



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 11 2019

Mr. Ben Willner
Chief Executive Officer
Country Manor, PCH, LP
111 Altmeyer Drive
Kittanning, Pennsylvania 16201

RE: Country Manor
Certificate #: 446290

Dear Mr. Willner:

As a result of the Department's Bureau of Human Services Licensing annual inspection on December 14, 2018, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
Violation Report

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

PCH Name: COUNTRY MANOR		License Number: 44629
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		
Certificate(s) of Occupancy		
C-2 LP 06/20/1996 Dept of L and I	I-1 08/10/2005 Plum Burough	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 39	Waking Staff: 29
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
12/14/2018: Grace, Desmond; McConnell, Deb		
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: 50 ✓ 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: 0 ✓ Number of Hospice Residents in past year: 3 ✓	Number of Residents who: Receive Supplemental Security Income: 12 ✓ Are 60 Years of Age or Older: 31 ✓ Have Mental Illness: 19 ✓ Have an Intellectual Disability: 2 ✓ Have a Mobility Need: 2 ✓ Have a Physical Disability: 1 ✓	

Violation Report # 44629 - 12/14/2018 - Grace, Desmond
 PCH Name: COUNTRY MANOR

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

At 1:45 pm, there was a gallon container of bleach with a label indicating contact poison control if swallowed unlocked, unattended, and accessible in the cupboard under the kitchen sink. Residents of the home including resident #3 and resident #2 are assessed as not being able to safely handle or avoid poisons.

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 with Inspectors present, the bleach was removed from under the sink and locked in a secure area. On January 16, 2019 all Staff were retrained on regulation 2600.82c-on poisonous materials needing to be locked and inaccessible to Residents. Beginning on the day after training on January 17, 2019 the Cook or Designated person started keeping a daily checklist verifying there are no poisonous materials left unsecured. This will be done for 3 months.

Attachments 2A, 2B,
2C, 2D

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Kayla Slagle LPN PCHA*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Kayla Slagle LPN PCHA Date 3-15-19

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

The above plan of correction is approved as of 3/15/19
 (Date)

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

Plan of correction implementation status as of 3/15/19
 (Date)

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

Violation Report: 44629 - 12/14/2018 - Grace, Desmond
 PCH Name: COUNTRY MANOR

1. REGULATION 55 Pa.Code §2600

2600.84 - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120°F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

2a. DESCRIPTION OF VIOLATION

On 12/14/18, The hallways in the home are heated by wall mounted heaters. At 9:59 a.m., the surface temperature on wall mounted heater's grate in the hallway near resident bedroom #1 measured 261 degrees Fahrenheit West Wing and at 11:20 a.m. the surface temperature on wall mounted heater's grate in hallway of the back wing near the hallway telephone measured 256.8 degrees Fahrenheit. However neither wall mounted heater was equipped with a protective guard or insulation to prevent residents from coming in contact with the heat surface.

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.

All hall heaters have been disabled. The hall heaters are not the main source of heat, as each area and Resident room has its own source as baseboard heat. The common areas also have baseboard heat. All heaters are able to be accessed if needed and regulated by Administration or designated person with no access to be manipulated by Residents. A training was done with the Staff on regulation 2600.84 to retrain on the importance of heat sources being kept 120 degrees or under for the safety of all Residents. Documentation is attached to indicate the heaters are disabled. Also documentation indicating the temperatures in hallways is still within regulation without those heaters on. Moving forward the heaters will remain disabled until a suitable solution is reached to keep the wall heaters at a safe temperature or a suitable protective guard is designed.



Attachments 3A, 3B, 3C, 3D,
 3E, 3F, 3G-3H

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative <i>(Required on EVERY Page)</i>	
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Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i>	Date
Kayla Slagle LPN PCHA	3-15-19

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The above plan of correction was approved by <u></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

Violation Report: 44629 - 12/14/2018 - Grace, Desmond
 PCH Name: COUNTRY MANOR

1. REGULATION 55 Pa.Code §2600
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
 On 12/14/18 at 1:40pm, the freezer of the refrigerator/freezer #1 located next inside the door inside the kitchen was 15 degrees Fahrenheit. Also, the freezer of the refrigerator/freezer #2 located next to refrigerator/freezer #1 was 10 degrees Fahrenheit at 1:41 p.m. and 4:45 p.m.

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.

On the day of inspection Freezers were rechecked in the evening and were within regulation. Both refrigerators in question are new and have already been on a daily reading schedule, which has had perfect readings. On January 16, 2019 all Staff were retrained on regulation 2600.103f concerning temperatures. Daily monitoring will be done to assure refrigerators and freezers are within regulation. Since the day of inspection all temperature readings have been in compliance. Documentation attached.

This violation is being disputed due to the following:

On the morning of inspection all readings were within regulation. The 2 refrigerators in question, (both new) were already on a daily charting schedule and showing perfect readings. The first reading the Inspectors did was done immediately after receiving a large food order with many freezer items added, which would have raised the temperature of freezer #1.

On the afternoon of inspection the reading was done in the middle of getting dinner ready. With both freezers being opened repeatedly it would have raised the temperatures.

