



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]  
MAILING DATE: August 1, 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's Bureau of Human Services Licensing inspection on April 8, 2018, May 1, 2018 and June 8, 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.

Sincerely,

*Anne Graziano*  
Anne Graziano  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

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

PCH Name: COUNTRY COMFORT ALTERNATIVE LIVING INC		License Number: 20205
Address: 10546 RIVER ROAD, NEW COLUMBIA, PA 17856		County: Union
Administrator: Rose Handy		Region: NORTHEAST
Legal Entity Name: COUNTRY COMFORT ALTERNATIVE LIVING INC		
Legal Entity Address: 10546 RIVER ROAD, NEW COLUMBIA, PA 17856		
<b>Certificate(s) of Occupancy</b>		
C-2 LP 12/18/1996 Comm PA; L&I	Other 05/02/1997 White Deer Township	
<b>Staffing Hours</b>		
Resident Support: C2, P	Total Daily Staff: 19	Waking Staff: 14
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
04/08/2018: Graziano, Anne 05/01/2018: Graziano, Anne 06/08/2018: Graziano, Anne		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 20 Number of Residents Served: 19 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: 0	<b>Number of Residents who:</b> Receive Supplemental Security Income: 9 Are 60 Years of Age or Older: 19 Have Mental Illness: 0 Have an Intellectual Disability: 2 Have a Mobility Need: 0 Have a Physical Disability: 1	

Violation Report: 20205 - 04/08/2018 - Graziano, Anne  
PCH Name: COUNTRY COMFORT ALTERNATIVE LIVING INC

1. REGULATION 55 Pa.Code §2600

2600.228(b) - If the home initiates a discharge or transfer of a resident, or if the legal entity chooses to close the home, the home shall provide a 30-day advance written notice to the resident, the resident's designated person and the referral agent citing the reasons for the discharge or transfer. This shall be stipulated in the resident-home contract. A 30-day advance written notice is not required if a delay in discharge or transfer would jeopardize the health, safety or well-being of the resident or others in the home, as certified by a physician or the Department. This may occur when the resident needs psychiatric or long-term care or is abused in the home, or the Department initiates closure of the home.

2a. DESCRIPTION OF VIOLATION

On 04/08/18 at approximately 8 pm, Resident # 1 eloped from the home. Staff was aware of the resident's leaving the building but s/he could not be persuaded to return. The administrator and 911 were notified. The local PA State Police Barracks assisted in the incident and located the resident and assisted in securing transportation to the local hospital for evaluation. Upon evaluation and treatment for exposure to the cold weather, the resident was declared ready for discharge. The home was contacted about discharge plans later that same night. Staff A refused to readmit the resident to the home. The home's Administrator (Staff A) reported to the hospital that the home could not meet the resident's needs. The home failed to obtain a certification from either a physician or the Northeast Regional Licensing Office in waiving the thirty-day notice, thereby obligating the home to accept the resident back to the home and then issue a thirty-day notice if warranted.

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.

Additional Info to Note:

- Staff "A" received a call from hospital at 11:30pm on Sunday night stating ~~that~~ the resident was being discharged.
- Hospital never called to find out what level of care the home could provide. The doctor determined the resident did not need a higher level of care. The administrator of the home was told several weeks later that the hospital has all personal care homes listed a two person assist places.
- Home has only one staff person at the facility from 1p-7a.
- Home is not a lockdown unit.

Plan of Correction to take affect 6/14/18:

1. If a resident needs to be discharged from the home, the administrator will give a 30-day written notice.
2. If a delay in discharge would jeopardize the health, safety or well being of the resident or others in the home, the administrator will seek permission to waiver the 30-day notice as certified by a physician or DHS. If the time is off hours for DHS, the administrator will call the Hotline number (1-877-401-8835) for help.

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

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 M. HANDY, ADMINISTRATOR*      Date *6/25/18*

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

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The above plan of correction is approved as of

(Date)

7/27/18

The above plan of correction was approved by

(Initials)

Plan of correction implementation status as of

7-27-18

(Date)

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