



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: December 6, 2017

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

RE: Countryside Personal Care Home
Certificate #: 460500

Dear Ms. Jones:

As a result of the Department of Human Services' licensing inspection on August 24, 2017, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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

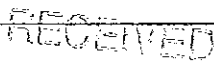
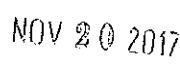

Sincerely,

A handwritten signature in black ink that reads "Jon Kimberland".

Jon Kimberland
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PCH Name: COUNTRYSIDE PERSONAL CARE HOME		License Number: 46050
Address: 8221 LAMOR ROAD, MERCER, PA 16137		County: Mercer
Administrator: DIANNA JONES		Region: WEST
Legal Entity Name: COUNTRYSIDE CONVALESCENT HOME LIMITED PARTNERSHIP		
Legal Entity Address: 8221 LAMOR ROAD, MERCER, PA 16137		
Certificate(s) of Occupancy C-2 LP 12/04/2003 LABOR AND INDUSTRY		  
Staffing Hours		
Resident Support: 0	Total Daily Staff: 68	Waking Staff: 51
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 08/24/2017; Bartlett, Patricia; Grace, Desmond		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 100 Number of Residents Served: 48 Secured Dementia Care Unit in Home: Yes Area: MEMORY LANE Secured Dementia Unit Capacity, if Applicable: 36 Number of Residents Served in Secured Dementia Care Unit, if applicable: 17 Number of Current Hospice Residents: 3 Number of Hospice Residents in past year: 10	Number of Residents who: Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 48 Have Mental Illness: 19 Have an Intellectual Disability: 0 Have a Mobility Need: 20 Have a Physical Disability: 0	

Violation Report: 46050 - 08/24/2017 - Bartlett, Patricia
PCH Name: COUNTRYSIDE PERSONAL CARE HOME

REGIONAL FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

From 5/20/17 through 6/5/17, staff person B, the home's administrator, was informed at least four times by multiple staff persons that direct care staff person A neglected to provide care and services to residents #2 through #8 including proper supervision and continence care. However, the home did not report the allegations to the Area Agency on Aging until 8/24/17.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- Immediately the Administrator reviewed Abuse and Abuse Reporting in the RCG and in the pink book.
- Immediately the Administrator reviewed the Suspected Resident Abuse Reporting and Investigation Requirements flow chart. This flow chart was also reviewed with all staff at the monthly staff meeting on November 17, 2017.
- The Administrator and/or Wellness Director (Administrator designee) will follow flow chart for any and all suspected abuse/neglect situations that arise even if the situation seems far-fetched or unlikely.
- The Administrator and/or Wellness Director (designee) will remain in contact with the Area Agency on Aging, and the Department to ensure proper handling of any situation.

Immediately: The administrator shall review all reported incidents and any allegations of abuse at least weekly to ensure any allegations of abuse and reportable incidents are reported in accordance with the Older Adult Protective Services Act and the Department of Human Services regulations. 11-22-17

Within 45 days of receipt of the plan of correction: All direct care staff, ancillary staff persons, substitute personnel, volunteers and management staff including the administrator shall receive training in abuse reporting and prevention and resident rights from a Department-approved outside source. Documentation of training shall be kept. 11-22-17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>D. Jones</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Diana Jones</i>	11-17-17

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

The above plan of correction is approved as of <u>11-22-17</u> (Date)	Plan of correction implementation status as of <u>11-22-17</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 46050 - 08/24/2017 - Barlett, Patricia
PCH Name: COUNTRYSIDE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2a. DESCRIPTION OF VIOLATION

From 5/20/17 through 6/5/17, staff person B, the home's administrator, was informed at least four times by multiple staff persons that direct care staff person A neglected to provide care and services to residents #2 through #8 including proper supervision and continence care. However, direct care staff person A continued to work unsupervised in the home until the employee's termination of employment on 6/8/17.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- Immediately the Administrator reviewed Abuse and Abuse Reporting in the RCG and in the pink book.
- Immediately the Administrator reviewed the Suspected Resident Abuse Reporting and Investigation Requirements flow chart. This flow chart was also reviewed with all staff at the monthly staff meeting on November 17, 2017.
- The Administrator and/or Wellness Director (Administrator designee) will follow flow chart for any and all suspected abuse/neglect situations that arise even if the situation seems far-fetched or unlikely.
- The Administrator and/or Wellness Director (designee) will remain in contact with the Area Agency on Aging, and the Department to ensure proper handling of any situation.

Immediately: The administrator shall review all reported incidents and any allegations of abuse at least weekly to ensure any staff person alleged of abuse is immediately suspended or placed on a plan of supervision approved by the Department. 11-22-17 ✓

Within 45 days of receipt of the plan of correction: All direct care staff, ancillary staff persons, substitute personnel, volunteers and management staff including the administrator shall receive training in abuse reporting and prevention and resident rights from a Department-approved outside source. Documentation of training shall be kept.

