

Department of Human Services  
Bureau of Human Service Licensing

June 22, 2021

██████████ PRESIDENT/CEO  
COUNTRY COMFORT ALTERNATIVE LIVING INC  
10546 RIVER ROAD  
NEW COLUMBIA, PA 17856

RE: COUNTRY COMFORT ALTERNATIVE  
LIVING, INC.  
10546 RIVER ROAD  
NEW COLUMBIA, PA, 17856  
LICENSE/COC#: 20205

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/02/2021 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 COMFORT ALTERNATIVE LIVING, INC      **Licen e #:** 20205      **Licen e Expiration Date:** 05/26/2021  
**Addr e :** 10546 RIVER ROAD, NEW COLUMBIA, PA 17856  
**County:** UNION      **Region:** NORTHEAST

**Administrator**

**Name:** [REDACTED]      **Phone:** 5705681090      **Email:** [REDACTED]

**Legal Entity**

**Name:** COUNTRY COMFORT ALTERNATIVE LIVING INC  
**Address:** 10546 RIVER ROAD, NEW COLUMBIA, PA, 17856  
**Phone:** 5705681090      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-2 LP      **Date:** 05/31/1996      **Issued By:** L&I

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 17      **Waking Staff:** 13

**Inspection**

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**  
**Rea on:** Renewal      **Exit Conference Date:** 03/02/2021

**Inspection Dates and Department Representative**

03/02/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 20      **Residents Served:** 17

**Secured Dementia Care Unit**

<b>In Home:</b> No	<b>Area:</b>	<b>Capacity:</b>	<b>Residents Served:</b>
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**Hospice**

**Current Re ident :** 0

**Number of Residents Who:**

<b>Receive Supplemental Security Income:</b> 8	<b>Are 60 Years of Age or Older:</b> 17
<b>Diagnosed with Mental Illness:</b> 0	<b>Diagnosed with Intellectual Disability:</b> 2
<b>Have Mobility Need:</b> 0	<b>Have Physical Disability:</b> 0

## Inspections / Reviews

03/02/2021 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *04/01/2021*

4/7/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *04/22/2021*

6/22/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 26a - Quality Management Plan

### 1. Requirements

2600.

26.a. The home shall establish and implement a quality management plan.

### Description of Violation

*The Home last reviewed their quality Management plan on 3/12/19. Their policy is to review the quality management plan annually.*

### Plan of Correction

Accept

*The explanation for R2600.26.a says that an annual review is to be conducted by the administrator of a Quality Management Plan. Therefore the plan of correction will be to have the administrator conduct a system-wide, overarching review to detect patterns of problems and identify areas of improvement. An updated Quality Management Plan is attached.*

**Completion Date:** 03/02/2021

### Document Submission

Implemented

*Attachment R2600\_26\_a*

## 63b - Current First Aid Training

### 1. Requirements

2600.

63.b. Current training in first aid and certification in obstructed airway techniques and CPR shall be provided by an individual certified as a trainer by a hospital or other recognized health care organization.

### Description of Violation

*Staff person A and Staff person B's first aid certification expired 2/2021. There was no person on duty on 3/1/21 that had a valid first aid certification.*

### Plan of Correction

Accept

*Country Comfort is a member of PALA. In PALA's newsletter on April 27, 2020, an article stated that PCH/ALR should check with their training institutions regarding their extensions on CPR/First Aid. Upon checking with our training institution, the American Heart Association, the extension for providers is 120 days. Therefore my staff was still in compliance and this should not be a violation. Documentation is attached. Three of my staff did get their CPR/First Aid renewed on 03/17/21 and the other three are scheduled a class on 04/20/21.*

**Completion Date:** 03/02/2021

### Update - 04/07/2021

*Within 15 days of receipt of this plan of correction:*

*Please contact your CPR/First Aid provider, who provided training for your staff at your home and send/Attach the proper documentation granting your home the extension. If all staff are training/re-trained, please send/attach proof in the requested time-frame.*

### Document Submission

Implemented

*checked with the our CPR/First Aid provider about the extension. [REDACTED] told me that the extension only went through Oct. 2020. Therefore my staff and my self were not in compliance with R2600.63.b. Thus my plan of correction is to make sure my staff are scheduled in time to renew their certification and make sure that there is a least one person in the facility at all times that is certified in CPR/First Aid. Attachment R2600\_63b*

