



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HUMAN SERVICES



# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to COUNTRYSIDE CONVALESCENT HOME LIMITED PARTNERSHIP  
LEGAL ENTITY

To operate QUALITY LIFE SERVICES MERCER  
NAME OF FACILITY OR AGENCY

Located at 8221 LAMOR ROAD, MERCER, PA 16137  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide Assisted Living  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 64  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2800: Assisted Living Residences  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from July 7, 2020 until July 7, 2021,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **450290**

Robert E. Robinson  
ISSUING OFFICER

Jamie J. Buchenauer  
Deputy Secretary

**NOTE:** This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



Email Date: July 14, 2020

Ms. Mary Susan Tack-Yurek  
Chief Quality Officer / Co-Owner  
Countryside Convalescent Home Ltd. Partnership  
8221 Lamor Road  
Mercer, Pennsylvania 16137

RE: Quality Life Services Mercer  
Certificate #: 450290

Dear Ms. Tack-Yurek:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on April 23, 2020, of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2800 (relating to Assisted Living Residence), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new home and not yet serving four or more residents.

In accordance with 55 Pa.Code § 2800.11(b) (relating to procedural requirements for licensure or approval of assisted living residences) a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

Your NEW license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Jamie L. Buchenauer". The signature is written in a cursive style with a large initial "J".

Jamie L. Buchenauer  
Deputy Secretary  
Office of Long-Term Living

Enclosures  
License  
Licensing Inspection Summary

# Violation Report

## Facility Information

Name: *Quality Life Services Mercer*

License Number: 45029

Address: *8221 Lamor Rd. , Mercer , PA 16137*

County: *MERCER*

Region: *WESTERN*

## Administrator

Name: *Claudia McIntyre*

Phone: *724-662-5860*

Email: *cjmcintyre@qualitylifeservices.com*

## Legal Entity

Name: *Countryside Convalescent Home Limited Partnership*

Address: *8221 Lamor Rd. , Mercer, PA, 16137*

## Certificate(s) of Occupancy

Type: *C-2 LP*

Date:

Issued By:

## Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *0*

Waking Staff: *0*

## Inspection

Type: *Initial*

BHA Docket #:

Notice: *Announced*

Reason: *New*

## Inspection Dates and Department Representative

*04/23/2020 - On-Site: Lori Gillette*

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: *64*

Residents Served: *0*

### Special 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: *0*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *0*

Have Physical Disability: *0*

87 Lighting

Requirements

2800.

87. Lighting - The residence's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

Description of Violation

The lighting at the entrances to bedroom #16 and bedroom #17 is inadequate. The entrances are recessed 6 feet from the end of the main hallway, on opposite sides. The recessed ceiling lights, spaced approximately every 8 feet down the center of the main hallway, fail to adequately light the entrances to these bedrooms.

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.)

*This was corrected by adding a recessed ceiling light above bedroom #16 and bedroom #17. Lighting is now adequate in these areas. See Attached: A, B*

*This audit began 6-24-20 and will be done weekly for 4 weeks by the Maintenance Director and then moved to Maintenance's preventative maintenance schedule monthly.*

*Claudia McIntyre PCHA 6-24-20*

Legal Entity Representative

*Claudia McIntyre*

Signature

*Claudia McIntyre, PCHA 5-13-2020*

Printed Name and Title

Date

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

The above plan of correction is approved as of

6/26/20  
(Date)

Plan of correction implementation status as of

6/26/20  
(Date)

Implemented

Not Implemented

The above plan of correction was approved by

SE  
(Initials)

96a First aid kit

Requirements

2800.

96.a. The residence shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers. The residence shall have an automatic external defibrillation device located in each building on the premises.

Description of Violation

The home does not have an automatic external defibrillation device on the premises.

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.)

A AED was ordered and since arrived ~~and will be~~ placed securely in the locked medication room on the unit. See Attached: C  
ENR 6-23-20  
 The AED was mounted in the Main Hallway by the Front Entrance. A audit was started 6-23-20 and will be completed monthly by PCMA/designee. This audit will be on-going to ensure function of AED.

Claudia McIntyre PCMA 6-24-20

Legal Entity Representative

Claudia McIntyre  
Signature

Claudia McIntyre, PCMA 5-13-2020  
Printed Name and Title Date

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- Not Implemented