



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 10 2018

Ms. Cindy Naughton
Administrator
Countryside Convalescent Home Ltd. Partnership
8221 Lamor Road
Mercer, Pennsylvania 16137

RE: Quality Life Services - Mercer
Certificate #: 460500

Dear Ms. Naughton:

As a result of the Department's Bureau of Human Services Licensing annual inspection on December 7, 2017; December 8, 2018 and May 18, 2018, 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,

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: QUALITY LIFE SERVICES MERCER		License Number: 48050
Address: 8221 LAMOR ROAD, MERCER, PA 16137		County: Mercer
Administrator: Cindy Naughton		Region: WEST
Legal Entity Name: COUNTRYSIDE CONVALESCENT HOME LIMITED PARTNERSHIP		
Legal Entity Address: 8221 LAMOR ROAD, MERCER, PA 16137		RECEIVED
Certificate(s) of Occupancy C-2 LP 12/04/2003 Labor & Industry		APR 27 2018 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours Resident Support: 0		Total Daily Staff: 78 Waking Staff: 59
Type of Inspection: Full		BHA Docket Number: . Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Incident		
On-Site Inspections Dates and Department Representatives On-Site 12/07/2017: Bedford, Kalle; Garvey, Jody; McConnell, Deb 12/08/2017: Bedford, Kalle; Garvey, Jody; McConnell, Deb		
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: 54 Secured Dementia Care Unit In Home: Yes Area: Memory Lane Secured Dementia Unit Capacity, if Applicable: 38 Number of Residents Served in Secured Dementia Care Unit, if applicable: 20 Number of Current Hospice Residents: 3 Number of Hospice Residents in past year: 10	Number of Residents who: Receive Supplemental Security Income: 6 Are 60 Years of Age or Older: 54 Have Mental Illness: 3 Have an Intellectual Disability: 3 Have a Mobility Need: 24 Have a Physical Disability: 0	

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APR 27 2018

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Violation Report: 48050 - 12/07/2017 - Bedford, Katie
PCH Name: QUALITY LIFE SERVICES MERCER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 12/7/17, at approximately 11:00 a.m., the following accessible items were in an unlocked binder on the desk in the unattended SDCU nursing station:

- * Three Rivers Hospice Progress Notes, including pulse readings, for resident #1
- * Three Rivers Hospice Patient Communication Forms, including personal care needs, for resident #2
- * Sharon Regional Health System Hospice/Palliative Care Forms, including medication list and care plan, for resident #3

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 page 2^a of 25

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/14/2016
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Cindy Naughton</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Cindy Naughton PCA	Date	4.25-18
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of	<u>6/11/18</u> (Date)	Plan of correction implementation status as of	<u>6/11/18</u> (Date)
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- Fully Implemented
- Partially Implemented - Adequate Progress *per*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by	<u><i>[Signature]</i></u> (Initials)
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Page 2^a of 25

Regulation 2600.17

Plan of Correction

The hospice progress notes and communication forms and binder were immediately removed from the nurses station and secured in the locked office

Staff will be educated by May 25, 2018 on 2600.17 Confidentiality of records.

Administrator or Designee will audit weekly to ensure that all resident records shall be kept confidential and not easily accessible or left unattended. See Attached Audit

Immediately: A designated staff person will check the home daily to ensure resident records, including records of residents' ADLs, finances and care from outside palliative and hospice care providers, are kept in a confidential manner, in accordance with regulation 2600.17. *9/2. 6/11/18*

Candy Jaykhn 6/12/18

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APR 27 2018

Page 3 of 26

Violation Report: 40050 - 12/07/2017 - Bedford, Katie
PCH Name: QUALITY LIFE SERVICES MERCER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION
The Influenza Awareness Act, enacted 11/21/16, requires Influenza information to be posted in a public place in the facility year-round. On 12/7/17, the required Influenza awareness poster was not posted in the home in accordance with The Influenza Awareness Act.

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 page 3^a of 25

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Cindy Naughton

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Cindy Naughton PCHA

Date 4-25-18

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

The above plan of correction is approved as of

6/15/18
(Date)

Plan of correction implementation status as of

6/15/18
(Date)

- Fully Implemented *PN.*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

PN.
(Initials)

Regulation 2600.18

Plan of Correction

Page 3^a of 25

The Influenza Awareness Poster has been posted in a public plane in all personal care neighborhoods.

The Administrator or Designee will audit monthly the posting of the Influenza Awareness Posted in public place in all personal care neighborhoods. See attached

Cindy Taylor

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APR 27 2018

Page 4 of 25

Violation Report: 48050 - 12/07/2017 - Bedford, Katie
PCH Name: QUALITY LIFE SERVICES MERCER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600

2600.42(q) - A resident shall be compensated in accordance with State and Federal labor laws for labor performed on behalf of the home.

2a. DESCRIPTION OF VIOLATION

On 12/7/17, at approximately 3:00 p.m., resident #4 was observed placing cups and silverware on the dining room tables in preparations for dinner.

On 12/8/17, at approximately 12:30 p.m., resident #4 was observed cleaning up dirty plates and silverware from the dining room tables after lunch was served.

According to staff person, A, the administrator, the resident is not paid for performing these services.

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 page 4⁹ of 25

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cindy Naughton PCH* Date *4-25-18*

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Plan of correction implementation status as of 6/15/17 (Date)

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

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

Regulation 2600.42(q)

Plan of Correction

Page 4⁹ of 25

The resident and the designee were immediately notified and the resident was instructed that residents cannot assist with setting or clearing the tables.

Direct Care Staff will be educated by May 25, 2018, that residents are not permitted to assist with setting or clearing tables even if it is the resident's choice or preference.

Administrator or Designee will audit weekly to ensure that residents are not assisting with setting or clearing the tables. See Attached

Cindy Paylor 6/12/18

APR 27 2018

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 48050 - 12/07/2017 - Bedford, Kalle
PCH Name: QUALITY LIFE SERVICES MERCER

1. REGULATION 56 Pa.Code §2600

2800.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

This portion of the violation is withdrawn. see 6/15/17

Direct care staff person C, hired on 6/14/17, did not have an orientation in general fire safety and emergency preparedness that is in accordance with 2800.65a.

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 page 5^a of 25

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/14/2016
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Signature of Legal Entity Representative (Required on EVERY Page) *Cindy Naughton*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cindy Naughton PCHA* Date *4.25.18*

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

The above plan of correction is approved as of 6/15/17 (Date)

Plan of correction implementation status as of 6/15/17 (Date)

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

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

Regulation 2600.65(a)

Plan of Correction

Page 5⁹ of 25

Staff person C is no longer employed at the facility.

Administrator will audit all employee's training records to ensure that all employees have received training in fire safety and emergency preparedness by May 25, 2018.

Administrator or Designee will audit monthly to ensure that all direct care staff have orientation in general fire safety and emergency preparedness during their first work day.

Cindy Naughton 6/12/18

APR 27 2018

Violation Report: 46060 - 12/07/2017 - Bedford, Kalle
PCH Name: QUALITY LIFE SERVICES MERCER

WEST REGIONAL FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person D, hired on 5/2/12, did not receive training in the following areas during the 2016 training year:

- medication self-administration
- instructions on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan
- care for residents with dementia and cognitive impairments
- personal care needs of the resident
- safe management techniques

Direct care staff person E, hired on 6/21/12, did not receive training in medication self-administration during the 2016 training year.

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 page 7^a of 25

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cindy Naughton PCHA* Date *4/26/18*

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

The above plan of correction is approved as of <u>6/15/18</u> (Date)	Plan of correction implementation status as of <u>6/15/18</u> (Date)
The above plan of correction was approved by <u>JW.</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JW.</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Jun. 12. 2018 10:22AM

Regulation 2600.65(f)

Plan of Correction

Page 7^a of 25

Staff Person D will receive training in prescreen, assessments, medical evaluations and support plans, care for residents with dementia and cognitive impairments, personal care needs of residents, self-administration, and safe management techniques by May 25, 2018.

Staff Person E will receive training in medication self-administration by May 25, 2018.

Administrator or Designee will audit staff training records monthly to ensure all Direct Care Staff trainings are completed annually.

Cindy Nayaka
6/12/18

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APR 27 2018

Page 8 of 25

Violation Report: 48060 - 12/07/2017 - Bedford, Kalle
PCH Name: QUALITY LIFE SERVICES MERCER

WEST VIRGINIA FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800
2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
 - (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
 - (3) Resident rights.
 - (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
 - (5) Falls and accident prevention.
 - (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

[Redacted] *This portion of the violation is withdrawn per 4/15/18*

Direct care staff person E, hired on 6/21/12, did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert during the 2016 training year.

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 page 8^a of 25

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cindy Naughton RMT* Date *4-25-18*

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

The above plan of correction is approved as of 6/15/18 (Date) Plan of correction implementation status as of 6/15/18 (Date)

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

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

Jun. 12. 2018 10:22AM

Regulation 2600.65(g)

Plan of Correction

Page 8th of 25

Staff person E received annual fire safety training by a fire safety expert on 6-9-2016. (See Attached training records)



Administrator or designee will audit staff training records quarterly to ensure that all staff are trained annually on emergency preparedness and fire safety.

Cindy Naykta 6/12/18

Violation Report: 46050 - 12/07/2017 - Bedford, Katie
PCH Name: QUALITY LIFE SERVICES MERCER

APR 30 2018

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

On 12/7/17, there was no lid on the white plastic garbage can in the SDCU's kitchen which was half full of garbage.

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 page 9 of 25

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Cindy Naughton

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Cindy Naughton PCHA

Date 4-26-18

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

The above plan of correction is approved as of

6/15/18
(Date)

Plan of correction implementation status as of

6/15/18
(Date)

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

The above plan of correction was approved by

pu
(Initials)

Regulation 2600.85(d)

Plan of Correction

Page 9⁹ of 25

The garbage can in the SDCU was immediately removed on 12/7/2017 and replaced with a garbage can with a lid.

All housekeeping staff will be educated that garbage cans in bathrooms and kitchens must have lids by May 25, 2018.

Housekeeping Director or Designee will audit weekly to ensure that all garbage cans in kitchens and bathrooms have a lid.

Candy Naughton
6/12/18

RECEIVED

APR 30 2018

Page 10 of 25

Violation Report: 46050 - 12/07/2017 - Bedford, Katie
FOII Name: QUALITY LIFE SERVICES MERCER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

On 12/7/17, the emergency telephone numbers were not posted on or by the following telephones:

- * Telephone in bedrooms #14, #30 and #36
- * Telephone in the chapel area
- * Telephone in the main dining room kitchenette
- * Telephone in the Redic dining room
- * Telephone in the SDCU kitchenette

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 page 10^a of 25

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cindy Naughton RPH* Date *4-26-18*

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

The above plan of correction is approved as of 6/15/17 (Date)

Plan of correction implementation status as of 6/15/17 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *mu.*
- Partially Implemented - Inadequate Progress
- Not Implemented

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

Regulation 2600.91

Plan of Correction

Page 10⁹ of 25

Emergency telephone numbers have been posted in rooms 14, 30, 36, Chapel, Main dining room, kitchen and SDCU kitchen on 12-8-2017.

The landline phones will be audited monthly by the Administrator or Designee to ensure that emergency telephone numbers are posted according to 2600.91.

APR 30 2018

Violation Report: 46050 - 12/07/2017 - Bedford, Katie
PCH Name: QUALITY LIFE SERVICES - MERCER WEST REGION FIELD OFFICE

1. REGULATION 56 Pa. Code §2600
2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.
Human Services Licensing

2. DESCRIPTION OF VIOLATION
On 12/7/17, an approximate 1/8" layer of lint was in the lint trap in the dryer in the resident's laundry room. There were no clothes in the dryer at the 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.

See page 11⁹ of 25

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

Signature of Legal Entity Representative (Required on EVERY Page) *Cindy Naughton*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cindy Naughton PCH* Date *4-25-18*

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

The above plan of correction is approved as of 6/15/18 (Date)
The above plan of correction was approved by AN (Initials)
Plan of correction implementation status as of 6/15/18 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress *AN*
 Partially Implemented - Inadequate Progress
 Not Implemented

Jun. 12. 2018 10:23AM

Regulation 2600.105(g)(1)

Plan of Correction

Page 11^a of 25

Housekeeping staff will be educated by May 25, 2018 that dryer lint must be removed from the lint trap after each use.

A Daily Dryer Lint Trap check was initiated on March 3-1-18 to ensure that lint is removed from the dryer. See Attached

Housekeeping Director or designee will audit the lint traps weekly to ensure that the lint is removed after each use.

Candy Naughton
6/12/18

APR 30 2018

Violation Report: 46050 - 12/07/2017 - Bedford, Katie
PCH Name: QUALITY LIFE SERVICES MERCER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The fire drill record does not include the AM/PM designation for the fire drills conducted on 4/28/17 at 1:31:21, 5/24/17 at 7:09:46 or 11/14/17 at 2:47:08.

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 page 12^a of 25

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

Signature of Legal Entity Representative (Required on EVERY Page) *Cindy Naughton*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cindy Naughton PCH* Date *4-25-18*

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

The above plan of correction is approved as of 6/15/17 (Date)

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

Plan of correction implementation status as of 6/15/17 (Date)

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

Regulation 2600.132(c)

Page 12^a of 25

Plan of Correction

All fire drills will be documented in military time starting with the April 2018 monthly fire drill.
See Attached

The Maintenance Staff will be educated by May 11, 2018 on the use of military time for fire drill documentation. See Attached

The Administrator or designee will audit the fire drill records monthly to ensure that military time is being used for fire drill documented time.

Cindy Peyton
6/12/18

RECEIVED

APR 30 2018

Page 14 of 25

Violation Report: 48000 - 12/07/2017 - Redford Kalia QUALITY LIFE SERVICES MICHIGAN		WEST REGION FIELD OFFICE Human Services Licensing	
1. REGULATION AS Pa Code §2800 144(c)(2) Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.			
2a. DESCRIPTION OF VIOLATION The home's designated smoking area is directly outside of the exit door of the Orr Dining Room, along the common walkway.			
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 page 14⁹ of 25

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Cindy Naughton</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Cindy Naughton PCMH</i>	<i>4-25-18</i>

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

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The above plan of correction was approved by <u><i>PC</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>PC</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Regulation 2600.144(c)(2)

Plan of Correction

Page 14^a of 25

The designated smoking area will be eliminated effective June 1, 2018 and the facility will be a non-smoking community.

Residents will be provided written notification by May 1, 2018 of the elimination of the smoking area. See Attached

Staff will be educated by May 25, 2018 that the facility will be a smoke free community.

Facility will inform the resident's physician to offer smoking cessation. Administrator will assist any residents with locating a personal care home which permits smoking for any resident that chooses to continue to smoke. Will notify local Area Agency on Aging to assist with placement.

Local Ombudsman will be notified by June 1, 2018 of the change to a smoke-free facility.

The house rules will be changed to reflect a non-smoking community by June 1, 2018.

Cindy Payhler
6/12/18

APR 30 2018

Violation Report: 46050 - 12/07/2017 - Bedford, Katie
PCH Name: QUALITY LIFE SERVICES MERCER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.161(d) - A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

On 12/5/16, resident #5 was ordered a mechanical soft diet; however the support plan, dated 12/1/16, only indicates the resident has a shellfish allergy and should not be offered spicy foods.

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 page 15^a of 25

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

Signature of Legal Entity Representative (Required on EVERY Page) *Cindy Naughton*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cindy Naughton, PCH* Date *4-25-18*

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

The above plan of correction is approved as of 6/5/18
(Date)

Plan of correction implementation status as of 6/5/18
(Date)

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

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

Jun. 12. 2018 10:24AM

Regulation 2600.161(d)

Plan of Correction

Page 15^a of 25

Resident #5 diet order has been updated on the support plan to reflect the ordered diet. See Attached

All resident's dietary needs as ordered by the physician will be audited by Wellness Director with the support plan by May 11, 2018 to ensure the dietary needs are accurately reflected on the support plan.

Resident's diet orders will be audited monthly to ensure the dietary order and support plan accuracy.

The Wellness Director will be educated by May 11, 2018 on proper documentation of special dietary needs.

Candy Naughton 6/12/18

APR 30 2018

Violation Report: 46050 - 12/07/2017 - Bedford, Katie

PCH Name: QUALITY LIFE SERVICES MERCER

WEST REGION FIELD OFFICE

Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2000.103(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 12/8/17 at approximately 10:00 AM, resident #1's MediHoney Wound/Burn Dressing Gel was stored in the resident's unlocked nightstand drawer in room 114 in the Secure Dementia Care Unit.

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 page 16^a of 25

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Cindy Naughton

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)

Cindy Naughton, PCH

Date 4-25-18

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

The above plan of correction is approved as of 6/15/17 (Date)

Plan of correction implementation status as of 6/15/17 (Date)

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

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

Jun. 12. 2018 10:24AM

Regulation 2600.183(b)

Plan of Correction

Page 16^a of 25

On 12/7/2017 the Medi Honey Wound Dressing Gel was removed from Resident's #1 room and secured in the medication cart.

Staff will be educated by May 25, 2018 on the proper storage of prescription medications, OTC medications, CAM and syringes.

The Wellness Director or Administrator will audit resident rooms weekly to ensure that there are no medications, OTC, Cam, or syringes located in resident rooms or unlocked areas.

Cindy Nayak
6/12/18

APR 30 2018

Violation Report: 46050 - 12/07/2017 - Bedford, Katie
PCH Name: QUALITY LIFE SERVICES MERCER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

On 12/8/17, resident #2 had the following discontinued medications stored in the medication cart:
-Acetaminophen 650mg suppository- give 1 suppository every 6 hours as needed pain/elevated temperature.
-Bisacodyl suppository 10mg- administer 1 suppository 1 time daily as needed for constipation.
-Atropine 1% drops- give 2 drops under tongue every 2 hours as needed for increased secretions.

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 page 17^a of 25

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

Signature of Legal Entity Representative (Required on EVERY Page) *Cindy Naughton*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cindy Naughton* Date *4-25-18*

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

The above plan of correction is approved as of 6/15/18
(Date)

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

Plan of correction implementation status as of 6/15/18
(Date)
 Fully Implemented
 Partially Implemented - Adequate Progress *PLS.*
 Partially Implemented - Inadequate Progress
 Not Implemented

Jun. 12. 2018 10:24AM

Regulation 2600.183(d)

Plan of Correction

Page 17^a of 25

Resident #2 discontinued medications were immediately removed from the medication cart on December 8, 2017.

A review of the medication cart was done on 12-13-2017 to ensure that all discontinued medications have been removed from the cart. See Attached

Medication carts are audited monthly by the Wellness Director or designee to ensure that all discontinued medications have been removed.

Staff will be educated by May 11, 2018 to remove all discontinued medications from the medication cart.

Cindy Naylt
6/12/18

Violation Report: 46050 - 12/07/2017 - Bedford, Katie
PCH Name: QUALITY LIFE SERVICES MERCER

WEST VIRGINIA 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

On 12/8/17, two bottles of Latanoprost Solution 0.005%, prescribed for resident #6, were stored in the medication cart with manufacturer's instructions to discard 6 weeks after opening. However, neither bottle was dated when opened.

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 page 18^g of 25

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

Signature of Legal Entity Representative (Required on EVERY Page) *Cindy Naughton*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cindy Naughton PCH* Date *4-25-18*

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

The above plan of correction is approved as of 6/15/18 (Date)

Plan of correction implementation status as of 6/15/18 (Date)

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

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

Regulation 2600.183(e)

Plan of Correction

Page 18⁹ of 25

An audit of the medication cart was done in December 2017.

Staff will be educated by May 11, 2018 on how to properly date medications once opened.

