



pennsylvania
DEPARTMENT OF HUMAN SERVICES

February 25, 2020

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 1, 2019, 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 "Kevin Hancock".

Kevin Hancock
Deputy Secretary
Office of Long Term Living

Enclosure
Violation Report

RECEIVED

Violation Report

OCT 25 2019

Facility Information

Name: COUNTRY ACRES PERSONAL CARE HOME
Address: 2017 MEADVILLE ROAD,, TITUSVILLE, PA 16354
County: VENANGO Region: WESTERN

WEST REGION FIELD OFFICE
Human Services License Number: 41177

Administrator

Name: Tamara Gilson Phone: 8148273708

Email: COUNTRYACRES@ZOOMINTERNET.NET

Legal Entity

Name: COUNTRY ACRES PERSONAL CARE HOME INC
Address: 2017 MEADVILLE ROAD, TITUSVILLE, PA, 16354

Certificate(s) of Occupancy

Type: C-2 LP Date: 04/06/2007 Issued by: Labor and Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 23 Working Staff: 17

Inspection

Type: Full Reason: Renewal BHA Docket #: Notice: Unannounced

Inspection Dates and Department Representative

08/01/2019 - On-Site: Lori Gillette, Cynthia Mulick

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 33 Residents Served: 20

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 0
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 3 Have Physical Disability: 0

RECEIVED

3c - Post Current License

OCT 25 2019

Regulations

WEST REGIONAL FIELD OFFICE

2600.

3. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The Pennsylvania Code Title 55 Public Welfare Chapter 2600 Personal Care Home regulation book was not posted in a conspicuous and public place in the home.

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.)

The PCH Regulation book was moved to a more conspicuous area (information board) in main living room area. (this was done on Aug 5, 2019)

The Admin Tamara Gilson will check the info board 1x per month to ensure the Reg. book is in place and visible. The monthly check was put on Ms Gilson's calendar and performed 9-5-19 and again on 10-4-19.

Legal Entity Representative

Signature *Tamara Gilson*

Printed Name and Title

Tamara Gilson
Admin

Date

10/18/19

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

The above plan of correction is approved as of

2/19/20
(Date)

Plan of correction implementation status as of

2/19/20
(Date)

The above plan of correction was approved by

BB
(Initials)

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

17 - Record Confidentiality

OCT 25 2019

Regulations

WEST VIRGINIA HEALTH DEPARTMENT
Human Services Division

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

The posted License Inspection Summary, dated 8/9/18 included the resident privacy coding document listing the names of resident #1, resident #2 and resident #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.)

The Jisc Inspection Summary document listing the Residents names was removed immediately on day of inspection 8-1-19.

Correction will be done by Admin Tamara Gilson upon completion & returning accepted corrections, with Remove the privacy list before hanging in Info board. Also checked before posting by Admin Alicia Melune.

Legal Entity Representative Immediately and at least weekly thereafter - A designated staff person will check the home to ensure resident records are kept confidentially. BS 2/19/20

Signature *Tamara Gilson*

Printed Name and Title *Tamara Gilson Admin*

Date *10/21/19*

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

The above plan of correction is approved as of *2/19/20* (Date) Plan of correction implementation status as of *2/19/20* (Date)

The above plan of correction was approved by *BS* (Initials) Fully Implemented Partially Implemented - Adequate Progress Partially Implemented - Inadequate Progress Not Implemented

51 - Criminal Background Check

DEC 26 2019

WEST PENNSYLVANIA OFFICE
Human Services Unit, 1000

Regulations

- 2600. 51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A with a date of hire of 6/23/19 has no criminal background check.

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.)

Criminal background check had been done upon hire for employee member A. but was unable to be located in her file on day of inspection

Admin Tamara Golsen will continue to do all new employee background checks and they will immediately be placed into employee file

Admin Alicia Marinone will check over all new employee files & new hires within week of hire to ensure all required paperwork has been completed and is in the file.

Employee member A was fired on 8-2-19

Legal Entity Representative

Signature: *Tamara Golsen* Printed Name and Title: *Tamara Golsen* Date: *10/18/19*
Admin

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

The above plan of correction is approved as of *2/19/20* Plan of correction implementation status as of *2/19/20*
 (Date) (Date)

The above plan of correction was approved by *AS* Fully Implemented
 (Initials) Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

RECEIVED

54a - Direct Care Staff

OCT 15 2019

WEST BERRY & SONS OFFICE
3000 S. York St. Harrisburg

Regulations

2600.

54a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person B, hired 7/28/18 and direct care staff person C, hired 9/25/18, do not have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.

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.)

Both employees B & C are currently enrolled and active in GED courses @ our local program. Estimated completion date is within 3 months. See attached letters from Kelli Davis

Both employees will continue to attend classes & tutoring until tests are passed and Reg are completed. If it is discrimination to require a Diploma or GED - that is not a core competency does not have any bearing on a wonderful & caring DCS.

Staff persons B and C are no longer employed at the home. Immediately - The administrator will implement procedures which ensure compliance with Chapter 2600.54 (a). The procedures will include, at a minimum, an audit of all current direct care staff files and administrative reviews of all newly hired direct care staff files upon hire to ensure each direct care staff person has a high school diploma or GED. Signature: Jamar Gibson, Title: Admin, Date: 2/20/20

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

The above plan of correction is approved as of 2/20/20 (Date) Plan of correction implementation status as of 2/20/20 (Date)

The above plan of correction was approved by BB (Initials) X Partially Implemented - Adequate Progress Partially Implemented - Inadequate Progress Not Implemented

RECEIVED

OCT 25 2019

64c - Annual Training

Regulations

2600.

64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

WEST REGION FIELD OFFICE
Human Services Licensing

Description of Violation

Staff person E the home's administrator, completed only 18 hours of Department approved training in training year 2018.

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.)

At time of inspection staff member E wasn't at the facility and we could not locate all of her continuing education paperwork. She had met all requirements of yearly education. Please see attached copy of all education requirements -

Admin Susan Frankle is responsible for tracking all employee education and will enter all classes & education monthly to ensure we are up to date and current - starting 9-1-19

Legal Entity Representative

Immediately - The administrator will implement procedures which include organized retention of training records with designee access to provide agents of the department records immediately upon request.

Signature *Tamara Gulson*

Printed Name and Title

Tamara Gulson Admin

Date: *10/22/19*

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

The above plan of correction is approved as of

2/19/20
(Date)

Plan of correction implementation status as of

2/19/20
(Date)

The above plan of correction was approved by

BS
(Initials)

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

65f - Training Topics

Regulations

2600.

65f. Training topics for the annual training for direct care staff persons shall include the following:

RECEIVED

OCT 25 2019

Description of Violation

Direct care staff person D, hired 11/25/14, did not receive training in Medication Self-Administration during training year 2018.

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.)

Attached 2 current copies of non self admin medication for our facility. We as a facility do not allow any residents who self medicate. Staff had not completed self admin medication because of that policy. We have started implementation of the Reg training into our yearly schedule - starting 10-19 all of med staff will have training on self admin of medications. And starting in 2020 Assoc will provide the Reg. training.

Legal Entity Representative

on 1/20/20, the home submitted training records indicating staff person D received training on medication self-administration on 10/26/19. BB 2/19/20

Signature: Jamarah Salom

Printed Name and Title

Jamarah Salom Admin

Date 10/26/19

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

The above plan of correction is approved as of

2/19/20 (Date)

Plan of correction implementation status as of

2/19/20 (Date)

The above plan of correction was approved by

BS (Initials)

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

RECEIVED

OCT 25 2019

VICEST REGIONAL FIELD OFFICE
Human Services Licensing

85a - Sanitary Conditions

Regulations

2600:

85.a. Sanitary conditions shall be maintained.

Description of Violation

At 10:24am, there was a plastic pan with approximately one inch of urine inside sitting in the closet next to the hot water heater.

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.)

