



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

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

To operate COUNTRY MANOR  
NAME OF FACILITY OR AGENCY

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

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

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

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

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

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

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

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

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

and shall remain in effect from March 21, 2018 until March 21, 2019,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **446290**

Robert E. Robinson  
ISSUING OFFICER

Carolyn K. Ellison  
DEPUTY SECRETARY

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



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAR 21 2018

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

RE: Country Manor  
Certificate #: 446290

Dear Mr. Willner:

As a result of the Department of Human Services' licensing inspection on September 20, 2017; December 13, 2017; December 14, 2017 and February 1, 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

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](https://www.surveymonkey.com/r/BHSL_Inspection).

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

Sincerely,

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

Jacqueline L. Rowe  
Director

Enclosures  
License  
License Inspection Summary

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

PCH Name: COUNTRY MANOR		License Number: 44829
Address: 111 ALTMAYER DRIVE, KITTANNING, PA 16201		County: Armstrong
Administrator: Kayla Slagle		Region: WEST
Legal Entity Name: COUNTRY MANOR PCH LP		
Legal Entity Address: 111 ALTMAYER DRIVE, KITTANNING, PA 16201		<b>RECEIVED</b>
Certificate(s) of Occupancy C-2 LP 08/20/1996 L&I		DEC 08 2017 <small>DEPARTMENT OF SENIORS AND ASSISTIVE SERVICES</small>
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 41	Working Staff: 31
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 09/20/2017: Marini, Michael; Barona, Barbara		
Off-Site Inspection Dates and Inspectors, If Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 40 Number of Residents Served: 37 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, If Applicable: Number of Residents Served in Secured Dementia Care Unit, If applicable: Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 9		Number of Residents who: Receive Supplemental Security Income: 8 Are 60 Years of Age or Older: 34 Have Mental Illness: 11 Have an Intellectual Disability: 0 Have a Mobility Need: 4 Have a Physical Disability: 1

RECEIVED

DEC 08 2017

Violation Report: 44629 - 09/20/2017 - Marini, Michael  
PCH Name: COUNTRY MANOR

WEST REGIONAL OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

On 8-20-17 at 8:44 PM, direct care staff contacted paramedics to transport resident #1 to ACMH Hospital to be evaluated for stroke-like symptoms. When paramedics arrived at the home they found resident #1 in a wooden chair at a dining room table. Staff reported that resident #1 was sitting at the table since 3:00 PM.

Upon arrival, paramedics found resident #1 in a wooden chair at a dining room table and he/she was wearing dirty clothes with old food stains, had an extremely strong smell of urine, and there was an approximate 6-8 ounce puddle of urine left in the chair when he/she was removed. Later, when resident #1 was changed at the hospital, it was discovered that resident #1's adult brief was inflated and the time recorded on it was 2:00 PM, indicating this was the last time resident #1 was changed. Staff indicated the resident requires staff assistance to change his/her brief and that staff procedures include recording the date/time of the brief change on the brief. According to the resident's support plan, dated 3-16-17, direct care staff are to be sure the resident has briefs and provide assistance as needed. Resident #1 was discharged from the hospital on 8-23-17 with a urinary tract infection.

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

Attached

See Page 2A of 3

Repeat Violation: Yes      Date(s) of Previous Violation(s): 07/01/2016 et al

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

Printed Name and Title of Legal Entity Representative      Date  
(Required on EVERY Page) *Caroline Danna Executive Director*      12-8-17

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

The above plan of correction is approved as of 3/16/18  
(Date)

Plan of correction implementation status as of 3/16/18  
(Date)

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

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

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.

Staff was re-educated on regulation 2800.12(b) on abuse and neglect. They have had several trainings on it with the last one being on November 22, 2017. Moving forward Resident # 1 will be reminded that there are other areas to sit throughout the Home, to avoid sitting in one place too long. Over the past month the Staff have been able to convince Resident # 1 to sit in the large sitting area on a recliner chair. She still insists on sitting in the wooden chair for most of the time, but that is her right. Staff also was re-educated on the importance of checking vitals in a timely manner for all Residents wearing them, even if they can change on their own, and assisting as needed.

This violation is being disputed and has been disputed since the investigation began. Resident #1 chooses to sit in the wooden chair daily due to a previous back injury that she had. She says the hard chair is better for her back pain. It is also noted in her RASP that she prefers to do her own hygiene care even though the DCS try to assist. No disputing that the brief was put on at 2:00pm, but it needs to be considered that she uses the brief as an extra precaution in case she doesn't make it to the bathroom in time. She pulls the brief up and down like she would any other undergarment, therefore it would not be changed if she were not wet. On the day of the incident Resident #1 was sitting at the table as she usually does for snack that is usually between 7 & 8 pm and the DCS noticed that she was not eating like herself. She was having trouble holding her fork, (which shows she was having her snack). She had left side Weakness, slurred speech and was unsteady on her feet which is why at the request of the Executive Director, she was not moved for fear of making her condition worse. Nothing was ever mentioned about there being a puddle of urine on the chair even in the exit interview with the inspectors. The Executive Director was informed by DCS that she had spilled food on her shirt and had a wet brief on. The DCS were instructed to not try to move her or change her clothes and brief due to her condition at the time. It was more important at that time to keep her stable in case she was having a stroke and that she might become combative if they tried to change her, which could worsen her condition. At the time of the incident, it was far more important to protect her from further damage to her health, than to try to get her changed in the state she was in at the time. It is also important to note that the inspectors can verify how stubborn Resident #1 can be as they witnessed it when she strongly refused to let them interview her. Since the event, the DCS have been able to gain a little more trust from Resident #1 and she has been letting them assist her more than before. She also will sit in the living room in a recliner to watch TV for a small period of time, but still prefers sitting in the wooden chair and socializing with the other Residents around the table. She still has hallucinations that her parents are still alive and that her car is parked out front, but she has become more trusting. RASP and supportive training is attached as 2-A-2-D

Kellie Loyall LPN PCHA  
Kayla Stagle LPN PCHA

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DEC 08 2017

Page 3 of 3

Violation Report: 44629 - 09/20/2017 - Marini, Michael  
PCH Name: COUNTRY MANOR

WEST REGION FIELD OFFICE  
HUMAN SERVICES LICENSING

1. REGULATION 55 Pa.Code §2600

2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION

Direct care staff person A was hired on 10-12-16; however, a criminal background check was not completed until 3-1-17.  
Withdrawn 3/16/18

Direct care staff person B was hired on 6-9-17. The home did not complete criminal background checks for direct care staff person B.

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 all the files were checked to be sure they had a criminal record check done and that it was done by the time required. Moving forward it will be required that all background checks be done before the first day of work. Each file has a file checklist that will be followed for all future employees. It is stated above that Staff Person B and C did not have a background check in their file, but they did. Staff person B was an old check that was given at the time of employment with the data being overlooked. All of the background checks are attached.

Staff member B was hired 6-9-17. Documentation provided indicates the staff member had a PA State Police Criminal Record Check requested 1/25/13, which is greater than 1 year prior to the date of hire. Documentation provided that Staff member B had another, PA State Police Criminal Record Check requested 12/6/17, which is greater than 30 after the date of hire.

3/16/18

3/16/18

Immediately: The administrator will develop a system of record keeping that ensures the agents of the Department, upon request, have immediate access to records including criminal history background checks.

3/16/18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Caroline Dunn*

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

*Caroline Dunn Executive Director*

Date 12-8-17

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

The above plan of correction is approved as of

*3/16/18*  
(Date)

Plan of correction implementation status as of

*3/16/18*  
(Date)

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

The above plan of correction was approved by

*jo*  
(Initials)

*jo*

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

PCH Name: Country Manor		License Number: 44629
Address: 111 Allmeyer Drive, Kittanning, PA 16201		County: Armstrong
Administrator: Kayla Slagle		Region: WEST
Legal Entity Name: Country Manor		
Legal Entity Address: 111 Allmeyer Drive, Kittanning, PA 16201		
Certificate(s) of Occupancy C-2 LP 08/20/1996 L & I		<b>RECEIVED</b>  JAN 10 2018  WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 38	Waking Staff: 29
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Provisional, Fine		
On-Site Inspections Dates and Department Representatives On-Site 12/13/2017: Garvey, Jody; Georgoulis, Karen; Lester, Marle 12/14/2017: Garvey, Jody; Georgoulis, Karen		
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: 40 Number of Residents Served: 36 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 2 Number of Hospice Residents in past year: 4		Number of Residents who: Receive Supplemental Security Income: 10 Are 60 Years of Age or Older: 32 Have Mental Illness: 8 Have an Intellectual Disability: 1 Have a Mobility Issue: 2 Have a Physical Disability: 1

JAN 10 2018

Violation Report: 44629 - 12/13/2017 - Garvey, Jody  
PCH Name: Country Manor

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2609  
2600.05(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 12/13/2017, the following unsanitary conditions were observed:

- At 9:52 AM, the shower room in the West hall contained a rug that was in front of the shower on the left side of the room. The rug was dirty and when lifted, the rug had brown colored water underneath for the entire length of the rug.
- At 10:02 AM, the shower room in the East hall contained a rug that was in front of the shower on the left side of the room. The rug was dirty and when lifted, the rug had brown colored water underneath for the entire length of the rug.
- At 12:21 PM, the black Frigidaire refrigerator/freezer had food particles stuck to all the shelves inside. There was also a brown liquid spilling down over the bottom two compartments and pooling at the bottom of the refrigerator creating a puddle of brown liquid measuring approximately 7 inches by 1 inch.

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

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

Immediately on the day of inspection, all of the large rugs in front of the showers were thrown out. The floors were scrubbed and new water-resistant bath mats were purchased and placed in the shower rooms on the same day, (photos attached). The new mats will prevent water retention for more sanitary conditions.

Immediately on the day of inspection the black refrigerator in question was scrubbed thoroughly to remove the spill from a bottle of prune juice that leaked because it was laying on its side. An accountability sheet was made to record the daily cleaning (twice) of the 2 main refrigerator/freezers in the kitchen and once a day cleaning of all others. The Staff were individually trained on what is expected each day and what their role is. It will be Kitchen Staff and Midnight that will do the cleaning.

Documentation attached as 2A, 2B & 2C

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Carolanne Dwan*

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

Carolanne Dwan - Executive Director

Date

1-10-18

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

The above plan of correction is approved as of

3/16/18  
(Date)

Plan of correction implementation status as of

3/16/18  
(Date)

The above plan of correction was approved by

*SO*  
(Initials)

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

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Violation Report: 44629 - 12/13/2017 - Garvey, Jody  
PGH Name: Country Manor

JAN 16 2018

POST RECEIVED BY: [unclear]  
Name: Services Licensing

1. REGULATION 56 Pa.Code §2600  
2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION  
On 12/13/2017 at 10:07 AM, the linoleum flooring in the East hall shower room contained a hole approximately 11 1/2 inches by 7 inches and a hole approximately 2 inches by 2 inches. Material is lifting from the concrete floor creating an uneven floor trip hazard.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Immediately on the day of inspection, the hole in the east hall shower room was fixed to remove any hazard of tripping. Although rounds are being done by the Administration, the hole was not found due to the large shower mat that was covering it. The mat had been removed that morning due to water retention and that is when the hole was found. The floor is scheduled to be replaced with a new linoleum floor ASAP. It is safe until the new flooring arrives and is installed. The Administration will continue to do walkthroughs and address any other issues that are found immediately. Documentation will be kept of any items in need of repair and what repair was done. A training was done on 1-9-2018 to retrain all staff on the importance of reporting any items in need of repair to the Administration either verbally or on the form provided. The staff are aware of the forms in the break room for reporting. Documentation attached as 3A, 3B & 3C

New linoleum flooring was installed in the east wing hall shower room on 2/3/18.

