



SENT VIA EMAIL: countryacres@zoominternet.net

MAILING DATE: April 21, 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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on February 13, 2020 and February 14, 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, appearing to read "Janine Wenzig". The signature is written in a cursive, flowing style.

Janine Wenzig
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

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

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: 04/06/2001 Issued By: Dept L & I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 29 Waking Staff: 22

Inspection

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

Inspection Dates and Department Representative

02/13/2020 - On-Site: Courtney Barry, Vicki Siegert
02/14/2020 - On-Site: Courtney Barry

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: 6

Number of Residents Who:

Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 20
Diagnosed with Mental Illness: 0	Diagnosed with Intellectual Disability: 0
Have Mobility Need: 9	Have Physical Disability: 0

105g - Lint Removal and Duct Cleaning

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

On 2/13/2020, at approximately 11:00 a.m., there was an accumulation of approximately 1/2 inch of lint in the lint trap of the dryer in the laundry room.

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.)

Admin (Tammy Gilson) has implemented a daily calander to hang in dryer area that is to be initialed each time dryer vents are emptied - and a poster that says clean/empty dryer vent after each load also hung by dryer
Educated staff on importance of lint removal each time dryer is used.
educated on 2-17-20

Legal Entity Representative

Signature *Tamara Gilson*

Printed Name and Title *Tamara Gilson Admin* Date *4-6-20*

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The above plan of correction is approved as of *4/16/20*
(Date)

Plan of correction implementation status as of *4/16/20*
(Date)

Implemented
 Not Implemented

The above plan of correction was approved by *[Signature]*
(Initials)

02/13/2020

184a - Labeling OTC/CAM

Regulations

2600. 184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident #1 is ordered Haloperidol 0.25ml (0.5mg) sublingually every 6 hours as needed; however, the medication label indicates Haloperidol 0.5 ml (1mg) sublingually every 6 hours as needed.

Resident #1 is ordered Hyoscyamine 1 tablet every 6 hours as needed; however, the medication label indicates Hyoscyamine 1 tablet every 4 hours as needed.

Resident #2 is ordered Sore Throat Spray, 2 sprays every 4 hours as needed; however, the label indicates 2 sprays every 1 hour as needed.

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 1st had meds delivered by hospice and the Pharmacy entered them incorrectly - hospice provided us w/correction and correction was made on EMAR 2-14-20

educated staff completed by Admin Tamara Gilson - each medication that is received is to be checked against entry in EMAR to be sure they match - if they don't they are to leave a note for all med staff & contact whomever delivered to correct -
OR VERIFY CORRECT ORDER AND PLACE CHANGE ORDER STICKER ON LABEL IF LABEL IS INCORRECT. - JRW 4/16/20

Legal Entity Representative

Signature *Tamara Gilson*

Printed Name and Title *Tamara Gilson Admin* Date *4-6-20*

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The above plan of correction is approved as of *4/16/20* (Date) Plan of correction implementation status as of *4/16/20* (Date)

Implemented
 Not Implemented

The above plan of correction was approved by *[Signature]* (Initials)

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 #3's was ordered Polymyxin B sulfate and Trimethoprim Ophthalmic Solution, instill 1 drop into left eye 4 times daily for 5 days, filled 11/4/2019. This medication was still in the medication cart on 2/13/20.

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.)

On 2-14-20 med staff contacted pharmacy & EMAR dept to remove orders and flag them in EMAR upon completion of short orders -

educated ^{med} staff on 2-17-20 that when we have an order for new med w/short end date we are to note it on card w/date then highlight it on med board to ensure it is D/C and pulled and destroyed on completion date.

Legal Entity Representative

Signature *Tamara Gilson*

Printed Name and Title *Tamara Gilson* Date *2-17-20*
Adm

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The above plan of correction is approved as of 4/16/20 (Date) Plan of correction implementation status as of 4/16/20 (Date)
X Implemented
Not Implemented
The above plan of correction was approved by *[Signature]* (Initials)