plan of correction was approved by X  
(Initials)

Plan of correction implementation status as of 11-9-17  
(Date)

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

OCT 12 2017

Violation Report: 44629 - 08/23/2017 - Georgoulis, Karen  
PCH Name: COUNTRY MANOR

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION  
On 8/23/17 at 4:40 p.m. the A & D ointment prescribed for resident #2 was located in the resident's bed side table. Resident #2 is not assessed to self-administer any medications, to include creams and ointments.

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 on 8-23-2017 the A & D ointment was removed from Resident #2 room and locked back in the Medication room. All Med Techs will be retrained on the importance of all medications being kept in a locked area. All DCS will have a training on 10-25-2017 on the importance of Removing any medications that may be left behind in a Residents room, including OTC, creams and ointments. Documentation will be kept

Immediately: A designated staff person shall check the home daily, including all resident bedrooms, to ensure all prescription medications, OTC medications, cam and syringes are kept in an area or container that is locked. Documentation of checks shall be kept. 11-8-17

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/01/2016	
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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 *10-11-17*

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

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(Date)

The above plan of correction was approved by X  
(Initials)

Plan of correction implementation status as of 11-9-17  
(Date)

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

Violation Report: 44629 - 08/23/2017 - Georgoulis, Karen  
PCH Name: COUNTRY MANOR

OCT 12 2017

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE  
Human Services Licensing

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 #10's glucometer indicated a blood glucose level of 69 on 8/12/17 at 7:49 a.m. However, the residents August 2017 MAR indicated a blood glucose reading of 64.

Withdrawn SKP

Resident #11's glucometer indicated a blood glucose level of 258 on 8/17/17 at 8:00 p.m. However, the resident's August 2017 MAR indicated a blood glucose reading of 255.

Resident #11's glucometer indicated a blood glucose level of 216 on 8/22/17 at 8:06 p.m. However, the resident's August 2017 MAR indicated a blood glucose reading of 212.

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 problem with most of the glucometer readings is in the transcription from the glucometer to the EMAR. The first reading for Resident #1 was in the MAR and a copy is attached as 13A. The readings that are coming up but not recorded in the MAR are readings that were warranted as a PRN due to the Resident feeling like their sugar was too high or too low. Most of the Diabetics have a place to record a PRN, unfortunately the ones cited did not have a place to record a PRN even though it is not against regulation to do a PRN reading if it is felt necessary. The process is started to get orders from each diabetics Physician for a PRN order. A training will be done with each Med Tech on the importance of transcribing the correct number to the EMAR. We are implementing a new way of recording the glucose readings to take place after some initial instructions to each Med Tech by 10-20-2017. All of the glucometers with pictures and names on will be taken to the individual as usual, but the glucose reading will be recorded immediately using a small laptop that will be carried in the same pouch. This way the number will be written at the same time instead of writing it, then returning to the medication room to record it. We already have a backup laptop to use.

See Page 13 of 14

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/21/2016	<del>10/25/2016</del>	07/01/2016
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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 *10-11-17*

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

The above plan of correction is approved as of 11-9-17  
(Date)

Plan of correction implementation status as of 11-9-17  
(Date)

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

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

NOV 08 2017

Violation Report: 44829 - 08/23/2017 - Georgoullis, Karen  
PCH Name: COUNTRY MANOR

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 #10's glucometer indicated a blood glucose level of 69 on 8/12/17 at 7:49 a.m. However, the residents August 2017 MAR indicated a blood glucose reading of 64.

Resident #11's glucometer indicated a blood glucose level of 258 on 8/17/17 at 8:00 p.m. However, the resident's August 2017 MAR indicated a blood glucose reading of 255.

Resident #11's glucometer indicated a blood glucose level of 216 on 8/22/17 at 8:06 p.m. However, the resident's August 2017 MAR indicated a blood glucose reading of 212.

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: A designated staff person shall review the EMAR system to ensure all blood glucose readings are able to be documented on each resident's EMAR to include the date and time of the blood glucose check and the blood glucose reading. 11-8-17

Immediately: All staff persons qualified to administer medications shall be educated on the proper medication administration procedures including the documentation of blood glucose readings, including the date and time of the blood glucose check, as well as, the blood glucose reading. Documentation of education shall be kept. 11-8-17

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/21/2016	10/25/2016	07/01/2016
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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 *11-8-17*

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

The above plan of correction is approved as of <u>11-9-17</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

OCT 17 2017

Violation Report: 44629 - 08/23/2017 - Georgoulis, Karen  
PCH Name: COUNTRY MANOR

WEST REGION FIELD OFFICE  
Human Services Licensing

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

[Redacted area]

Resident #8's is assessed for the need of prompting/cueing for toileting and no issues for bladder and bowel. However, the support plan dated 11/29/16, indicates under medical diagnosis/physical, the resident is susceptible to UTI's and indicates, staff to monitor for pain burning upon urination urge to urinate frequently, with no frequency or responsible indicated. These sections are 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.

Resident # 8's frequency checkmark and responsible party checkmark were marked & initialed by the Administrator as- as needed for frequency and DCS for responsible party. It was definitely an oversight as the rest of the RASP is very detailed. The Executive Director and the Administrator will review each RASP to include all of them over the next month, to check for any blank areas. Documentation will be kept for each person and any blank areas will be addressed. Going forward the Executive Director, the Administrator or Designee will each review each other's RASP to check for blank places or things that may need added. 2 people will sign the RASP.

This violation is being disputed for the following reasons:  
For Resident #4, we are not sure why it is in violation as the frequency is daily and as needed and even on the following page under bladder management it is addressed. For Resident #8 the boxes for frequency and responsible party were accidentally omitted and the rest of the RASP is very detailed. I have enclosed the directions for the RASP and although the items were omitted accidentally, it is our hope that you would truly look at the rest of the RASP as it says you may sometimes do when it is truly accidental. Supporting documents are attached as 14A, 14B, 14C, 14D & 14E

SEE PAGE 14 OF 14

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/25/2016	
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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 *10-11-17*

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

The above plan of correction is approved as of 11-9-17 (Date)

Plan of correction implementation status as of 11-9-17 (Date)

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

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

NOV 08 2017

Violation Report: 44629 - 08/23/2017 - Georgoulis, Karen  
PCH Name: COUNTRY MANOR

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 65 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

Resident #4's support plan dated 3/10/17 indicates the resident needs some physical assistance with bladder, bowel and toileting needs. The resident has use of a urinal and wears adult briefs; however, the support plan does not specify the frequency of the bladder, bowel and toileting checks or the emptying of the urinal.

Resident #8's (Lois Williams) is assessed for the need of prompting/cueing for toileting and no issues for bladder and bowel. However, the support plan dated 11/29/16, indicates under medical diagnosis/physical, the resident is susceptible to UTI's and indicates, staff to monitor for pain burning upon urination urge to urinate frequently, with no frequency or responsible indicated. These sections are 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 home shall develop and implement a system to ensure resident support plans are immediately updated as resident care needs change.

Repeat Violation: Yes      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 *11-8-17*

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

The above plan of correction is approved as of 11-9-17 (Date)  
The above plan of correction was approved by [Signature] (Initials)  
Plan of correction implementation status as of \_\_\_\_\_ (Date)  
 Fully Implemented  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented