

Department of Human Services
Bureau of Human Service Licensing

January 27, 2021

[REDACTED], ADMINISTRATOR
BROAD ACRES NURSING HOME ASSOCIATION
1883 SHUMWAY HILL ROAD
WELLSBORO, PA 16901

RE: COUNTRY TERRACE
1919 SHUMWAY HILL ROAD
WELLSBORO, PA, 16901
LICENSE/COC#: 23501

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/14/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *COUNTRY TERRACE* License #: *23501* License Expiration Date: *03/26/2021*
Address: *1919 SHUMWAY HILL ROAD, WELLSBORO, PA 16901*
County: *TIOGA* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: *5707245683* Email: [REDACTED]

Legal Entity

Name: *BROAD ACRES NURSING HOME ASSOCIATION*
Address: *1883 SHUMWAY HILL ROAD, WELLSBORO, PA, 16901*
Phone: *5707245683* Email: [REDACTED]

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: *34* Waking Staff: *26*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *01/14/2021*

Inspection Dates and Department Representative

01/14/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *60* Residents Served: *34*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *3* Are 60 Years of Age or Older: *34*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

01/14/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *01/29/2021*

1/26/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *01/29/2021*

1/27/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

183e - Storing Medications

1. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

The Lantus insulin pen belonging to resident #1 was opened 12/13/20. According to the manufacturer, the insulin pen should be discarded 28 days after it is first opened for use.

Plan of Correction

Accept

The insulin pen was disposed of onsite. When doing blood sugar/Insulin dates will be checked on insulin pen to ensure compliance of manufacturer recommendations. All staff inserviced on January 15-16th See attached. All staff will be checking the dates. Wellness Coordinator to monitor for compliance. Will review at Quality Management.

Completion Date: 01/25/2021

Update - 01/26/2021

Please send/Attach proof of staff training.

Document Submission

Implemented

inservice attached