



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 26 2018

Mr. Richard Tickner
Board President
Broad Acres Nursing Home Association
1883 Shumway Hill Road
Wellsboro, Pennsylvania 16901

RE: Country Terrace
1919 Shumway Hill Road
Wellsboro, Pennsylvania 16901
License: 235010

Dear Mr. Tickner:

As a result of the Department of Human Services' (Department) annual licensing inspection on January 3, 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,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: COUNTRY TERRACE		License Number: 23501
Address: 1919 SHUMWAY HILL ROAD, WELLSBORO, PA 16901		County: Tioga
Administrator: Deb Hazelton		Region: NORTHEAST
Legal Entity Name: BROAD ACRES NURSING HOME ASSOCIATION		
Legal Entity Address: 1883 SHUMWAY HILL ROAD, WELLSBORO, PA 16901		
Certificate(s) of Occupancy C-2 LP 07/22/1999 L&I		
Staffing Hours Resident Support: 0 Total Daily Staff: 44 Waking Staff: 33		
Type of Inspection: Full		BHA Docket Number: Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 01/03/2018: Harvey, Jason; Yellenic, Cindy		
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: 60 Number of Residents Served: 43 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: 0 Number of Hospice Residents in past year: 4	Number of Residents who: Receive Supplemental Security Income: 3 Are 60 Years of Age or Older: 43 Have Mental Illness: 1 Have an Intellectual Disability: 1 Have a Mobility Need: 1 Have a Physical Disability: 1	

Violation Report: 23501 - 01/03/2018 - Harvey, Jason
 PCH Name: COUNTRY TERRACE

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

2a. DESCRIPTION OF VIOLATION

Resident #1's glucometer was missing some blood glucose readings. It was discovered the readings were completed by a house glucometer. Further investigation revealed the house glucometer was also used when administering a blood glucose test on Resident #2.

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.

House glucometer was disposed of The day of inspection, 1/3/18. Every resident has gotten a spare glucometer in case their current glucometer errors. All staff was inserviced on 1/10.
 Resident #1 and Resident #2 had communicable disease testing done which was (-). Family, physicians and DHS notified of results.
 WC to check glucometers weekly to ensure cleanliness + correct usage.
 See attached


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

Signature of Legal Entity Representative (Required on EVERY Page) *Deborah Hazette*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Deborah Hazette Manager* Date *1/19/18*

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The above plan of correction is approved as of 1-29-18
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 1-29-18
 (Date)

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

Violation Report: 23501 - 01/03/2018 - Harvey, Jason
 PCH Name: COUNTRY TERRACE

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

2a. DESCRIPTION OF VIOLATION

Resident #1 has a physician's order for a blood glucose (BG) test to be administered 4 x daily. Resident #1 is on a sliding scale for insulin coverage based on the BG test results. On the following days the resident was administered the wrong amount of insulin according to the sliding scale ordered by the physician: on [redacted] on 12/29/17 @ 8:00am the BG# 152 required 1 unit of insulin, the resident was administered 2 units of insulin; [redacted]

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.

Med error was reported to DHS on day of inspection, 1/3/18.
 Staff who made the error was unserviced on 1/10 Rlt proper checks of Med/MAR. All staff was in serviced 1/10/18.
 Physician and family made aware of error.
 Upon further investigation on 12/27 + 1/3 Resident #1 was administered the correct dose of insulin.
 See attached - correct. QX. 1-19-18

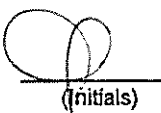
_____ = WITHDRAWN SECTIONS OF VIOLATION. @

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Deborah Hazerton</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Deborah Hazerton Manager	1/19/18

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The above plan of correction is approved as of <u>1-29-18</u> (Date)	Plan of correction implementation status as of <u>1-29-18</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented