



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 14 2018

Ms. Tamara Gilson
Owner/Administrator
Country Acres Personal Care Home, Inc.
2017 Meadville Road
Titusville, Pennsylvania 16354

RE: Country Acres Personal Care Home
License #: 411770

Dear Ms. Gilson:

As a result of the Department's Bureau of Human Services Licensing annual inspection on August 9, 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: COUNTRY ACRES PERSONAL CARE HOME | | License Number: 41177 |
| Address: 2017 MEADVILLE ROAD, TITUSVILLE, PA 16354 | | County: Venango |
| Administrator: TAMARA GILSON | | Region: WEST |
| Legal Entity Name: COUNTRY ACRES PERSONAL CARE HOME INC | | |
| Legal Entity Address: 2017 MEADVILLE ROAD, TITUSVILLE, PA 16354 | | |
| Certificate(s) of Occupancy C-2 LP 04/06/2001 LABOR AND INDUSTRY | | RECEIVED OCT 11 2018 <small>WEST REGION FIELD OFFICE Human Services Licensing</small> |
| Staffing Hours | | |
| Resident Support: 0 | Total Daily Staff: 31 | Waking Staff: 23 |
| Type of Inspection: Full | BHA Docket Number: | Notice: Unannounced |
| Reason(s) for Inspection(s) Renewal | | |
| On-Site Inspections Dates and Department Representatives On-Site 08/09/2018: Bartlett, Patricia; Barone, Barbara | | |
| 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: 33 Number of Residents Served: 26 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: 3 | Number of Residents who: Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 26 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 5 Have a Physical Disability: 0 | |

OCT 11 2018

Violation Report: 41177 - 08/09/2018 - Bartlett, Patricia
PCH Name: COUNTRY ACRES PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

The current licensing inspection summary, dated 8/4/17, was not posted.

The home's current license was not posted 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.

Admin made a copy of last years
msp summary & posted it on activity board
Aug 13, 2018

I (Admin) will inspect act. board 1x weekly
to ensure the latest msp summary is posted
and that no one has removed it.

The current license was posted in the home. 10/31/18 *g*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Tamara Gilson

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

Tamara Gilson

Date

10-1-19

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

The above plan of correction is approved as of 10/11/18
(Date)

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

Plan of correction implementation status as of 10/31/18
(Date)

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

Violation Report: 41177 - 08/09/2018 - Bartlett, Patricia
PCH Name: COUNTRY ACRES PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 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

The concrete front emergency exit ramp by the side driveway has a crumbling area measuring approximately 50" wide by 6" long half way down the emergency exit ramp.

The patched concrete walkway at the base of the front emergency exit ramp has a crumbling area measuring approximately 1" deep, and 5" wide by 2½' feet long.

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.

Concrete was repaired on 10/2/18
see attached 3 photos - We
actually had the entire driveway
re-surfaced -

The Admin will inspect the sidewalk & all
walkways 1x per month to see if they
are in need of repair.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Tamara Gilson

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

Tamara Gilson

Date 10/2/18

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

The above plan of correction is approved as of 10/11/18
(Date)

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

Plan of correction implementation status as of 10/31/18
(Date)

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

OCT 11 2018

Violation Report: 41177 - 08/09/2018 - Bartlett, Patricia
PCH Name: COUNTRY ACRES PERSONAL CARE HOME

FIRST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION

The most recent annual supervised fire drill and inspection completed by a fire safety expert was completed on 8/1/17.

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.

We conducted our annual fire drill w/ fire safety expert on 8/15/18 because we couldn't get the fire dept to return our phone calls to set up date - So when we finally did, it was past our time.

Tammy - Admin will call 1 month in advance next year instead of 1 week to set up date w/ fire dept - and we now have direct phone # for new fire dept member who will come & do our inspections because the chief travels out of town for work.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jamara Gilson*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jamara Gilson* Date *8/15/18*

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| | |
|--|---|
| The above plan of correction is approved as of <u>10/11/18</u> (Date) | Plan of correction implementation status as of <u>10/31/18</u> (Date) |
| The above plan of correction was approved by <u><i>J</i></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 |

OCT 11 2018

Violation Report: 41177 - 08/09/2018 - Bartlett, Patricia
PCH Name: COUNTRY ACRES PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.141(a)(2) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following: (2) Medical diagnosis including physical or mental disabilities of the resident, if any.


2a. DESCRIPTION OF VIOLATION

Resident #1's medical evaluation, dated 5/18/18, does not include the resident's height. The area is blank.

