



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail: dhazelton@countryterrace.care
MAILING DATE: March 10, 2020

Mr. Richard Tickner
Board President
Broad Acres Nursing Home Association
1883 Shumway Hill Road
Wellsboro, Pennsylvania 16901

RE: Country Terrace
1919 Shumway Hill Road
Wellsboro, Pennsylvania 16901
License: 235010

Dear Mr. Tickner:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on January 15, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Anne Graziano".

Anne Graziano
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: COUNTRY TERRACE

License Number: 23501

Address: 1919 SHUMWAY HILL ROAD,, WELLSBORO, PA 16901

County: TIOGA

Region: NORTHEAST

Administrator

Name: Deb Hazelton

Phone: 5707245683

Email: dhazelton@countryterrace.care

Legal Entity

Name: BROAD ACRES NURSING HOME ASSOCIATION

Address: 1883 SHUMWAY HILL ROAD, WELLSBORO, PA, 16901

Certificate(s) of Occupancy

Type: C-2 LP

Date: 07/22/1999

Issued By: L&I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 44

Waking Staff: 33

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

01/15/2020 - On-Site: Ryan Yankowy, Corey Pica

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 60

Residents Served: 43

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 3

Are 60 Years of Age or Older: 43

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 1

Have Physical Disability: 0

16c - Written Incident Report

Regulations

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

Resident #1 did not receive the prescribed deep sea nasal spray on 1/13/20 at 2pm, the home did not submit an incident report to the Department regarding the medication error.

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.)

ADWU/ Any time a medication is not administered, whether it is a prescription or OTC, it will be reported to DHS. Direct care staff will inform Wellness coordinator/ Administrator of meds that are not administered @ the time of the missed dose. Direct care staff will fill out incident report at the time of missed dose. Wellness coordinator will submit a reportable incident to DHS within 24 hours. Wellness coordinator/ Admins will audit + discuss @ QA meetings. Next QA meeting will be 3/11. Was reviewed @ Inservice 1/22 + 1/23 with all staff.

att. # 1
att # 7

Legal Entity Representative

[Signature]
Signature

Deborah Hazette 2/27/2020
Printed Name and Title Date
Manager

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The above plan of correction is approved as of 3-3-2020 (Date) Plan of correction implementation status as of 3-3-2020 (Date)
The above plan of correction was approved by *ag* (Initials) Implemented Not Implemented

65f - Training Topics

Regulations

2600.

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

- 3. Care for residents with dementia and cognitive impairments.

Description of Violation

Direct care staff member A hired 8/9/16 did not receive training in care for residents with dementia and cognitive impairment in 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 staff training will be monitored + The required trainings will be kept up to date.
 Administrator to monitor for compliance will review @ QA meetings. Next QA meeting 3/11.
 Missed Inservice was done @ staff member 1/16.
 Reviewed policy @ inservice 1/22 + 1/23 @ all staff
 ATT # 1 + # 2

Legal Entity Representative

Deborah Hazette
 Signature

Deborah Hazette 01/27/2020
 Printed Name and Title *manager* Date

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121a - Unobstructed Egress

Regulations

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

The service corridor exit is locked with a magnetic lock. This lock can only be operated by a keycard by staff, preventing immediate egress in the event of an emergency.

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.)

Currently door is unlocked by 3/5/2020 a motion sensor will be installed. So when approaches the door it will unlock + anyone can walk through. Maintenance to monitor.

will send picture when complete.

Reviewed @ all staff @ unservice 1/22 + 1/23.

att #1

Legal Entity Representative

Deborah Hazlett
Signature

Deborah Hazlett 2/27/2020
Printed Name and Title *Manager* Date

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132c - Fire Drill Records

Regulations

2600.

132.c. 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 log notes 41 residents in the home at the time of the fire alarm and 41 residents evacuated for the fire drill conducted on 1/9/20 at 8:13 am. Resident #2 did not evacuate during this fire drill. The log was not correctly documented.

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.)

Going forward documentation will reflect the correct # of residents in house and the correct # of residents that physically evacuated. Maintenance will document + administrator will review for compliance. will be reviewed @ QA meetings. Reviewed 2 all staff @ in service 1/22+1/23

att # 1
att # 3

Legal Entity Representative

Deborah Hazette
Signature

Deborah Hazette 2/27/2020
Printed Name and Title Date

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132h - Designated Meeting Place

Regulations

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

Resident #2 did not evacuate during the fire drill conducted on 1/9/20 at 8:13 am.

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 residents will evacuate unless they have documentation in place Related to hospice and/or not evacuating.

The administrator will monitor + assure ongoing compliance.

will review @ QA

Reviewed 2 all staff @ inservice 1/22 + 1/23

att # 1

att # 3

Legal Entity Representative

[Handwritten Signature]

Signature

[Handwritten Signature] *[Handwritten Title]* *[Handwritten Date]*

Printed Name and Title

Date

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184c - Sample Prescription Meds.

Regulations

2600.

184.c. Sample prescription medications shall have written instructions from the prescriber that include the components specified in subsection (a).

Description of Violation

Resident #3's sample toviaz 8 mg did not include written instructions from the prescriber.

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.)

Going forward any sample med from physician will have the prescription attached to the container/bag.

Wellness Coordinator or Administrator to assure compliance. Will review @ QA.

Reviewed 2 all staff @ in service 1/22 - 1/23

att # 1
att # 4

Legal Entity Representative

Deborah Hazzett
Signature

Deborah Hazzett 2/27/2020
Printed Name and Title *manager* Date

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185a - Implement Storage Procedures

Regulations

2600.

185.a. 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 #4 has an order for blood glucose readings 4 times daily. On 1/8/20 the MAR noted a reading of 201, the glucometer had a reading of 210. On 1/13/20 the MAR noted a reading of 194, the glucometer had a reading of 192.

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.)

Wellness Coordinator/Administrator to complete weekly glucometer audits against the MAR for accurate readings + recordings.

Education done with all staff the importance of correct documentation. Will Review @ QA.

Reviewed with all staff @ inservice 1/22 + 1/23

att #1
att #5
att #8

Legal Entity Representative

Deborah Hazette
Signature

Deborah Hazette 2/27/2020
Printed Name and Title *Manager* Date

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187d - Follow Prescriber's Orders

Regulations

2600.

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

Description of Violation

Resident #4 has an order for blood glucose readings 4 times daily per a sliding scale of insulin. On 1/13/20 the blood glucose was 192. The home administered 4 units of insulin but it should have been 6 units per the sliding scale.

Resident #1 did not receive the prescribed deep sea nasal spray on 1/13/20 at 2pm.

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.)

Reviewed with staff the proper technique to obtain blood glucose + administer insulin per sliding scale as well as documentation for both. Staff to review complete order + label to assure proper sliding scale dose.

Physicians orders will be followed for all medications. IF resident to be out of facility medications will be sent 2 them. IF resident refuses to take meds, physician will be notified. Reviewed @ all staff @ inservice 1/22 + 1/23

see att # 1
att # 6

Legal Entity Representative

[Handwritten Signature]
Signature

[Handwritten Name and Title]
Printed Name and Title *manager* Date *2/27/2020*

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188b - Medication Error Reporting

Regulations

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident #1 did not receive the prescribed deep sea nasal spray on 1/13/20 at 2pm. The home did not notify the prescriber regarding the medication error.

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.)

IF a resident does not receive a medication regardless of reason. The doctor will be notified. All staff inserviced 1/22 + 1/23
See attached #1

Legal Entity Representative

Dorel Hazzan
Signature

Dorel Hazzan 2/27/2020
Printed Name and Title *Manager* Date

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