



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 04 2018

Ms. Tamara McGill
Owner/Administrator
Country Acres Personal Care Home, Inc.
2017 Meadville Road
Titusville, Pennsylvania 16354

RE: Country Acres Personal Care Home
License #: 411770

Dear Ms. McGill:

As a result of the Department of Human Services' annual licensing inspection on August 4, 2017, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: COUNTRY ACRES PERSONAL CARE HOME		License Number: 41177
Address: 2017 MEADVILLE ROAD, TITUSVILLE, PA 16354		County: Venango
Administrator: Tamara McGill		Region: WEST
Legal Entity Name: COUNTRY ACRES PERSONAL CARE HOME INC		
Legal Entity Address: 2017 MEADVILLE ROAD, TITUSVILLE, PA 16354		
Certificate(s) of Occupancy C-2 LP 04/09/2001 L&I		RECEIVED NOV 15 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 23	Waking Staff: 17
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspection Dates and Department Representatives On-Site 08/04/2017: Barone, Barbara; Bartlett, Patricia		
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: 33 Number of Residents Served: 19 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: 3 Number of Hospice Residents in past year: 5		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 19 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 4 Have a Physical Disability: 0

Violation Report: 41177 - 08/04/2017 - Barone, Barbara
PCH Name: COUNTRY ACRES PERSONAL CARE HOME

NOV 15 2017

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE
Human Services Licensing

2600.89(c) - A home that is not connected to a public water system shall have a coliform water test at least every 3 months, by a Department of Environmental Protection-certified laboratory, stating that the water is below maximum contaminant levels.

2a. DESCRIPTION OF VIOLATION

The home is not connected to a public water system. The home only has a laboratory statement, dated 8/1/17, indicating coliform water tests occurred on 3/13/17, 5/25/17, 7/17/17, 7/20/17, and 7/27/17. The statement does not indicate the water is below maximum contaminant levels for any of the 2017 tests and the home does not have any documentation of coliform water tests for 2016.

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.

Tests were done more often than required and the results are attached for results for coliform tests taken every month for all of 2016 & until Sept 2017

I only receive a monthly statement of test performed. My water treatment contracted care taker for our water & septic can provide me with monthly results or will notify me ASAP if we would be out of sep specs - I will obtain @ 3 month statements from him on our coliform testing & results

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

Signature of Legal Entity Representative (Required on EVERY Page) *Tamara Gilson*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Tamara Gilson* Date *10/31/17*

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

The above plan of correction is approved as of 12/6/17 (Date)

Plan of correction implementation status as of 12/6/17 (Date)

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

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

Violation Report: 41177 - 08/04/2017 - Barone, Barbara
PCH Name: COUNTRY ACRES PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.89(e) - The home shall keep documentation of the laboratory certification, in addition to the results and corrections made to ensure safe water for drinking.

2a. DESCRIPTION OF VIOLATION

The home is not connected to a public water system. The home only has a laboratory statement, dated 8/1/17, indicating coliform water tests occurred on 3/13/17, 5/25/17, 7/17/17, 7/20/17, and 7/27/17, but the home did not keep documentation of the laboratory's certification or results and corrections made to ensure safe water for drinking.

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 previous page

On 11/15/17, documentation submitted from the home indicated laboratory certification for monthly test results in 2016 and 2017. BS 12/4/17

I will obtain a 30 month report on total coliform collection data & results from our LISC operator

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Tamara Gibson*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Tamara Gibson* Date *10/31/17*

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The above plan of correction is approved as of 12/6/17
(Date)

Plan of correction implementation status as of 12/6/17
(Date)

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

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

NOV 15 2017

Violation Report: 41177 - 08/04/2017 - Barone, Barbara
PCH Name: COUNTRY ACRES PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

The toilet seat in the West bathroom #4 is unsecured from the bowl, moving side to side approximately 3 inches to the right and 2 inches to the left.

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.

This violation was corrected on 8/4/17 @ 7:40pm
all toilets will be checked by housekeeping
1x weekly & reported to Admin as soon as
a problem is seen.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Tamara Gilson*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Tamara Gilson* Date *10/31/17*

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(Date)

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(Date)

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(Initials)

Violation Report: 41177 - 08/04/2017 - Barone, Barbara
PCH Name: COUNTRY ACRES PERSONAL CARE HOME

NOV 15 2017

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION
The home's first aid kit mounted on the wall did not have a thermometer.

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 thermometer was too large to fit in first aid kit. It was located in the med cart that is 2 ft away. A smaller thermometer was purchased 8/4/17 and placed in the wall mounted first aid kit. A monthly checklist has been created to ensure that the first aid kit is full @ all times.

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

Tamara McGill

8-7-17

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

The above plan of correction is approved as of 12/6/17
(Date)

Plan of correction implementation status as of 12/6/17
(Date)

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

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

NOV 15 2017

Violation Report: 41177 - 08/04/2017 - Barone, Barbara
PCH Name: COUNTRY ACRES PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
Resident #1's bedside light did not have a light bulb.

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.

Light bulb had been removed by DCS the day prior because it was burnt out - the DCS forgot to replace it with a new bulb -

DCS will check lights & bulbs daily while making beds to ensure all lights are in good working order.

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

Lamara McGilli

8/8/17

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The above plan of correction is approved as of 12/6/17
(Date)

Plan of correction implementation status as of 12/6/17
(Date)

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

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- Partially Implemented - Adequate Progress
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- Not Implemented

NOV 15 2017

Violation Report: 41177 - 08/04/2017 - Barone, Barbara
PCH Name: COUNTRY ACRES PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION

The home routinely has 2 staff persons working during sleeping hours. The fire drill records for sleeping hours drills held on 6/3/16, 12/2/16, and 6/2/17 indicate 3 staff persons participated.

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.

Our fire drills are held monthly & Q4 months on sleeping hours - depending on how many residents we have and how many immediate determines how many staff are on - this can change several times a year -

We held a fire drill on 8/28/17 @ 4:30a w/ 2 staff members -

Immediately - The administrator will implement procedures to ensure that fire drills are held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low. The procedures will at least include monthly fire drill record reviews by the administrator.

This regulation does not say anything about lowest number of staff - should not be a violation -

BB
12/6/17

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) Tamera McCall Date 8/28/17

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

The above plan of correction is approved as of 12/6/17 (Date)

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

Plan of correction implementation status as of 12/6/17 (Date)

- Fully Implemented BB
- Partially Implemented - Adequate Progress
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- Not Implemented

Violation Report: 41177 - 08/04/2017 - Barone, Barbara
PCH Name: COUNTRY ACRES PERSONAL CARE HOME

NOV 15 2017

1. REGULATION 55 Pa.Code §2600
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION
Resident #1's most recent medical evaluation was completed on 7/8/16.

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.

evaluation date (seen by Dr.) Date medical completed
2016 7-8-16 2016 8-9-16
2017 4-17-17 2017 8-8-17

These are both in compliance -

see attached copies of 2016 & 2017 med eval

During the next quality management plan review and evaluation - The home will place an increased emphasis on this plan of correction. *BB 12/6/17*

Immediately - The administrator will implement procedures to ensure that the home retains documented medical evaluations at least annually. *BB 12/6/17*

Within 15 days of receipt of the plan of correction - The administrator will review each resident's record to

Repeat Violation: Yes Date(s) of Previous Violation(s): 09/07/2016

Signature of Legal Entity Representative
(Required on EVERY Page) *Tamara Gilson*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Tamara Gilson* Date *11-1-17*

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

The above plan of correction is approved as of 12/6/17
(Date)

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

Plan of correction implementation status as of 12/6/17
(Date)

- Fully Implemented *BB*
- Partially Implemented - Adequate Progress
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- Not Implemented

ensure there is documented annual medical evaluation in accord with Chapter 2600

BB 12/6

NOV 15 2017

Violation Report: 41177 - 08/04/2017 - Barone, Barbara
PCH Name: COUNTRY ACRES PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

Resident #2 is ordered Lantanoprost Sol 0.005%. The medication cart contained the medication with an open date of 6/6/17 written on the label. The manufacturer's label indicated, "open bottle may be stored at room temperature up to 6 weeks," and the medication was administered to the resident from 7/18/17 - 8/3/17.

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.

Resident #2 medication was re-ordered on the day of inspection. The medication was ~~ordered~~ opened 8/4/17 and an opened date was marked on vial. Also the 6wk expiration date was also applied. We have also set up automatic re-ordering through the computer system for 2 days before 6wk. expiration date.

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 8/4/17

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The above plan of correction is approved as of 12/6/17
(Date)

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

Plan of correction implementation status as of 12/6/17
(Date)

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Violation Report: 41177 - 08/04/2017 - Barone, Barbara
PCH Name: COUNTRY ACRES PERSONAL CARE HOME

NOV 15 2017

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows: WEST REGION FIELD OFFICE
(1) Annually. Human Services Licensing
(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 most recent assessment was completed on 8/12/15.

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 assessments are within dates and completed - day of inspection our other Admin had [redacted] packets and was working on her annual update - I could not locate all needed pages while inspectors were here - [redacted] (Admin) was off on the day of inspection - See attached 2016 & 2017 annual med evals - which are within yearly dates -

On 12/5/17, documentation submitted from the home indicated that resident #1 had annual assessments completed on 8/12/16 and 8/12/17. *BB* 12/6/17

Immediately - The administrator will implement procedures that ensure resident records are accessible to agents of the Department immediately upon request. *BB* 12/6/17

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) Tamara McMill Date 8-12-17

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Plan of correction implementation status as of 12/6/17 (Date)

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

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