See 3/14/18

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

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

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

Date *1-10-18*

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The above plan of correction is approved as of *3/16/18*  
(Date)

Plan of correction implementation status as of *3/16/18*  
(Date)

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

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

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Violation Report: 44629 - 12/13/2017 - Garvey, Jody  
PCH Name: Country Manor

JAN 16 2018

INSPECTION OFFICE

1. REGULATION 66 Pa.Code §2600  
2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION  
On 12/13/2017, a square shaped tear approximately 2 inches long by 2 inches wide was observed in the screen of the window of bedroom # 6.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Immediately on the day of inspection the screen in bedroom #6 was replaced. (photo attached). All window screens were inspected for holes or damage. Screen repair tape was ordered (receipt attached), and any screens in need of repairs will be repaired immediately. The Staff were trained on 1-9-2018 on the importance of reporting any screens (or other items) in need of repair to the Administration. Administration will continue to do weekly rounds of the Home and document any repairs needed and when the repair was done. Documentation attached as 4A, 4B, 4C & 4D

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Caroline Quarr - Executive Director* Date *1-10-18*

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

The above plan of correction is approved as of 3/16/18  
(Date)

Plan of correction implementation status as of 3/16/18  
(Date)

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

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

RECEIVED

JAN 10 2018

Violation Report: 44029 - 12/13/2017 - Garvey, Jody  
PCN Name: Country Manor

WEST VIRGINIA OFFICE  
(Municipal Government)

1. REGULATION 65 Pa. Code §2000  
2600.100(b) - The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

2a. DESCRIPTION OF VIOLATION  
On 12/13/2017 between 9:00 AM and 11:30 AM, the west wing exit and the back east exit walkway to the front of the home was covered with approximately 1/4 inch of snow. The snow covered the entire walkway and it was not snowing 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

*Immediately on the day of inspection all walkways were swept to remove the dusting of snow. A photo is attached to show that it was a dusting of snow. All major walkways were completely clear and swept free of snow on the morning in question before the inspectors arrived as it is every time it snows. The Staff were trained on the importance of all walkways being kept clear of snow, even if it is only a dusting of snow. The Administration or designated Staff will do a walk around the building on any days that it snows to be sure that all walkways are clear.*

*Documentation attached as 5A & 5B*

*The Home is disputing this violation due to the fact that it was a dusting of snow and it did not obstruct the walkway*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Caroline Dunn</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	<i>Caroline Dunn - Executive Director</i>	Date	<i>1-10-18</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>3/16/18</u> (Date)	Plan of correction implementation status as of <u>3/16/18</u> (Date)
The above plan of correction was approved by <u><i>SO</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>See</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

JAN 10 2018

WEST VIRGINIA STATE UNIVERSITY  
HUMAN RESOURCES DEPARTMENT

Violation Report: 44620 - 12/13/2017 - Garvey, Jody  
PCH Name: Country Manor

1. REGULATION 65 Pa.Code 52600  
2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION  
Resident # 1 did not have an operable bedside lamp or other source of lighting that can be turned on at bedside due to no light bulb.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Immediately on the day of inspection a new bulb was put in the bedside lamp for Resident #1. Resident #1 had removed the bulb because it was a 40 watt bulb and he wanted a 25 watt bulb. A 25 watt bulb was purchased and put in the lamp on the day of inspection, (photo attached). A walkthrough of the Home was done by the Administration to see that no other rooms were without an operable lamp. Bulbs are available in different sizes to accommodate different wattage preferences. On 1-9-2018 Staff were individually trained on regulation 2600.10 (j) (7). They were also shown and understand the accountability form for Residents rooms. Administration will check these items for compliance on the weekly walkthroughs

Documentation attached as 6A, 6B & 6C

Documentation of weekly walk-throughs shall be kept. *so 3/16/18*

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Caroline Dunn - Executive Director* Date *1-10-18*

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

The above plan of correction is approved as of *3/16/18*  
(Date)

Plan of correction implementation status as of *3/16/18*  
(Date)

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

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

RECEIVED

JAN 10 2018

WEST VIRGINIA STATE OFFICE  
Human Services Licensing

Violation Report: 44620 - 12/13/2017 - Garvuy, Jody  
PCH Name: Country Manor

1. REGULATION 55 Pa.Code §2600  
2600.105(d) - Bed linens and towels shall be changed at least once every week and more often as needed to maintain sanitary conditions.

2a. DESCRIPTION OF VIOLATION  
According to multiple resident interviews, bed linens are not being changed every week.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*The day after inspection, Administration did a walkthrough of the Residents rooms to check the linens on the beds. All linens were found to be clean other than the ones that were removed and scheduled to be washed that day. A new system for washing the linens was set forth and will start implementation on 1-11-2018. The schedule was created by Hallway, (copy attached). The Staff were trained on 1-9-2018 on regulation 2600. 105 (d) and the importance of bed linens being washed at least once a week, (copy attached). The system will be monitored, and documentation kept for 3 months.*

*Documentation attached as 7A & 7B*

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

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

Printed Name and Title of Legal Entity Representative      Date  
(Required on EVERY Page) *Caroline Ann - Executive Director*      *1-10-18*

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

The above plan of correction is approved as of *3/16/18*  
(Date)

Plan of correction implementation status as of *3/16/18*  
(Date)

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

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

JAN 10 2018

REGULATORY SERVICES DIVISION  
REGULATORY SERVICES DIVISION

Violation Report: 44629 - 12/13/2017 - Garvey, Jody  
PCH Name: Country Manor

1. REGULATION 55 Pa.Code §2800  
2600.161(d) - A resident's special dietary needs as proscribed 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  
Resident #4 is lactose intolerant as indicated on his/her medical evaluation dated 10/16/2017. The home does not provide lactose free milk to the resident and the resident pays the home as needed for the lactose free milk.

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 following inspection, Resident #4 was informed that her lactose free Almond milk would be purchased as a standing weekly order by the Home, (documentation enclosed). All other dietary needs were reviewed and were all found to be met. As new Residents are admitted to the Home, their dietary needs will be reviewed by Administration and any needs will be addressed and met.*

*Documentation attached as 8A, 8B & 8C*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Caroline Dunn*

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

*Caroline Dunn - Executive Director*

Date

*1-10-18*

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

The above plan of correction is approved as of

*3/16/18*  
(Date)

Plan of correction implementation status as of

*3/16/18*  
(Date)

The above plan of correction was approved by

*SD*  
(Initials)

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

JAN 10 2018

DEPT. OF HEALTH SERVICES  
Human Services Licensing

Violation Report: 44820 - 12/13/2017 - Garvoy, Jody  
PCH Name: Country Manor

1. REGULATION 65 P.R. Code §2000  
2000.105(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 #6 is prescribed Oxycodone/APAP 5/325 mg tab - take 1 tablet by mouth every 4 to 6 hours as needed for pain; however, on 12/14/17 the medication was not available in the home for administration.

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.

Seperate Page Attached

See page 9A of 9

Repeat Violation: Yes      Date(s) of Previous Violation(s): 03/01/2017

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Caroline Dunn - Executive Director*      Date *1-10-18*

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

The above plan of correction is approved as of 3/16/18  
(Date)

Plan of correction implementation status as of 3/16/18  
(Date)

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

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

RECEIVED

JAN 10 2018

RESIDENTIAL SERVICES  
HUMAN SERVICES DIVISION

Regulation 88, Pa. code 2000.185 (n)

Med cart audits are done regularly by Administration and by the Home Pharmacy. Audits will continue to be done by Administration monthly to be sure that all medications including PRN medications are available in the Home for administration. A report called the Comprehensive list of order changes report is printed daily to help assure that any new, discontinued or changed medications are accounted for. (random report from 12-11-2017 is attached for example). This report is printed, checked and signed off on by Administration daily. We have been doing this daily for many months and it has been working well.

This violation is being disputed due to the fact that the medication was in the Home and available for administration.

There are many supporting documents attached for verification of this dispute.