We feel this violation is incorrect due to daily readings that never indicated readings that were out of regulation. Documentation attached

Attachments 4A - 4G

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kayla Slagle LPN PCHA	Date 3-15-19
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The above plan of correction was approved by <u><i>Egy</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>Egy</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44629 - 12/14/2018 - Grace, Desmond
 PCH Name: COUNTRY MANOR

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

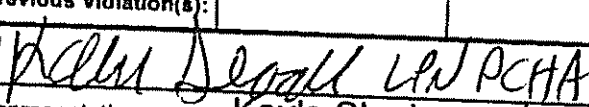

Resident #3 is prescribed one Coricidin HBP Congestion/Cough Gel Capsule every 4 hours as needed. However, the medication's label indicates 1 or 2 tabs as needed every 4 hours.

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 with the Inspectors present, a change of direction sticker indicating refer to MAR was added to the Coricidin package for Resident #3. A new Coricidin prescription was sent to the Pharmacy and received with the correct directions to match the MAR. Documentation attached. We had a change in Our Pharmacy and MAR system recently and that was still packaged under the old Pharmacy. The week after inspection, A training and review of the regulation was done by the Executive Director and Administrator, who oversee all of the changes. Moving forward, in January a new MAR audit accountability system was put in place. Audits are done monthly for all Residents, and any new orders or changes to orders will warrant a new audit immediately to ensure everything matches. Copies of MAR audits are printed and kept at Facility.

Attachments 5A - 5B

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative <i>(Required on EVERY Page)</i>		
 Kayla Slagle LPN PCHA		
Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i>		Date
Kayla Slagle LPN PCHA		3-15-19
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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

Violation Report: 44629 - 12/14/2018 - Grace, Desmond
 PCH Name: COUNTRY MANOR

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

Resident #1 is prescribed Lisinopril 5mg tablet by mouth daily, Risperidone 0.25mg by mouth twice daily, and two inhaled puffs of Symbicort 160-4.5mg every 12-hours daily. However, the resident's December 2018 medication administration record (MAR) does not indicated the purpose or diagnoses for these medications.

Resident #3 is prescribed Nystatin 100000 unit/gram powder applied to groin area twice daily as needed for rash and MAPAP 325 mg tablet (2 pill) by mouth at bedtime as needed pain. However, the resident's December 2018 medication administration record (MAR) does not indicated the purpose or diagnoses for these medications.

Resident #4 is prescribed Folic Acid 1mg tablet by mouth once daily, and Glipizide-Metformin-5-500mg time two tablets by mouth twice per day with meals, however, the resident's December 2018 medication administration record (MAR) does not indicated the purpose or diagnoses for these medications.

Resident #5 is prescribed Irbesartan 150mg by mouth once daily and HCL 10mg tablet by mouth once per day as needed and Cetirizine HCL 10mg tablet by mouth once per day as needed. However, the resident's December 2018 medication administration record (MAR) does not indicated the purpose or diagnoses for these medications.

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.

See page 6A of 8

Attachment 6A

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative <i>(Required on EVERY Page)</i>	<i>Kayla Slagle LPN PCHA</i>
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Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i>	Date
Kayla Slagle LPN PCHA	3-15-19

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The above plan of correction is approved as of 3/15/19
 (Date)

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

Plan of correction implementation status as of 3/15/19
 (Date)

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

Immediately on the day of inspection the diagnosis was updated for Resident #1, #3, #4 & #5. Being a new MAR system these were overlooked in the transfer. Administration is responsible for adding any missing diagnosis to the MAR. The Executive Director and Administrator reviewed regulation 2600.187a as a training for each other and all other MARS were reviewed within the week for missing diagnosis and added if needed. Moving forward All diagnosis will be checked with the scheduled MAR reviews.

monthly

3/15/19 *Eg*

Walter Deane V. N. PC HA
GA

Violation Report: 44629 - 12/14/2018 - Grace, Desmond
 PCH Name: COUNTRY MANOR

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 #5 annual support plan was completed on 1/30/18. However, the residents support plan was not updated to address the resident care needs for Ted hoes due to lower extremity edema as prescribed by a physician on 10/5/18.

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.

Immediately on the evening of inspection an addendum was added to Resident #5's RASP to account for the Ted hose. (Documentation attached). The Dr. was in to the Facility on January 3rd and Dc'd the order due to Resident not wanting to wear them and them having no medical necessity. (Documentation attached). The Resident had requested them thinking they would be an aid to his legs during daily walks. He was going to buy them over the counter, but asked for a prescription to avoid the cost. An addendum was not written at that time due to Administration thinking it wasn't necessary since the Ted hose were not medically needed. All other Resident files were reviewed by Administration for accuracy. Moving forward a training was done by Administration for all Staff on the importance of any changes for Residents being reported to Administration to either add an addendum or make a new RASP. A checklist is attached that will indicate items that need updated for Residents. A checklist is kept in the Med room and the other with The Administrator. Each entry will be evaluated and an update will be made accordingly.

Attachments 8A - 8C

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kayla Slagle LPN PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kayla Slagle LPN PCHA Date 3-15-19

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- Not Implemented