



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 04 2018

Ms. Rose Handy
President
Country Comfort Alternative Living Inc.
10546 River Road
New Columbia, Pennsylvania 17856

RE: Country Comfort Alternative Living Inc.
License #: 202050

Dear Ms. Handy:

As a result of the Department of Human Services' (Department) annual licensing inspection on February 14, 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: 20205 - 02/14/2018 - O'Haire, Anne
 PCH Name: COUNTRY COMFORT ALTERNATIVE LIVING INC

1. REGULATION 55 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

The following medications for resident #1 were not initialed as being administered on 02-10-18 at 6:00AM. Levothyroxine, 1 Tab. by mouth for hypothyroidism and Triamcinolone Cream to be applied topically to itchy areas one time a day and following showers.

Resident #1's Sarma brand skin cream to be applied topically 2 times daily to his/her back was not initialed as being administer on 02-03-18 at 6:00AM.

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.

NOTE: ALL MEDICATION ERRORS WERE MADE BY SAME STAFF PERSON.

1. REVIEWED MEDICATION ERRORS WITH STAFF PERSON.
2. REVIEWED MEDICATION DISTRIBUTION STEPS WITH STAFF PERSON.
3. OBSERVED STAFF PERSON DISPENSING MEDICATIONS.
4. REVIEWED MARs AFTER STAFF PERSON DISPENSED MEDICATIONS.
5. THE ADMINISTRATOR WILL MONITOR AND ASSURE ONGOING COMPLIANCE.

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page) Rose M. Handy

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) ROSE HANDY - ADMINISTRATOR Date 4/2/18

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The above plan of correction is approved as of <u>4/4/18</u> (Date)	Plan of correction implementation status as of <u>4/4/18</u> (Date)
The above plan of correction was approved by <u>m</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented