



Sent via e-mail [cschober@countryviewmanor.com]
MAILING DATE: May 20, 2020

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Office of Long-term Living) review on November 20, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Gloria Emick

Gloria Emick
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: COUNTRY VIEW MANOR

License Number: 33427

Address: 12 FRIENDLY DRIVE,, QUARRYVILLE, PA 17566

County: LANCASTER

Region: CENTRAL

Administrator

Name: Cory Schober

Phone: 7172843350

Email: CSCHOBER@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: 03/05/2001

Issued By: Labor and Industry

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 15

Waking Staff: 11

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

11/20/2019 - On-Site: Hope O'Pake, Laura Heemer

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 24

Residents Served: 15

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

25b - Contract Signatures

Regulations

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The home did not complete a resident-home contract for Resident #1.

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.)

Resident Agreement has been completed. Designated was notified and informed that signatures are needed. Designated person informed the Administrator that the next time they are at the facility they will stop in to sign and pick up copy of the signed Resident Agreement.

Going forward, the Administrator will ensure that all Resident Agreements are signed by both the resident and designated person (if applicable) the same day as the admission

*Added 4/1/2020 Agreement signed by resident and responsible party on 12/19/2019. Copy of Agreement also provided to resident and responsible party on this date.

Legal Entity Representative

Signature 

Cory Schober, Administrator
Printed Name and Title

12/18/2019
Date

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

The above plan of correction is approved as of 5/20/20 (Date) Plan of correction implementation status as of 5/20/20 (Date)

Implemented

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

Not Implemented

41e - Signed Statement

Regulations

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Resident #1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

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.)

Statement had not been signed by resident or resident designated person due to being part of the Resident Agreement. Resident designated person was contacted and informed that signatures were needed on the Resident Agreement. Designated person informed the Administrator that the next time they are at the facility they will stop in to sign and pick up copy of the signed Resident Agreement.

Going forward, the Administrator will ensure that all Resident Agreements are signed by both the resident and designated person (if applicable) the same day as the admission.

Added 4/1/2019 Statement is part of the Resident Agreement and was signed by both the resident and responsible party on 12/19/2019.

Legal Entity Representative


Signature

Cory Schober, Administrator
Printed Name and Title

12/18/2019
Date

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Implemented

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Not Implemented

65i - Training Record

Regulations

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The home's record of direct care staff training for Staff Member A does not include a record of training in 65a, required training during the first day, or 65b, training required during the first 40 hours.

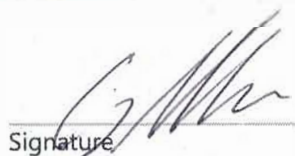
Plan of Correction (POC)

(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.)

Staff Member A record was updated to show that training for 65a, required training during the first day, and 65b, training required during the first 40 hours, has been completed. Going forward, and to ensure that this does not happen again, training will be signed off on at the time of completion.

*Added 4/1/2020 Staff members record was updated to show dated completed which was 11/22/2019. Going forward Administrator will do checks of new employees to ensure training was completed.

Legal Entity Representative


Signature

Cory Schober, Administrator
Printed Name and Title

12/18/2019
Date

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(Date)

Plan of correction implementation status as of 5/20/20
(Date)

Implemented

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(Initials)

Not Implemented

125b - Combustible Restrictions

Regulations

2600.
125.b. Combustible materials shall be inaccessible to residents.

Description of Violation

A 64 oz. unopened bottle of Expert Grill lighter fluid was located in the closet bathroom of Resident Room 7. The bottle was unlocked and accessible to 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.)

Expert Grill lighter fluid was immediately removed from bathroom closet and taken to the administration office. Resident was reminded that he cannot have such items in his room or the facility. Was also reminded that such products should not be purchased in the future. Expert Grill lighter fluid will be given to resident's family.

*Added 4/1/2020 Resident rooms will be inspected on weekly basis during room cleaning to check for prohibited items.

Legal Entity Representative


Signature

Cory Schober, Administrator
Printed Name and Title

12/18/2019
Date

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(Date) (Date)

Implemented

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

Not Implemented

187a - Medication Record

Regulations

2600.
 187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
 12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

The following medications did not have a diagnosis or purpose noted on the medication administration record:
 For Resident #1, Aspir-Low EC 81 mg Tablet, Slo-Niacin 500 mg Tablet, and Symbicort 160-4.5 mcg Inhaler;
 For Resident #2, Tamsulosin 0.4 mg Capsule and Flovent HFA 220 mcg Inhaler;
 For Resident #3, Furosemide 20 mg Tablet and Diclofenac Sodium 1% Gel;
 For Resident #4, Mag 64 Tablet SA and Acetaminophen 325 mg Tablet.

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.)

Doctors for Resident 1, Resident 2, Resident 3, Resident 4 have been contacted about adding diagnosis or purpose to each of the medications posted above. Once diagnosis or purpose for taking is received it will be added to the residents medication administration record. To prevent this from happening in the future, the Administrator or manager will review orders as they come in to the facility to ensure that each medication has a diagnosis or purpose for taking.

Legal Entity Representative


 Signature

Cory Schober, Administrator
 Printed Name and Title

12/18/2019
 Date

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The above plan of correction is approved as of 5/20/20 Plan of correction implementation status as of 5/2/20
 (Date) (Date)
 Implemented
 The above plan of correction was approved by GE
 (Initials) Not Implemented