

Department of Human Services  
Bureau of Human Service Licensing

September 10, 2020

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

RE: COUNTRY ACRES PERSONAL CARE  
HOME  
2017 MEADVILLE ROAD  
TITUSVILLE, PA, 16354  
LICENSE/COC#: 41177

Dear Ms. Gilson ,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/23/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Suzy Quinn  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary (LIS)

cs: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSE INSPECTION SUMMARY**

**Facility Information**

Name: *COUNTRY ACRES PERSONAL CARE HOME* License #: *41177* License Expiration Date: *04/20/2021*  
 Address: *2017 MEADVILLE ROAD, TITUSVILLE, PA 16354*  
 County: *VENANGO* Region: *WESTERN*

**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*  
 Phone: *8148273708* Email: *COUNTRYACRES@ZOOMINTERNET.NET*

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *04/06/2001* Issued By: *L & I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *27* Waking Staff: *20*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint* Exit Conference Date: *06/23/2020*

**Inspection Dates and Department Representative**

*06/23/2020 - On-Site: Lori Gillette*

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *33* Residents Served: *17*

**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: *17*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *10* Have Physical Disability: *0*

**Inspections / Reviews**

**06/23/2020 - Partial**

Lead Inspector: *Lori Gillette* Follow-Up Type: *POC Submission* Follow-Up Date: *07/23/2020*

Inspections / Reviews *(continued)*

## 9/2/2020 - POC Submission

Lead Reviewer: *Suzy Quinn*Follow-Up Type: *POC Submission*Follow-Up Date: *09/10/2020*

## 9/9/2020 - POC Submission

Lead Reviewer: *Suzy Quinn*Follow-Up Type: *Document Submission*Follow-Up Date: *09/23/2020*

## 9/10/2020 - Document Submission

Lead Reviewer: *Suzy Quinn*Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

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

*On 6/3/20, a resident fell in the home requiring Emergency Medical Services and immediate transportation to the hospital. The home completed an incident report and attempted to fax it the Department on 6/4/20, however the report was not received. The home does not have confirmation the report was faxed.*

*On 6/5/20, a staff person administered Insulin to a resident it was not prescribed for requiring Emergency Medical Services and immediate transportation to the hospital. The home completed an incident report and attempted to fax it to the Department on 6/6/20, however the report was not received. The home does not have confirmation the report was faxed.*

Plan of Correction - 09/02/2020

Do Not Accept

*Sent both reports into Department the day of both incidents. The department never received them. Plan of correction is to send report in and do a follow up call to ensure the report was received.*

Completion Date: 08/25/2020

Plan of Correction - 09/09/2020

Accept

*Immediate problem fixed: We now effective 6/7/20 send the report in via fax 1-412-565-5633 and will do a follow up call to 1-888-322-3664 to ensure it was received, as well as print a fax report on our end.*

*Prevent future occurrence: We are changing practice and now are submitting via fax and doing follow up call to ensure the incident report was received.*

*Ongoing monitoring: The home is now compliant with sending in the incident reports to the designated fax number as well as calling the number to ensure it was received. The administrator Tammy Gilson is in charge of this process.*

Completion Date: 09/09/2020

Document Submission - 09/10/2020

Implemented

*Documents attached*

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

*Resident #1 is prescribed 50 units of Lantus 100/ml daily in the evening. Resident #2 is prescribed 25 units of Humalog R U-500 Kwikpen. On 6/5/20 at 8:20 pm, staff person A administered 50 units of resident #2's insulin to resident #1. Staff person A reported picking up the wrong insulin pen which was set at 25 units, adjusting it to 50 units and administering it to the wrong resident. The insulin pens were different colors and also labeled with the resident's names. Resident #1 was transported by Emergency Medical Services and admitted to Titusville Area Hospital for observation after insulin overdose.*

## 187d - Follow Prescriber's Orders (continued)

**Plan of Correction - 09/02/2020****Do Not Accept**

*Med staff was retrained by Monica Popham (medication administration trainer) the week of 6-3-20, she was observed giving insulin the week of 6-3-20 and was walked through the proper steps to prepare medications to ensure no further medication errors occur by Keisha Brown (med staff) and Monica Popham. Also we now have in place once newly trained med staff have completed insulin training they will be observed for a week after they passed the insulin course.*

**Completion Date:** 08/25/2020

**Plan of Correction - 09/09/2020****Accept**

*Immediate problem fixed: Staff Person A was retrained the week of 6-3-20 by Monica Popham the Medication Administration Trainer as to the correct ways to pull and do the three checks of medication administration to ensure no medication errors occur. She was also observed the week of 6-3-20 by Keisha Brown and Monica Popham while she pulled insulin during her med passes. Documentation attached.*

*Prevent further occurrences: Effective 6/7/20 all newly trained med staff on insulin will be observed for their first week of giving insulin by teaching to make sure that everyone involved is aware of their roles and responsibilities.*

*Administrator will keep documentation as of 6/7/20 of everyone that is observed after passing insulin training.*

*Ongoing monitoring: The home is compliant with the regulation and we have created a new tracking system to ensure everyone is receiving the proper training prior to receiving the insulin training that is required to give insulin.*

**Completion Date:** 09/09/2020

**Document Submission - 09/10/2020****Implemented**

*Documents attached*