



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAY 08 2019

Ms. Dianna Jones  
Administrator  
Countryside Convalescent Home Ltd. Partnership  
8221 Lamor Road  
Mercer, Pennsylvania 16137

RE: Quality Life Services - Mercer  
Certificate #: 460500

Dear Ms. Jones:

As a result of the Department's Bureau of Human Services Licensing annual inspection on December 21, 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](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 that reads "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
Violation Report



Violation Report: 46050 - 12/21/2018 - Grace, Desmond  
 PCH Name: QUALITY LIFE SERVICES MERCER

**1. REGULATION 55 Pa.Code §2600**  
 2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

**2a. DESCRIPTION OF VIOLATION**  
 Staff person A was hire on 10/5/18. However, the staff person did not have a Pennsylvania State Police criminal background history check completed until 12/17/18.

**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.

See Page 3A of 11

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Dianna Jones</i>	Date <i>4.12.19</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>4/16/19</u> (Date)	Plan of correction implementation status as of <u>4/16/19</u> (Date)
The above plan of correction was approved by <u><i>EJ</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

Plan of Correction

Quality Life Services Mercer #460500

Regulation 2600.51

Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act.

Description of Violation

Staff person A was hired on 10-5-18. However, the staff person did not have a Pennsylvania State Police criminal background history check completed until 12-17-18.

Plan of Correction

All new hire background checks are performed by our Human Services manager and will be done before new staff have their Welcome Day or first day of employment. If results come back pending review employee will continue with training and orientation until results are back for up to 30 days.

Personal Care Administrator will follow up with HR manager regarding all new staff in the areas of dietary, activities, housekeeping, maintenance and personal care aides to ensure that the background checks are completed within a timely manner in accordance with guidelines.

*D Jones*  
Dianna Jones

4.12.19

4/16/19

*EJ*

Violation Report: 46050 - 12/21/2018 - Grace, Desmond  
 PCH Name: QUALITY LIFE SERVICES MERCER

1. REGULATION 55 Pa.Code §2600  
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #1 annual medical assessment was completed on 7/12/18. However, sections for weight, pulse rate, blood pressure, and temperature was left blank.

Resident #2's annual medical evaluation was completed on 4/1/18. However, the section for immunization history was left 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.*

See Page 5A of 11

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *D. Jones*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Dianna Jones* Date *4.12.19*

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 (Date)

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 (Initials)

Plan of correction implementation status as of 4/16/19  
 (Date)

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

Regulation 2600.141 (b)(1)

A resident shall have a medical evaluation at least annually.

Description of Violation

Resident #1 annual medical assessment was completed on 7-12-18. However, the sections for weight, pulse rate, blood pressure and temperature was left blank.

Resident #2s annual medical evaluation was completed 4-1-18. However, the section for immunization history was left blank.

Plan of correction

Immediately all medical evaluations will be evaluated by Wellness Director to ensure all sections are properly completed.

Moving forward, Wellness Director will review DME's upon completion from the physician to ensure compliance. If there are empty slots, the DME will be immediately sent back to the physician for completion.

The Personal Care Home Administrator will also review all DME's monthly to ensure compliance.

*D Jones*  
Dianna Jones

4.12.19

4/16/19 *[Signature]*

Violation Report: 46050 - 12/21/2018 - Grace, Desmond  
 PCH Name: QUALITY LIFE SERVICES MERCER

**1. REGULATION 55 Pa.Code §2600**

2600.181(d) - If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

**2a. DESCRIPTION OF VIOLATION**

Resident #3 is able to Self-administer medications. However, on 12/2/18 at 4:00 p.m., multiple medications to include Amlodipine 5mg, Aspirin 81, Buspirone 5mg, Celebrex 200mg, Lantus Solostar 100 units/ml kwikpen, Levothyroxine 50 mcg, and Metformin 500mg were left unlocked and accessible in the resident's bedside drawer in the resident's unlocked bedroom.

**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 11

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*D Jones*

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

*Dianna Jones*

Date *4.12.19*

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 (Initials)

Plan of Correction

Quality Life Services Mercer #460500

## Regulation 2600.181(d)

If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

## Description of Violation

Resident #3 is able to self-administer medications. However on 12-21-18 at 4pm multiple medications were left unlocked and accessible in the resident's bedside drawer in the resident's unlocked bedroom.

## Plan of Correction

Resident will continue to keep all medications in locked drawer of night stand.

Resident has been reeducated on this process and why she needs to keep the drawer locked and her room locked when she leaves it.

Staff to check to see if drawer is locked every day for 2 weeks and when resident signs out to leave facility they will check to make sure her room door is locked.

After that staff will check twice a week for 2 weeks, on Mondays and Thursdays to make sure that the drawer in her room is locked.

If staff find during any of these occasions that the drawer is not locked, the time table will restart and more education will be provided to resident.

*D Jones*  
*Dianna Jones*

4.12.19

4/16/19

*EJ*

Violation Report: 46050 - 12/21/2018 - Grace, Desmond  
 PCH Name: QUALITY LIFE SERVICES MERCER

1. REGULATION 55 Pa.Code §2600  
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

On 12/21/18, the medication cart contained Simvastatin 20mg tablets for resident #4. However, the medication was discontinued on 12/4/18.

On 12/21/18, The medication cart contained Humalog 100 units/ml Kwikpen for resident #5. However, the resident did not have a current prescription for the medication.

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 7A of 11

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/07/2017		
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Regulation 2600.183(d)

Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 12-21-18, the medication cart contained Simvastatin 20 mg tablets for resident #4. However the medication was discontinued on 12-4-18.

On 12-21-18 the medication cart contained Humalog 100 units/ml Kwikpen for resident #5. However, the resident did not have a current prescription for the medication.

Plan of Correction

A medication change slip was created for all medications that have been discontinued, changed in the manner of increase/decrease, or new medication. These slips will be filled out by the Wellness Director and given to med trained staff working the cart for the specific resident. That staff will follow direction on the slip, sign and date it, return it to Wellness Director.

Wellness Director will then verify that slip has been completed and we will retain that slip for 30 days.

We currently have 3 med carts. One cart will be audited monthly allowing Wellness Director to get through all carts quarterly.

*D Jones*  
Dianna Jones  
4.12.19

4/16/19 *EJ*

Violation Report: 46050 - 12/21/2018 - Grace, Desmond  
 PCH Name: QUALITY LIFE SERVICES MERCER

**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 #5 is prescribed 30 units of Lantus Solostar 100units per ml subcutaneously twice per day and 8 grams of Miralax 3350 powder by mouth one time daily. However, the medication containers did not contain a prescription label.

**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 8A of 11

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Regulation 2600.184(a)

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

1. Residents name
2. Name of the medication
3. Date the prescription was issued
4. Prescribed dosage and instructions for administration.
5. Name and title of the prescriber

Description of Violation

Resident #5 is prescribed 30 units of Lantus Solostar 100 units per ml subcutaneously twice per day and 8 grams of Miralax 3350 powder by mouth one time daily. However, the medication containers did not contain a prescription label.

All medications ordered by the physician will have a pharmacy label on them from the pharmacy. All OTC medications will have resident name and date on them.

Wellness Director and Personal Care Administrator will audit all carts for this immediately and be completed by April 30, 2019 and will continue when carts are checked quarterly.

*D Jones*  
Dianna Jones

4.12.19

4/16/19 *EJ*