The Wellness Director or Designee will audit the medication carts monthly to ensure that all opened bottles of medications are properly dated and discarded appropriately. See Attached

Cindy Nayhton
6/14/18

APR 27 2018

Violation Report: 48050 - 12/07/2017 - Bedford, Kalle
PCH Name: QUALITY LIFE SERVICES MERCER

1. REGULATION 65 Pa.Code §2600
2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
(1) The resident's name.
(2) The name of the medication.
(3) The date the prescription was issued.
(4) The prescribed dosage and instructions for administration.
(5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION
Resident #1 is ordered Silace liquid- give 5mg/ml by mouth two times a day; however the medication label reads Silace 50mg/5ml-give one 5ml/50mg syringe by mouth two times a day.
Resident #1 is ordered Morphine Sulfate Solution 10mg/ml - Inject 5ml subcutaneously every 1 hour as needed; however the pharmacy label indicates Morphine Sulfate 100mg/5ml- take 0.5ml by mouth or under tongue every hour as needed. The prefilled syringes for oral administration were filled to 0.5ml.
Resident #2 is ordered Haloperidol tablet 1mg/ml- give 0.5ml orally every 4 hours as needed for agitation, give 1 pre filled syringe under tongue every four hours as needed; however the medication label reads Haloperidol 2mg/ml oral solution- give 0.5ml every 4 hours as needed for agitation.

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 page 19⁹ of 25

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

Signature of Legal Entity Representative (Required on EVERY Page) *Cindy Naughton*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cindy Naughton PCH* Date *4-25-18*

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

The above plan of correction is approved as of 4/15/18 (Date)

Plan of correction implementation status as of 6/18/18 (Date)

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

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

Regulation 2600.184(a)

Plan of Correction

Page 19^a of 25

The medications for resident #1 and #2 were corrected on 12-8-2018.

Staff will be educated on proper utilization of the change in direction stickers by May 11, 2018.

The Wellness Director or Administrator will audit the medication carts monthly to ensure that all pharmacy labels contain, the resident's name, name of medication, the date the prescription was issued, the prescribed dosage and instructions for administration.

Cindy Naughton
6/12/18

RECEIVED

APR 27 2018

WEST REGION FIELD OFFICE
Human Services Licensing

Page 20 of 26

Violation Report: 46050 - 12/07/2017 - Bedford, Katie
PCH Name: QUALITY LIFE SERVICES MERCER

1. REGULATION 55 Pa.Code §2800
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 #1 is ordered Acetaminophen tablet 325mg- give two tablets by mouth every 4 hours as needed for elevated temperature/pain. On 12/8/17, this medication was not available in the home.

On 12/8/17, the following medications, ordered for Resident #2, were not available in the home:
*Milk of Magnesia suspension 400mg/5ml- give 30ml by mouth every day as needed.
*Tylenol table 325mg- give 2 tablets by mouth every 8 hours as needed for elevated temperature/pain.
*Imodium A-D Tablet 2mg- give 2 tablets every 8 hours as needed.

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 page 20 of 25

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Cindy Naughton

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Cindy Naughton PCH

Date 4-25-18

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

The above plan of correction is approved as of

6/15/17
(Date)

Plan of correction implementation status as of

6/15/18
(Date)

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

The above plan of correction was approved by

JN
(Initials)

Regulation 2600.185(a)

Plan of Correction

Page 20^a of 25

On 12/8/2017 medications, Milk of Magnesia, Tylenol, and Imodium A-D for Resident #2 were reordered from the pharmacy. See attached

Resident #1 is no longer at the facility.

Staff will be educated by May 11, 2018 on the need to have all ordered medications including PRNs accessible and ready for administration.

The Wellness Director is utilizing a Medication Order Tracking tool to assist with regulatory compliance.

The medication cart is audited monthly by the Wellness Director or Administrator to ensure compliance with regulation 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. See attached

Cindy Taylor

6/12/18

APR 27 2018

WEST HEGGON FIELD OFFICE
Human Services Licensing

Violation Report: 46060 - 12/07/2017 - Bedford, Katie
PCH Name: QUALITY LIFE SERVICES MERCER

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

The glucometer for resident #7 was not set to the correct time and date.

On 12/8/17, the December 2017 medication administration record (MAR) for resident #7 indicates a blood glucose reading of 126 before breakfast; however there was no reading for that date/time in the resident's glucometer.

On 12/6/17 the December 2017 MAR for resident #8 indicates a blood glucose reading of 149 at 8:00 AM; however there was no reading for that date/time in the resident's glucometer.

The December 2017 MAR for resident #9 indicates a blood glucose reading of 148 on 12/7/17 before supper; however there was no reading in the resident's glucometer for that date/time. The same MAR indicates a blood glucose reading of 130 on 12/3/17 before supper; however there was no reading for that date/time in the resident's glucometer.

