



MAILING DATE: September 17, 2019

Mr. Cory Schober
President
CVM Personal Care, Inc.
12 Friendly Drive
Quarryville, Pennsylvania 17566

RE: Country View Manor
Certificate #: 334270

Dear Mr. Schober:

As a result of the Department's Bureau of Human Services Licensing inspection on May 30, 2019 of the above facility, the citation with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report was found.

The citation 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,

Gloria Emick

Gloria Emick
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report

Facility Information

Name: COUNTRY VIEW MANOR

License Number: 334270

Address: 12 FRIENDLY DRIVE, QUARRYVILLE, PA 17566

County: LANCASTER

Region: CENTRAL

Administrator

Name: Cory Schober

Phone: 7172843350

Email: CSHOBER@COUNTRYVIEWMANOR.COM

Legal Entity

Name: CVM PERSONAL CARE INC

Address: 12 FRIENDLY DRIVE, QUARRYVILLE, PA, 17566

Certificate(s) of Occupancy

Type: C-2 LP

Date: 3/05/2001

Issued By: L & I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 16

Waking Staff: 12

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Interim

Inspection Dates and Department Representative

05/30/2019 - On-Site: Kellie Cargile

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 24

Residents Served: 16

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 16

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 0

Have Physical Disability: 0

Rec'd
8/01/19
GE

227d - Support Plan Medical/Dental

Regulations

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for Resident #1, dated 4/3/19, indicates the resident is on a heart healthy diet and has a diagnosis of CVA or stroke. The resident's support plan, does not document how these needs will be met.

The assessment and support plan for Resident #2, dated 3/25/19, does not document the following behavioral or cognitive needs, if applicable, and how these needs will be met; orientation to time, place and person, irritability, judgment, agitation, aggression, and hallucinations.

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.)

Missed sections for both Resident #1 and Resident #2 were updated after being brought to the Administrators attention. Please see attached RASP for Resident #1 and Resident #2 for updates that were done on 5/30/2019.

In order to ensure the following violation does not happen again, all RASP will be given to the Administrator for final approval to assure all sections are completed fully. After the Administrator approves the RASP it will be submitted and added to the Resident Care Plan Book.

An audit of Resident Assessment and Support Plans will be conducted for all current residents to ensure that all diagnoses and medical needs have been identified and addressed. This audit will be completed by 11/30/19. - GE, 9/17/19

Legal Entity Representative

Cory Schober
Signature

Cory Schober, Administrator
Printed Name and Title

7/31/2019
Date

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

The above plan of correction is approved as of 9/17/19
(Date)

Plan of correction implementation status as of 9/17/19
(Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by GE
(Initials)