Plastic urine container was emptied and sanitized immediately on 8-1-19. At that time all on duty staff members were trained and reminded on proper sanitary conditions and procedure.

All staff have currently been trained on proper sanitary protocol as to ensure proper placement of containers and proper sanitation.

I (Tamara Gylson) have also posted a Reminder in our staff break room on our communication board as a daily reminder - effective 9/9/19 (see copy attached)

Legal Entity Representative

Signature *Tamara Gylson*

Printed Name and Title *Tamara Gylson/Adm*

Date *10/18/19*

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

The above plan of correction is approved as of *2/19/20*
(Date)

Plan of correction implementation status as of *2/19/20*
(Date)

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

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

OCT 25 2019

38a - Surfaces

Regulations

2600

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

A 4.5 inch by 1/4 inch section of linoleum flooring outside of the shower area in bathroom #6 is lifting up and creating a potential trip hazard for residents.

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.)

The flooring in bathroom #6 was repaired w/ a new piece of flooring and safety strip, along with new silicone caulking to ensure no water absorption. This repair/replacement was completed on 8-28-19 by maintenance.

One x monthly housekeeping will check all bathroom flooring for any hazards or issues and Report to Admin Tamara Gilson this started on 9-10-18-19
Legal Entity Representative

Signature *Tamara Gilson*

Printed Name and Title *Tamara Gilson/Admin*

Date *10/18/19*

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

The above plan of correction is approved as of *2/19/20*
(Date)

Plan of correction implementation status as of *2/19/20*
(Date)

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

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

OCT 25 2019

105g - Lint Removal and Duct Cleaning

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

At 9:59am, an accumulation of lint and tissues, approximately 2 inches thick, coated the lint trap of the middle dryer. There were no clothes in the dryer at the time.

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.)

Lint in dryer was emptied immediately on 8-1-19

All on duty staff were retrained about removal of lint in all dryers after each use.

Reminders was posted above dryers to remind staff to remove lint after each load 8-5-19

Also a daily calendar was posted for all staff to check after dryers have been checked daily.

Legal Entity Representative

Signature *Tamara Gilson*

Printed Name and Title *Tamara Gilson Admin*

Date *10/22/19*

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

The above plan of correction is approved as of *2/19/20*
(Date)

Plan of correction implementation status as of *2/19/20*
(Date)

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

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

125b - Combustible Restrictions

RECEIVED

OCT 25 2019

Regulations

2600.

125.b. Combustible materials shall be inaccessible to residents.

WEST REGION FIELD OFFICE
Human Services Licensing

Description of Violation

At 10:11am a 120 fluid ounce container of Paint and Primer Easy Care was unlocked, unattended on a chair in the resident smoking area.

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.)

I (Tamara Gilson) was painting back railings on 8-1-19 when inspectors arrived. I left the area when told they were here and had not gotten back outside to remove paint can & brush - paint can had lid on secure and we currently do not have any smoking residents so it was not accessible to any of them. The paint can was removed from area @ lunch break on 8-1-19

Legal Entity Representative

Immediately and at least weekly thereafter - A designated staff person will check the home to ensure combustible materials are inaccessible to residents. BB 2/19/20

By 4/1/20 - All staff persons will be educated on Chapter 2600.125(b). BB 2/19/20

Signature Tamara Gilson

Printed Name and Title Tamara Gilson Admin

Date 10/16/19

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

The above plan of correction is approved as of 2/19/20 (Date) Plan of correction implementation status as of 2/19/20 (Date)

The above plan of correction was approved by BB (Initials)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

OCT 25 2019

132c - Fire Drill Records

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

2600.

132c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record does not include the exit routes used for the fire drills conducted from December 2018 through July 2019.

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 exits routes used for fire drills have been clearly marked on 10-4-19 9-4-19. We mounted numbers 1-5 above each exit door.