- On the day of inspection, the Executive Director did the med cart audit with the inspectors.
- When the audit for Resident #6 was done the medication oxycodone/APAP 5/325 mg tablet was listed on the EMAR and the Narc count sheet indicated that all 10 pills had been given.
- The Oxycodone had been prescribed by the Emergency room Dr. after a visit to the Emergency room. The Resident was sent home with 4 tablets in a prescription bottle and a prescription for 10 more pills with no refills.
- The Executive Director had made a narc count sheet for the 4 pills and put it in the med cart along with the bottle of pills
- The pharmacy delivered the 10 pills as ordered by the Dr. from the Emergency Room the same evening.
- The original 4 pills were in the med cart narcotic drawer with a rubber band around the bottle with the narc count sheet attached.
- The pills were dispensed from the blister pack with 10 pills from the Pharmacy
- At the time the 10 pills were done, the Resident had not been asking for any more pills for pain, even though there were 4 pills left in the med cart available for administration if needed.
- At the time of the med cart audit with the inspectors, the Executive Director did not realize that the 4 pills sent home with the Resident from the Emergency Room were in the cart and available for administration if needed. The pills were in the narc count audit the day after inspection.
- A picture of the bottle that was sent home with Resident #6 and a picture of the medication that was in the bottle is also attached as proof that the medication was in the Home and available for administration

Documentation attached as 9A, 9B, 9C, 9D, 9E & 9F

Adam Deagle LPN PCHA  
Kayla Stagle LPN PCHA

**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 66 Pa. Code Chapter 2600**

POH Name: COUNTRY MANOR Address: 111 ALTMAYER DRIVE, KITTANNING, PA 10201 Adm/Intsrator: Kayla Slaglo Legal Entity Name: COUNTRY MANOR PCH LP Legal Entity Address: 111 ALTMAYER DRIVE, KITTANNING, PA 10201		RECEIVED MAR 17 2018 WEST VIRGINIA DEPARTMENT OF HEALTH & HUMAN SERVICES DIVISION OF LICENSING SERVICES	License Number: 44629 County: Armstrong Region: WEST
Certificate(s) of Occupancy C-2 LP 08/20/1998 Labor & Industry			
Staffing Hours Resident Support: 0		Total Daily Staff: 38 BHA Docket Number:	Working Staff: 29 Notice: Unannounced
Type of Inspection: Interim - POC			
Reason(s) for Inspection(s) Provisional			
On-Site Inspection Dates and Department Representatives On-Site 02/01/2018: Garvey, Jody; Marini, Michael			
Off-Site Inspection Dates and Inspectors, if Applicable			
Other Details Partial or Full Triggers:			
Random Indicators:			
Resident Demographic Data as of Inspection Date			
Licensed Capacity: 40 Number of Residents Served: 37 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 2 Number of Hospice Residents in past year: 7		Number of Residents who: Receive Supplemental Security Income: 13 Are 60 Years of Age or Older: 35 Have Mental Illness: 0 Have an Intellectual Disability: 2 Have a Mobility Need: 1 Have a Physical Disability: 1	

RECEIVED

MAR 14 2018

Violation Report: 44029 - 02/01/2018 - Garvey, Jody  
PCI Name: COUNTRY MANOR

WEST VIRGINIA OFFICE  
P.O. Box 100000  
Martinsburg, WV 26101

1. REGULATION 68 Pa. Code §2600  
2600.101(d)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION  
~~No operable lamp or other source of lighting which can be turned on/off at bedside was present in resident #1's bedroom. The bedside lamp is inoperable.~~ Withdrawn 3/16/18 *SO*  
No operable lamp or other source of lighting which can be turned on/off at bedside was present in resident #2's bedroom. The bedside lamp is unplugged.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Includes steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Immediately on the day of inspection the light bulb was replaced in the lamp at the bedside of Resident #1. He has a private room, so he is the only one needing access to the lights. On the same day, with the inspectors witnessing, the lamp for Resident #2 was plugged back in and working. Daily inspections are being done by the Housekeeper and weekly inspections by the Administration with documentation kept. The checklist that was previously used is attached with the addition of -light plugged in- added to it. Documentation is attached as 2A for Resident #2

This Violation is being disputed due to Resident #1 having all required lighting in his room and it being accessible to Resident, (picture attached). The working lights being in regulation were shown to the inspectors on the day of inspection. Due to him having a private room, he is the only one needing access to the lighting. The light shown on the headboard was brought in by the Resident and the light bulb was replaced. The light in Resident #2's room was working, but the Resident had unplugged it. The inspectors were in the room when the light was re-plugged and working. Resident #2 is no longer at the Facility.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Caroline Dunn - Executive Director*      Date *3-13-18*

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

The above plan of correction is approved as of *3/16/18* (Date)

Plan of correction implementation status as of *3/16/18* (Date)

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

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

PROCESSED

MAR 14 2018

Violation Report: 44620 - 02/01/2018 - Garvey, Jody  
PCH Name: COUNTRY MANOR

1. REGULATION 56 Pa.Code §2800  
2800.226(o) - 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 #3's most recent assessment, dated 3/18/17, indicates the resident can independently ambulate and transfer. However, agents of the Department observed resident #3 requiring a 2 person assist to get up out of the living room recliner and a 1 person assist to walk to the bathroom. In addition, multiple staff interviews also confirm resident #3 needs assistance transferring in and out of bed and furniture.

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 day after inspection February 2, 2018 the re-assessment was started for Resident #3 for a change in her condition. A new DME was done by her Dr. on 2-14-2018 when the Dr. came into the Home to see Residents. Her annual assessment was due for March, so her annual assessment was done at that time. A new RASP was done on the following day, 2-15-2018 which reflected all changes. In an ongoing effort to continue to be in compliance, all Resident charts were reviewed and discussed by the Administration to be sure that no one else had a need for an update for any changes. Moving forward, Administration will ensure RASPs are updated within 5 days of a significant change. All RASPs will continue to be updated annually also. Documentation is attached as 3A, 3B, 3C, 3D, 3E, 3F, 3G, 3H, 3I, 3J, 3K, 3L, 3M & 3N

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

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

Printed Name and Title of Legal Entity Representative      Date  
(Required on EVERY Page) *Caroline Dunn - Executive Director*      3-13-18

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The above plan of correction is approved as of <u>3/16/18</u> (Date)	Plan of correction implementation status as of <u>3/16/18</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partly Implemented - Adequate Progress <u>see</u> <input type="checkbox"/> Partly Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

MAR 14 2018

Page 4 of 4

Violation Report: 44620 - 02/01/2018 - Garvey, Judy  
PCH Name: COUNTRY MANOR

1. REGULATION 56 Pa.Code §2600  
2600.226(a) - The resident shall be assessed for mobility needs as part of the resident's assessment.

2a. DESCRIPTION OF VIOLATION  
Resident # 3's most recent assessment, dated 9/10/17, indicates the resident is mobile; however, agents of the Department observed resident #3 requiring a 2 person assist to get up out of the living room recliner and a 1 person assist to walk to the bathroom. In addition, multiple staff interviews also confirm resident #3 needs assistance transferring in and out of bed and furniture.

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 day after inspection February 2, 2018 the re-assessment was started for Resident #3 for a change in her mobility. A new DME was done by her Dr. on 2-14-2018 when the Dr. came into the Home to see Residents. Her annual assessment was due for March, so her annual assessment was done at that time. A new RASP was done on the following day, 2-15-2018 which reflected all changes. In an ongoing effort to continue to be in compliance, all Resident charts were reviewed and discussed by the Administration to be sure that no one else had a need for an update for any changes. Moving forward, Administration will ensure RASPS are updated within <sup>5 days</sup> ~~one week~~ of a new mobility need. All RASPS will continue to be updated annually also. Documented checklists will be done monthly for 6 months and as needed thereafter to review for any changes in needs for the Resident. Documentation is attached as 4A, 4B, 4C, 4D, 4E, 4F, 4G, 4H, 4I, 4J, 4K, 4L, 4M & 4N

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Caroline Dunn*

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

Caroline Dunn - Executive Director

Date 3-13-18

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The above plan of correction is approved as of 3/16/18  
(Date)

Plan of correction implementation status as of 3/16/18  
(Date)

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

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