11-22-17 ✓

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *Jones*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Dianna Jones* Date *11-17-17*

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The above plan of correction is approved as of 11-22-17 (Date)

Plan of correction implementation status as of 11-22-17 (Date)

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

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

Violation Report: 46050 - 08/24/2017 - Bartlett, Patricia
PCH Name: COUNTRYSIDE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

From 5/20/17 through 6/5/17, staff person B, the home's administrator, was informed at least four times by multiple staff persons that direct care staff person A neglected to provide care and services to residents #2 through #8 including proper supervision and continence care. However, the home did not report the allegations to the Department until 8/24/17.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- Immediately the Administrator reviewed Abuse and Abuse Reporting in the RCG and in the pink book.
- Immediately the Administrator reviewed the Suspected Resident Abuse Reporting and Investigation Requirements flow chart. This flow chart was also reviewed with all staff at the monthly staff meeting on November 17, 2017.
- The Administrator and/or Wellness Director (Administrator designee) will follow flow chart for any and all suspected abuse/neglect situations that arise even if the situation seems far-fetched or unlikely.
- The Administrator and/or Wellness Director (designee) will remain in contact with the Area Agency on Aging, and the Department to ensure proper handling of any situation.

Immediately: The administrator shall review all reported incidents and any allegations of abuse at least weekly to ensure any allegations of abuse and reportable incidents are reported in accordance with regulation 2600.16(c).
11-22-17

Within 45 days of receipt of the plan of correction: All direct care staff, ancillary staff persons, substitute personnel, volunteers and management staff including the administrator shall receive training in abuse reporting and prevention and resident rights from a Department-approved outside source. Documentation of training shall be kept.
11-22-17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *D Jones*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Dianna Jones* Date *11-17-17*

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Violation Report: 48050 - 08/24/2017 - Bartlett, Patricia
 PCH Name: COUNTRYSIDE PERSONAL CARE HOME

NOV 20 2017

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 #9's assessment, dated 4/3/17, does not include the resident's diagnoses of dementia with behavioral disturbances which is indicated on the resident's medical evaluation completed on 3/2/17. The resident started receiving hospice services on [redacted] '17. However, the resident's assessment was not updated to include this need.

Resident #10's assessment, dated 7/3/17, indicates for the resident's mobility requires minimal/limited physical or oral assistance to evacuate in an emergency. However, the resident's medical evaluation, dated 8/13/16, indicates the resident requires moderate (immobile) physical or oral assistance to evacuate in an emergency. Staff person B, the administrator confirmed this resident is immobile.

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 both assessments were amended to reflect the above information by the Administrator.
- Resident assessments and support plans are done 2x yearly (requirement of Quality Life Services) and when a significant change occurs. Administrator and Wellness Director will audit these forms at this time.

Immediately: The administrator or designated staff person shall review all current assessments for accuracy and completeness. Any incomplete or inaccurate assessments shall be immediately corrected. 11-22-17 ✓

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *D. Jones*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Dianna Jones</i>	Date <i>11-17-17</i>
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Violation Report: 46050 - 08/24/2017 - Bartlett, Patricia
 PCH Name: COUNTRYSIDE PERSONAL CARE HOME

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

Resident #9 requires total physical assistance of a mechanical lift with transferring in/out of bed/chair, with toileting, and with ambulation. Additionally, he resident requires total physical assistance of a mechanical lift to evacuate in the event of an emergency. However, the resident's support plan, dated 4/3/17, does not indicate the care and services of a mechanical lift to meet this need.

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 both assessments were amended to reflect the above information by the Administrator.
- Resident assessments and support plans are done 2x yearly (requirement of Quality Life Services) and when a significant change occurs. Administrator and Wellness Director will audit these forms at this time.

Immediately: The administrator or designated staff person shall review all current support plans for accuracy and completeness. Any incomplete or inaccurate support plans shall be immediately corrected. 11-22-17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Tranisha Jones* Date *11-17-17*

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Plan of correction implementation status as of 11-22-17 (Date)

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Violation Report: 46050 - 08/24/2017 - Bartlett, Patricia
PCH Name: COUNTRYSIDE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.227(l) - The support plan shall be accessible by direct care staff persons at all times.

2a. DESCRIPTION OF VIOLATION
On 8/24/17, direct care staff persons C and D did not know where or how to access resident support plans.

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 8-9-16, staff person C attended a monthly staff meeting where RASP's, DME, and Resident needs were discussed. This discussion included where the RASP's are located in our computer system. Staff person D was not hired until 9-20-17 and she received training in this area with our annual training on 4-13-17. Please see attached sign in sheets.
- Immediately after the department visit on 8-24-17 all resident RASP's were copied and placed in binders in the chart area of personal care. Each RASP has a sign off sheet for staff to sign after reviewing that RASP. Administrator/Wellness Director update staff on new RASP and new addendums via communication board. All staff were updated on RASP binders at the monthly staff meeting in September and on the communication board.
- RASP sign off sheets will be audited by Administrator/Wellness Director monthly when new RASP's are added. Addendums are added as they are needed.

Immediately: All direct care staff persons shall be educated on the location and means to access resident support plans. Documentation of education shall be kept. 11-22-17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *D. Jones*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Diana Jones* Date *11-17-17*

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