Admin Tamara Gilson will use new exit numbers when recording fire drills, effective 9-4-19

Staff have been notified of new procedure on using numbers for exits

Immediate and monthly thereafter - The administrator will review fire drill records to ensure they accurately include all of the requirements of 132(c). BS 2/20/20
Legal Entity Representative

Signature Tamara Gilson

Printed Name and Title Tamara Gilson Admin

Date 2/17/19

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

The above plan of correction is approved as of

2/20/20
(Date)

Plan of correction implementation status as of

2/20/20
(Date)

The above plan of correction was approved by

BS
(Initials)

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

OCT 25 2019

185a - Implement Storage Procedures

WEST REGION FIELD OFFICE
(Human Services - Licensing)

Regulations

2600.
185a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

~~Resident #5 is prescribed Fentanyl, apply 1 patch topically every 72 hours. This medication has not been administered since 7/29/19 because it is not available in the home.~~

withdawn
BB 1/3/20

~~Resident #6 is prescribed Levitracetam, take 1 tablet orally twice daily. On 8/1/19, this medication was not available in the home.~~

withdawn
BB 4/3/20

Resident #7 is prescribed Guaifenesin 100mg, PRN take 20ml orally four times day as needed for cough. On 8/1/19, the medication was not available in the home.

by 4/1/20 - All staff persons involved with medication administration will be educated on the home's procedures required by chapter 2600.185(a). BB 2/19/20

Resident #5 Fentanyl patch was delivred on 8/1/19. She did not miss a dose. See delivery slip. See attached a month slip

Resident #6 Levitracetam is on auto fill and was delivred early am on 8-2-19 so there was no missed dose

Resident #7 medication had expired and we were in the process of getting it DIC which it has been and

Plan of Correction (POC) has been removed from EMAR

(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 and at least twice per month thereafter - The administrator or a designated staff person qualified to administer medications will audit medications to ensure that each resident's medications are available in the home for administration. BB 2/19/20

Legal Entity Representative

Signature

Tamara Gilson

Printed Name and Title

Tamara Gilson / Admin

Date

10/23/19

185a - Implement Storage Procedures (continued)

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

The above plan of correction is approved as of 2/19/20
(Date)

Plan of correction implementation status as of 2/19/20
(Date)

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

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

RECEIVED

OCT 25 2019

DEPT REGIONAL OFFICE
COMMUNITY SERVICES DIVISION

187d - Follow Prescriber's Orders

RECEIVED

07/25/2019

Regulations

2600.

187d. The home shall follow the directions of the prescriber.

WEST REGION FIELD OFFICE
Human Services Licensing

Description of Violation

Resident #6 is prescribed Dorzol/Timolol Opthamolic Solution: 1 drop into left eye 2x daily for glaucoma. According to staff person B, she has been administering Combigan solution 0.2/0.5% Instead of Dorzol/Timolol. Staff person B administered the wrong medication on several dates in July to include:

- 7/25/19 at 5:00 pm
- 7/26/19 at 8:00 am
- 7/27/19 at 8:00 am and 5:00 pm
- 7/28/19 at 8:00 am
- 7/30/19 at 8:00 am and 5:00 pm
- 7/31, 19 at 5:00 pm

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.)

Retraining done w/ staff person B on 8-1-19 as to following error - checking bottle - as to double check right med. Right

lets - all staff had training on Apraxals - drops etc on 10-21-19 by Aseer Cane RN Becky.

Legal Entity Representative

Immediately and at least twice per month thereafter - The administrator will implement procedures which ensure the home follows all directions of the prescriber. The procedures will include, at a minimum, at least monthly reviews of medication administration records and observed medication administration by the administrator or a designated staff person qualified to administer medications. 8/19/20

Signature: *Jamara Gibson*

Printed Name and Title: *Tamara Gibson Admin*

Date: *8/23/19*

187d - Follow Prescriber's Orders (continued)

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

The above plan of correction is approved as of 2/19/20 Plan of correction implementation status as of 2/19/20
 (Date) (Date)

The above plan of correction was approved by BB Fully Implemented
 (Initials) Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

RECEIVED

FEB 25 2019

WESTFIELD FIELD OFFICE
MUNICIPAL SERVICES DIVISION