103g - Storing Food

1. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

*In the kitchen freezer and in the freezer located in the shed, there were packages of frozen waffles with no dates.*

Plan of Correction

Accept

*In this sited regulation, there is nothing stated about dating the packages and the waffles were in the sealed cellophane wrapping that they came in from the food vendor. Therefore this should not be a violation.*

*This is a 2600 103i- Violation*

*Violation cited incorrectly- will be remained. 4-7-2021- MM*

**Completion Date:** 03/02/2021

Document Submission

Implemented

*The administrator will do bi-monthly checks for the next 3 months to make sure that foods are labeled with dates.*

*Training on R2600.103.g was completed with all staff.*

*Attachment R2600\_103i*

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

*Resident #1's most recent medical evaluation was completed on 5/8/19, resident #2's on 5/10/19, and resident #3's on 2/10/20. The residents did not have a current annual review on file.*

Plan of Correction

Accept

*This regulation was suspended due to the pandemic if the resident's physician determines that the medical evaluation could be conducted at a later date. The facility neglected to document the physician's approved determination in the resident's record. Therefore the plan of correction is for the administrator is to make sure that each resident gets an annual medical evaluation or document the physician's approval to conduct the medical evaluation at a later date as long as the Emergency Declaration is still in effect. Resident #1 is scheduled for an annual medical evaluation on 05/12/2021. Resident #2 had their medical evaluation on 03/26/2021, and Resident #3 had their medical evaluation completed on 03/08/2021. Documentation is attached.*

**Completion Date:** 05/12/2021

Document Submission

Implemented

*completed 05/12/2021*

144c1 - Smoking Area Guidelines

1. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

144c1 - Smoking Area Guidelines (continued)

- 1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

**Description of Violation**

*Three cigarette butts were located on the ground in the grass near the smoking area.*

**Plan of Correction**

**Accept**

*The plan of correction is to have the Administrative Assistant do a survey of the smoking areas daily to make sure that all cigarette butts are in the fireproof receptacle provided and not on the ground at the designated smoking areas. If staff or the residents cannot follow the policy, smoking privileges will be eliminated on the PCH property.*

**Completion Date:** 03/02/2021

**Update - 04/07/2021**

*Please send/Attach proof of staff-resident training and or re-training regarding ongoing compliance of this regulation.*

**Document Submission**

**Implemented**

*Attachment R2600\_144c*

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**

*Resident #4 is prescribed Breo inhaler 200/25mcg 1 puff by mouth daily. The manufacturers directions indicate the inhaler is to be used within 6 weeks of the inhaler being opened. The home did not have documentation when the inhaler was opened.*

**Plan of Correction**

**Accept**

*The PCH's pharmacy has provided stickers that can be applied to all inhalers when opened to record the date that they are opened. It will be the responsibility of all PC aids to apply the sticker and record the date when the inhaler is opened. An opened sticker was place on Resident #4's Breo inhaler on 03/02/2021.*

**Completion Date:** 03/03/2021

**Update - 04/07/2021**

*Please send/Attach proof of staff training regarding ongoing compliance with this regulation.*

*The administrator or designee shall monitor and review medication for compliance weekly X's 3 months.*

**Document Submission**

**Implemented**

*Attachment R2600\_183e*

185a - Implement Storage Procedures

**1. Requirements**

2600.

185a - Implement Storage Procedures *(continued)*

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 Repeat Violation**

*Resident #5 is prescribed Acetaminophen 325mg every 4 hours as needed for pain. However, this medication was not available in the home.*

**Plan of Correction**

**Accept**

*The Administrative Assistant or the Administrator will review medications at the begin of each month to make sure the exact medication that is on a resident's MAR is available in the resident's medication box. Resident #5's physician was contacted and he changed the resident's acetaminophen strength to 500mg which is available for the resident as needed. Documentation attached.*

**Completion Date:** 03/02/2021

**Update - 04/07/2021**

*Please send/Attach proof of physicians updated medication order for resident #5.*

**Document Submission**

**Implemented**

*Attachment R2600\_185a*