



MAILING DATE: July 22, 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 inspection on May 6, 2019, of the above facility, the citations 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.

Sincerely,

A handwritten signature in black ink that reads "Jody Garvey". The signature is written in a cursive style.

Jody Garvey
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report

Facility Information

Name: COUNTRY MANOR

License Number: 446290

Address: 111 ALTMAYER DRIVE, KITTANNING, PA 16201

County: ARMSTRONG

Region: WESTERN

Administrator

Name: Kayla Slagle

Phone: 7245457434

Email: BWILLNER@WHITESTONEHC.COM

Legal Entity

Name: COUNTRY MANOR PCH LP

Address: 111 ALTMAYER DRIVE, PA, 16201

Certificate(s) of Occupancy

Type: C-2 LP

Date: 06/20/1996

Issued By: Dept of L & I

Type: I-2

Date: 08/10/2005

Issued By: Plum Borough

Staffing Hours

Resident Support Staff:

Total Daily Staff: 39

Waking Staff: 29

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Complaint

Inspection Dates and Department Representative

05/06/2019 - On-Site: Laurie Garrigan

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 50

Residents Served: 37

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: NM

Number of Residents Who:

Receive Supplemental Security Income: 11

Are 60 Years of Age or Older: 32

Diagnosed with Mental Illness: 26

Diagnosed with Intellectual Disability: 2

Have Mobility Need: 2

Have Physical Disability: 1

225a - Assessment 15 Days

Regulations

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #1 was admitted to the home on 6/4/18. On 6/9/18 at 12:20 p.m., the home's incident/unusual occurrence report indicated that resident #1 was hallucinating, acting combative, being verbally abusive and had to be sent to the emergency room. The resident's initial assessment dated 6/18/18 failed to address the resident's behavioral and cognitive needs as the resident was assessed as having no problems in these areas.

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, then at least monthly, the administrator or designated staff person shall audit all resident records to ensure that resident assessments accurately reflect all of the resident's needs with an increased emphasis on any behavioral or cognitive needs. 7/10/19

Immediately upon receipt of violation report, a plan was made by administration to review all current Resident Assessments to ensure all incident reports were addressed if needed and were implemented accordingly to the initial assessment

Moving forward all incident reports will be reviewed and signed by administration. The update form implemented on 3/15/2019 has been in use and has been effective in making any necessary changes. Most recent month of update form attached. Incidents reports are reviewed daily by administration. If any change or addendum needed will be addressed and documented appropriately and a note will be on bottom of incident report stating what was done. Resident # 1 no longer resides at the home. Discharge date 3-2-2019.

Legal Entity Representative



Signature


Printed Name and Title: Kayla Slagle LP, RHA
Date: 7-3-19

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX

The above plan of correction is approved as of 7/10/19
(Date)

Plan of correction implementation status as of 7/10/19
(Date)

The above plan of correction was approved by 
(I initials)

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

225c - Additional Assessment

Regulations

2600.

225.c. The resident shall have additional assessments as follows:

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

According to resident #1's initial assessment dated 6/18/18, the resident ambulates and transfers independently with a self-propelled wheelchair. However, the home's incident/unusual occurrence reports indicated that the resident had 14 falls from 6/9/18-2/23/19 which were not addressed on the resident's assessment.

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 after receiving violation report Administration started to

Review all incident reports to check for any significant issues or repeated occurrences that would require further documentation on the support plan.

Administration upon reviewing incident reports will sign, date, and make any necessary notes to ensure residents needs are met.

2A (sign terms)

Moving forward a training will be held at monthly staff meeting on July 3rd of the importance of using incident reports and to be continuing to use the update form for any changes in resident's care needs. Incident reports will continue to be checked and reviewed daily by administration. If there is a change in needs it will be addressed immediately on the support plan/ addendum, and a note will be marked at bottom of the incident reports stating it was addressed. Resident #1 no longer resides in the home. Discharge date 3-2-2019.

At least weekly, the administrator will review the monthly update form for any changes to resident care needs. *JG* 7/10/19

Legal Entity Representative

Hanni Slagle LPN RCHA
Signature

Hanni Slagle LPN RCHA
Printed Name and Title

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

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(Date)

Plan of correction implementation status as of 7/10/19
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(Initials)

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