The blood glucose readings in resident #10's December 2017 MAR do not match the readings in the resident's glucometer as follows:

Date/Time	MAR reading	Glucometer reading
12/1/17 at 7:30 PM	132	190
12/4/17 at 4:00 PM	258	244
12/7/17 at 4:00 PM	161	193

Resident #11's December 2017 MAR indicates the following blood glucose readings; however, there is no reading in the resident's glucometer for these dates and times:

Date and Time	MAR reading
12/7/17 at 7:00AM	149
12/7/17 at 11:00AM	136
12/7/17 at 7:00 PM	169
12/6/17 at 7:00AM	214
12/6/17 at 7:00 PM	182
12/3/17 at 7:00 AM	112
12/3/17 at 7:00 PM	134
12/2/17 at 7:00 PM	145
12/1/17 at 7:00 PM	176

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 page 21^a of 25

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

Signature of Legal Entity Representative (Required on EVERY Page) *Cindy Noughton*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cindy Noughton PCH* Date *4.23-18*

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

The above plan of correction is approved as of 6/15/18 (Date)

Plan of correction implementation status as of 6/15/18 (Date)

Fully Implemented

Partially Implemented - Adequate Progress *mu.*

Partially Implemented - Inadequate Progress

Not Implemented

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

Regulation 2600.185(a)

Plan of Correction

Page 21^a of 25

All glucometers will be audited to ensure that they have the correct date and time by May 25, 2018.

Staff will be educated to ensure that they are properly documenting the blood glucose results on the medication administration record, proper usage and labeling of glucometers by ~~May 25,~~ May 11, 2018.

Wellness director or designee will audit weekly to ensure compliance with Regulation 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.

Cindy Naynor
6/12/18

APR 27 2018

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 48060 - 12/07/2017 - Bedford, Katie
PCH Name: QUALITY LIFE SERVICES MERCER

1. REGULATION 65 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #8 is ordered Tussin DM Syrup 100-10mg/5ml- give 2 tsp. by mouth every 6 hours as needed for cough; however the December 2017 MAR indicates Tussin DM Syrup 100-10mg/5ml- give 1 tsp. by mouth every 6 hours as needed for cough.

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 page 22^a of 25

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Cindy Naughton

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Cindy Naughton RCLW

Date *4-25-18*

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

The above plan of correction is approved as of

6/15/18
(Date)

Plan of correction implementation status as of

6/15/18
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *PC*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

PC
(Initials)

Regulation 2600.187(a)

Plan of Correction

Page 22^a of 25

The MAR had been corrected on 12/8/2017 to match the physician's order for resident #6.

The staff will be educated by May 11, 2018 on Regulation 2600.187(a) A medication record shall be kept to include the following for each resident for whom medications are administered: resident's name, drug allergies, name of medication, strength, dosage form, dose, route of administration, frequency of administration, administration time, duration of therapy, special precautions, diagnosis or purpose for the medication, including PRN, date and time of medication administration, name and initials of the staff person administering the medication.

The Wellness Director or Administrator will audit the physician's orders against the MAR monthly to ensure compliance.

Cindy Payton
6/12/18

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APR 27 2018

Page 23 of 26

Violation Report: 48050 - 12/07/2017 - Bedford, Katie
PCH Name: QUALITY LIFE SERVICES MERCER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident #13's support plan, dated 4/14/17, does not include the diagnoses of Parkinson's disease, Dementia, Hypertension, Chronic Obstructive Pulmonary Disease, Atrial Fibrillation, Dysphasia, muscle weakness, and Chronic Kidney Disease, as indicated on the medical evaluation, dated 4/1/17.

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.

See page 23^a of 25

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Cindy Naughton

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Cindy Naughton PCH

Date 4-25-18

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

The above plan of correction is approved as of

6/15/18
(Date)

Plan of correction implementation status as of

6/15/18
(Date)

The above plan of correction was approved by

PN
(Initials)

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

Jun. 12. 2018 10:26AM

Regulation 2600.225(a)

Plan of Correction

Page 23^a of 25

Resident #13 support plan was updated on 12-8-2017 to reflect the diagnosis of Parkinson's Disease, Dementia, Hypertension, Chronic Obstructive Pulmonary Disease, Atrial Fibrillation, Dysphasia, Muscle weakness, and Chronic Kidney Disease, as indicated on the medical evaluation. See Attached

Administrator or Wellness Director will audit that all resident diagnoses from the medical evaluation are indicated on the support plan by May 25, 2018.

Wellness Director or Administrator will audit monthly, resident support plan diagnosis list to ensure that all diagnoses from the medical evaluation are included on the current support plan.

The Wellness Direct will be educated by May 11, 2018 on documenting all resident diagnoses on the support plan according to Regulation 2600.225(a). See Attached

Cindy Naughton
6/12/18

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APR 27 2018

WEST REGION FIELD OFFICE Page 24 of 26
Human Services Licensing

Violation Report: 46050 - 12/07/2017 - Bedford, Katie
PCH Name: QUALITY LIFE SERVICES MERCER

1. REGULATION 55 Pa.Code §2600
2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION
Resident #6's support plan, dated 5/1/17, is not signed by the resident and there is no indication that the resident was unable to participate, refused to sign or was unable to sign.

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 page 24^a of 25

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Cindy Naughton*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Cindy Naughton PCHA* Date *4-25-18*

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

The above plan of correction is approved as of 6/15/18
(Date)

Plan of correction implementation status as of 6/15/18
(Date)

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

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

Regulation 2600.227(g)

Plan of Correction

Page 24^a of 25

The support plan for resident #6 has been reviewed and signed by the resident. See attached
All resident support plans will be audited by the Administrator or Wellness Director by May 25,
2018 to ensure that individuals who participate in the development of the support plan have
signed and dated the support plan or resident has refused, unable to sign, or unable to
participate.

Wellness Director has been educated on obtaining resident signatures for support plans
according to Regulation 2600.251(b). See Attached

The audit will be continued monthly by Wellness Director or Administrator to ensure
compliance.

Cindy Paught
6/12/18

RECEIVED

APR 27 2018

WEST REGION FIELD OFFICE Page 25 of 25
Human Services Licensing

Violation Report: 46050 - 12/07/2017 - Bedford, Katie
PCH Name: QUALITY LIFE SERVICES MERCER

1. REGULATION 55 Pa.Code §2600
2600.261(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION

White out was used on resident #1's support plan, dated 4/3/17, on page 9 regarding behavioral/cognitive care needs as well as on the signature lines.

White out was used on resident #12's support plan, dated 7/3/17, on page 6 regarding medical diagnoses.

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 page 25^a of 25

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Cindy Naughton

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Cindy Naughton PCMA

Date 4.25.18

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

The above plan of correction is approved as of

6/15/17
(Date)

Plan of correction implementation status as of

6/15/17
(Date)

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

The above plan of correction was approved by

PL
(Initials)

Regulation 2600.251(b)

Plan of Correction

Page 25^a of 25

All staff will be educated by May 25, 2018 to ensure that all entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

The Administrator or Designee will audit monthly to ensure that all entries in resident's record are permanent, legible, dated and signed by the staff person making he entry.

Cindy Pugh
6/12/18

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

PCH Name: QUALITY LIFE SERVICES MERCER		License Number: 46050
Address: 8221 LAMOR ROAD, MERCER, PA 16137		County: Mercer
Administrator: Cindy Naughton		Region: WEST
Legal Entity Name: COUNTRYSIDE CONVALESCENT HOME LIMITED PARTNERSHIP		RECEIVED
Legal Entity Address: 8221 LAMOR ROAD, MERCER, PA 16137		JUN 04 2018
Certificate(s) of Occupancy C-2 LP 12/04/2003 L & I		WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 70	Waking Staff: 53
Type of Inspection: Interim - POC	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Interim, Incident		
On-Site Inspections Dates and Department Representatives On-Site		
05/18/2018: McConnell, Deb; Rahuba, Matt		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 100 Number of Residents Served: 49 Secured Dementia Care Unit in Home: Yes Area: Memory Lane Secured Dementia Unit Capacity, if Applicable: 36 Number of Residents Served in Secured Dementia Care Unit, if applicable: 16 Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 8	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 49 Have Mental Illness: 1 Have an Intellectual Disability: 1 Have a Mobility Need: 21 Have a Physical Disability: 0	

Violation Report: 48050 - 05/18/2018 - McConnell, Deb
PCH Name: QUALITY LIFE SERVICES MERCER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an Individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

From 10:15 AM until 10:30 AM, a record book listing the activities of daily living for all the residents of the secured dementia care unit (SDCU), including a behavior tracking tool for resident #1 and financial transactions for resident #2, was unlocked and accessible in the filing cabinet in the unattended nurse station area of the kitchenette in the SDCU.

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 page 2^a of 7

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Cindy Naughton

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Cindy Naughton PCHA

Date 6/4/18

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

The above plan of correction is approved as of

6/15/18
(Date)

Plan of correction implementation status as of

6/15/18
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *PN*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

PN
(Initials)

Page 2^a of 7

Regulation 2600.17

Plan of Correction:

The ADL Record and financial transaction was removed from the filing cabinet on May 18, 2018 and relocated to a locked area.

Staff will be educated by June 22, 2018 that resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Administrator or Designee will audit weekly to ensure that all resident records are kept confidential, not easily accessible or left unattended.

Cindy Paughton 6/12/18

Violation Report: 46050 - 05/18/2018 - McConnell, Deb
PCH Name: QUALITY LIFE SERVICES MERCER

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

From 10:15 AM until 10:30 AM, a 7.5 ounce aerosol can of Professional Nail Dryer Spray, with a manufacturer's label indicating "seek medical attention and contact the local poison control center immediately if ingested", was unlocked and accessible to residents in the storage closet located next to the unattended kitchenette of the SDCU.

From 10:15 AM until 10:30 AM, a 1 pound tub of Sani-Cloth Bleach Wipes, with a manufacturer's label indicating "call the poison control center or doctor if ingested" and a bottle of Destroyer Non-Hazardous Medication Disposal Liquid, with a manufacturer's label indicating "consult a physician if swallowed", was unlocked and accessible to residents on the shelf in the nurse station area of the unattended kitchenette in of the SDCU.

Some residents of the home, including #1, have not been assessed to be able 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.

See page 3^a of 7

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

Signature of Legal Entity Representative (Required on EVERY Page) *Cindy Naughton*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *CINDY NAUGHTON PCHA* Date *6-4-18*

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

The above plan of correction is approved as of 6/5/18 (Date)

Plan of correction implementation status as of 6/5/18 (Date)

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

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

Regulation 2600.82.c

Page 3rd of 7

Plan of Correction:

The Nail Dryer Spray was removed from the unlocked closet on May 18, 2018.

The storage closet in the SDCU will have a lock installed by June 8, 2018.

Staff will be educated on keeping poisonous materials locked and inaccessible to residents by June 22, 2018.

Administrator or designee will audit weekly to ensure that all poisonous material are locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Cindy Rayburn 6/12/18

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JUN 04 2018

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Violation Report: 46050 - 05/18/2018 - McConnell, Deb
PCH Name: QUALITY LIFE SERVICES MERCER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

On 2/7/18, resident #3 was prescribed, Lorazepam 0.5mg - take 1 tab twice daily as needed for 7 days. However, on 5/18/18, the medication was still being stored in the medication cart.

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 page 4⁹ of 7

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Cindy Naughton

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Cindy Naughton-PCA

Date 6-4-18

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

The above plan of correction is approved as of

6/15/18
(Date)

Plan of correction implementation status as of

6/15/18
(Date)

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

The above plan of correction was approved by

PN
(Initials)

Regulation 2600.183(d)

Page 4^a of 7

Plan of Correction:

The Lorazepam was removed from the medication cart on May 18, 2018.

Staff will be educated on regulation 2600.183 Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home. This education will be completed by June 22, 2018.

Medication cart will be audited weekly by Wellness Director or designee to ensure that only current prescriptions are kept in the medication cart.

The Wellness Director or Administrator will audit medication cart monthly to ensure that only current prescription are kept in the home.

Cindy Dougherty
6/12/18

Violation Report: 46050 - 05/18/2018 - McConnell, Deb
PCH Name: QUALITY LIFE SERVICES MERCER

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 #4 is prescribed Acephen Suppository, 650mg - use 1 every 6 hours as needed, Bisacodyl Suppository 10mg - use 1 every 24 hours as needed, and Fleet Enema 7-9gm/118ml - use 1 as needed; however, these medications are not available 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.

See page 5^a of 7

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

Signature of Legal Entity Representative (Required on EVERY Page) *Cindy Naughton*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *CINDY NAUGHTON PCHW* Date *6-4-18*

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

The above plan of correction is approved as of 6/15/18
(Date)

Plan of correction implementation status as of 6/15/18
(Date)

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

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

Regulation 2600.185(a)

Page 5^a of 7

Plan of Correction:

Acephen Suppository, Bisacodyl Suppository and Fleet Enema have been discontinued due to non-use.

Staff will be educated by June 22, 2018 Regulation 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 personal.

The Wellness Director or Administrator will audit the medication cart weekly to ensure compliance with Regulation 2600.185.

Cindy Payton
6/11/18

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JUN 04 2018

Page 6 of 7

REGISTRATION FIELD OFFICE
Human Services Licensing

Violation Report: 46060 - 05/18/2018 - McConnell, Deb
PCH Name: QUALITY LIFE SERVICES MERCER

1. REGULATION 55 Pa.Code §2600
2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION
Resident #2 is prescribed Aricept 10mg - 1 tablet daily. Resident #2's 2018 medication administration record (MAR) includes staff initials indicating it was administered 4/8/18 through 4/24/18. However, the medication was not available in the home during the period of 4/8/18 through 4/24/18.

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 page 6^a of 7

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Cindy Naughton

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Cindy Naughton PCHA

Date 6-4-18

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

The above plan of correction is approved as of

6/15/18
(Date)

Plan of correction implementation status as of

6/15/18
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *nu.*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

nu.
(Initials)

Regulation 2600.187(b)

Page 6 of 7

Plan of Correction:

The medication was ordered and obtained from the pharmacy.

All Med Techs will be educated on proper documentation and coding of medication administration. This education will be completed by June 22, 2018.

Wellness Director or designee will audit medication administration record for proper documentation weekly.

Candy Knight
6/12/18

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JUN 04 2018

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Violation Report: 46050 - 05/18/2018 - McConnell, Deb
PCH Name: QUALITY LIFE SERVICES MERCER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
Resident #2 is prescribed Aricept 10mg - take 1 tablet daily. However, the medication was not available in the home during the period of 4/8/18 through 4/24/18.

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 page 7⁹ of 7

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Cindy Naughton

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Cindy Naughton PLHA

Date 6/4/18

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

The above plan of correction is approved as of

6/15/17
(Date)

Plan of correction implementation status as of

6/16/17
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *pu.*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

pu.
(Initials)

Regulation 2600.187(d)

Page 7⁹ of 7

Plan of Correction:

Staff will be educated by June 22, 2018 regarding Regulation 2600.187(d) The home shall follow the direction of the prescriber.

The Wellness Director or Designee will audit the Medication Administration Record weekly to ensure that the home is following the direction of the prescriber.

Cindy Nayak
6/12/18