Resident #2's medical evaluation, dated 2/22/18, does not indicate the resident's height, weight, pulse rate, blood pressure and temperature. The areas are blank.

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.

 - will check each completed med eval when it comes back & check for any incomplete areas.

height was added to med eval on 8/10/18

Resident #1's and resident #2's medical evaluations were updated. 10/31/18 *g*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Tamara Gibson*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Tamara Gibson* Date *9/28/18*

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The above plan of correction is approved as of 10/11/18 (Date)

Plan of correction implementation status as of 10/31/18 (Date)

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

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

OCT 11 2018

Violation Report: 41177 - 08/09/2018 - Bartlett, Patricia
PCH Name: COUNTRY ACRES PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

The home's posted menu was only for the week of 8/6/18 to 8/12/18. The home had no menu posted for the period of 8/13/18 to 8/19/18.

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.

menu was complete on day of inspection
in the kitchen. [redacted] (cook) was making
some changes on the next weeks menu
menu for the week of 8-13-8-19 was
posted before our inspectors left.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Lamra Gilson*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Lamra Gilson* Date *9/28/18*

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

| | |
|--|--|
| The above plan of correction is approved as of <u>10/11/18</u> (Date) | Plan of correction implementation status as of <u>10/31/18</u> (Date) |
| The above plan of correction was approved by <u><i>J</i></u> (Initials) | <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>J</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |

OCT 11 2018

Violation Report: 41177 - 08/09/2018 - Bartlett, Patricia
PCH Name: COUNTRY ACRES PERSONAL CARE HOME

EAST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(c) - 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 annual assessment, dated 7/8/18, does not indicate medical diagnoses as indicated on the medical evaluation dated 3/1/18 to include:

- * Hyperlipidemia,
- * Cerebral infarction,
- * Dementia without behaviors,
- * Dysphagia,
- * Hypothyroidism,
- * Psychotic disorder with delusions,
- * Dorsalgia,
- * Repeated falls,
- * Osteoarthritis.

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.

Resident #3 was placed under hospice due to new terminal diagnosis on 7/8/18. Her previous diagnosis were attached to her new DME on med list - In the future Tammy (Admin) will check all annual & on change a condition updated med evals w/ "per attached" to ensure it is written and all supporting ~~diag~~ diagnoses are listed or correctly identified. (per attached correction)

| | | |
|---|--|--------------------------------------|
| Repeat Violation: Yes <input checked="" type="checkbox"/> | Date(s) of Previous Violation(s): 08/04/2017 | The residents assessment was updated |
|---|--|--------------------------------------|

| | | |
|--|----------------------|-------------------|
| Signature of Legal Entity Representative (Required on EVERY Page) | <i>Tamara Garisa</i> | 10/31/18 <i>T</i> |
|--|----------------------|-------------------|

| | | |
|---|---------------|--------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) | <i>Tamara</i> | Date 10-2-18 |
|---|---------------|--------------|

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The above plan of correction is approved as of 10/11/18
(Date)

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

Plan of correction implementation status as of 10/31/18
(Date)

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

OCT 11 2018

Violation Report: 41177 - 08/09/2018 - Bartlett, Patricia
PCH Name: COUNTRY ACRES PERSONAL CARE HOME

EAST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION

Resident #2's assessment, dated 2/26/18, indicates the resident needs some physical assistance for numerous care needs. However, the support plan description of the service need indicates "deconditioning or cognitive decline" in multiple areas to include:

- * Transferring, toileting,
- * Bladder management,
- * Bowel management,
- * Ambulating,
- * Personal hygiene,
- * Managing health care,
- * Securing health care,
- * Turning or positioning in bed/chair,
- * Doing laundry,
- * Shopping,
- * Securing and using transportation,
- * Managing financing,
- * Making and keeping appointments,
- * Caring for personal possessions,
- * Writing correspondence,
- * Engaging in social and leisure activities,
- * Supervision,
- * Mobility.

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.

(Admin) will from today forward 10/8/18 use a detailed description of service need instead of a generalized description - based on each resident's needs.

The residents support plan was updated 10/31/18 *[Signature]*

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Tamara Gilson*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Tamara Gilson* Date *10/8/18*

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

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|--|--|
| The above plan of correction is approved as of <u>10/11/18</u> (Date) | Plan of correction implementation status as of <u>10/31/18</u> (Date) |
| The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials) | <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>[Signature]</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |