

Department of Human Services  
Bureau of Human Service Licensing

May 10, 2021

██████████ ADMINISTRATOR  
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 ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/23/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Larry Mazza

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**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:** [REDACTED]      **Phone:** 8148273708      **Email:** [REDACTED]

**Legal Entity**

**Name:** COUNTRY ACRES PERSONAL CARE HOME INC  
**Address:** 2017 MEADVILLE ROAD, TITUSVILLE, PA, 16354  
**Phone:** 8148273708      **Email:** [REDACTED]

**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:** 22      **Working Staff:** 17

**Inspection**

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Renewal      **Exit Conference Date:** 03/23/2021

**Inspection Dates and Department Representative**

03/23/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 33      **Residents Served:** 18

**Secured Dementia Care Unit**

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

**Hospice**

**Current Residents:** 3

**Number of Residents Who:**

**Receive Supplemental Security Income:** 1      **Are 60 Years of Age or Older:** 18  
**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 4      **Have Physical Disability:** 0

**Inspections / Reviews**

03/23/2021 Full

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 04/11/2021

Inspections / Reviews *(continued)*

## 4/14/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *04/20/2021*

## 4/21/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *05/01/2021*

## 5/10/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

A copy of 55 Pa. code Chapter 2600 was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept

Currently posted on information board. We had removed it the day prior to make copies of staffing continuing education requirements. It was laying on my desk at time of inspection. I ( [REDACTED] ) will ensure that it is immediately hung back up after each use.

Completion Date: 03/23/2021

Document Submission

Implemented

See attached

16b - Incident Policies

1. Requirements

2600.

- 16.b. The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.

Description of Violation

The home does not have written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.

Plan of Correction

Accept

We do have written policies, I have attached copies from our binder. Our inspector wasn't looking in the right binder at time of inspection. I ( [REDACTED] ) have marked with tabs in binder for future use, to more readily find these policies.

Completion Date: 03/25/2021

Document Submission

Implemented

See attached

25c2 - Fee Schedule

1. Requirements

2600.

- 25.c. At a minimum, the contract must specify the following:
  - 2. A fee schedule that lists the specify the following: actual amount of allowable resident charges for each of the home's available services.

Description of Violation

Resident #1's resident-home contract, dated [REDACTED], does not include the amount of the monthly rate the home charges for room and board. This section of the resident-home contract is blank.

25c2 - Fee Schedule (continued)

Plan of Correction

Directed

(██████) entered the amount on 3/23/21. DIRECTED: Within 24 hours of receipt of the plan of correction: Resident #1 shall initial and date the edits made to the resident-home contract and be provided a copy upon request. LM 4/21/21

██████ and myself will check each completed contract packet within 15 days after admission to ensure completion.

DIRECTED: Within 5 days of receipt of the plan of correction: A designated staff person shall review all current resident records to ensure each resident has a resident-home contract completed in its entirety. LM 4/21/21

DIRECTED: Within 48 hours of receipt of the plan of correction: A designated staff person shall develop and implement a new admission checklist to ensure timely completion of resident-home contracts for all newly-admitted residents. Documentation of the checklist shall be kept. LM 4/21/21

Completion Date: 04/20/2021

Document Submission

Implemented

See attached

81b - Resident Personal Equipment

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

No protective cover is present on resident #1's bed enabler, which has openings measuring approximately 7" wide and 10" to the top of the mattress, which pose a possible entrapment hazard. Also, the bed enabler was not secured to the bed and moved approximately 1" in each direction.

Plan of Correction

Directed

Problem was resolved immediately on 3/23/21 by placing a secure cover over the grab bar. Administrator ordered a new device per families approval and replaced old device on 4/8/21. Administrator will inspect all newly placed bed enablers prior to and after placement. And also inspect 1x monthly to ensure proper and safe working conditions.

Within 5 days of receipt of the plan of correction: All staff persons shall be educated on proper safeguards on the use of bed enablers, which includes ensuring a cover is present on enablers with openings, and ensuring all bed enablers are secure to the bed/frame in accordance with manufacturer's instructions. The training shall include a reporting system in the event an enabler is found without a cover or not properly secured to the bed so immediate repairs can be made. Documentation of the education shall be kept. LM 4/21/21

Completion Date: 04/20/2021

Document Submission

Implemented

See attached

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface

1. Requirements

2600.

102.d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

Description of Violation

There is no grab bar, hand rail or assist bar in the staff bathroom next to bedroom

Plan of Correction

Accept

This is an employee restroom. Administrator ordered a grab bar and had it installed on 4/8/21. Administrator will check all restrooms in the building once monthly to ensure all restrooms have safe and secure grab bars.

Completion Date: 04/20/2021

Document Submission

Implemented

See attached

103d - Storing Food Off Floor

1. Requirements

2600.

103.d. Food shall be stored off the floor.

Description of Violation

52 gallons of water were stored directly on the floor in the closet of the common restroom across from bedroom

Plan of Correction

Directed

Water was immediately moved to a shelf in the same closet. All staff was educated on 3/24/21 that all food/water must be stored off the floor. Administrator will check all food and water storage areas 1x monthly to ensure all food and water are off the floors.

DIRECTED: Within 5 days of receipt of the plan of correction: All staff persons shall be educated that food, including beverages, shall not be stored on the floor. Documentation of the education shall be kept. LM 4/21/21

Completion Date: 04/20/2021

Document Submission

Implemented

See attached

103i - Outdated Food

1. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

103i - Outdated Food (continued)

**Description of Violation**

At 9:29 am, there were 2 undated plastic bags containing 4 crab cakes and 7 empanadas in the left chest freezer in the kitchen.

**Plan of Correction**

**Accept**

Correction was done immediately and both packages were dated and labeled. Educated all kitchen staff on 3/24/21 that all food that doesn't have a label must be marked with contents and date. Kitchen staff will check all fridges and freezers with each food delivery to ensure all food that does not have a label and date is properly marked.

Completion Date: 04/20/2021

**Document Submission**

**Implemented**

Staff re-educated

109a - Pets

**1. Requirements**

2600.

109.a. The home rules shall specify whether the home permits pets on the premises.

**Description of Violation**

The home rules indicate the home does not allow the permanent placement of pets in the home; however resident #2's dog, [REDACTED] lives in the home.

**Plan of Correction**

**Directed**

The dog doesn't belong to the resident. She lived with the resident's [REDACTED] and was up for adoption. We agreed to take [REDACTED] No reason to change our contract because the house rule hasn't changed. The dog belongs to Country Acres

DIRECTED: (Per conversation with administrator on 4/21/21) By 6/1/21: The home shall implement updated home rules that indicate the home only allows pets in the home that are owned by the home and that residents are not permitted to have pets. All residents shall sign the updated home rules by 5/1/21. Copies of the updated home rules shall be placed in each resident record. The updated home rules shall be provided to all newly-admitted residents as part of the resident-home contract. LM 4/21/21

Completion Date: 04/20/2021

**Document Submission**

**Implemented**

See attached

141a 1-10 Medical Evaluation Information

**1. Requirements**

2600.

141a 1-10 Medical Evaluation Information (continued)

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
  2. Medical diagnosis including physical or mental disabilities of the resident, if any.
  3. Medical information pertinent to diagnosis and treatment in case of an emergency.
  4. Special health or dietary needs of the resident.
  5. Allergies.
  6. Immunization history.
  7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
  8. Body positioning and movement stimulation for residents, if appropriate.
  9. Health status.
  10. Mobility assessment, updated annually or at the Department’s request.

**Description of Violation**

Resident #3's most recent medical evaluation, dated [REDACTED] does not include the resident's height, weight, pulse rate, temperature or blood pressure. These sections of the form are blank.

**Plan of Correction**

**Directed**

The blank areas were completed on 3/23/21.

[REDACTED] and [REDACTED] will check completed med evaluations to ensure completion within 10 days of admission.

*DIRECTED: Within 5 days of receipt of the plan of correction: A designated staff person shall review all current resident records to ensure each resident has a medical evaluation completed in its entirety. LM 4/21/21*

*DIRECTED: Within 48 hours of receipt of the plan of correction: A designated staff person shall develop and mplement a new admission checklist to ensure timely completion of medical evaluations for all newly-admitted residents. Documentation of the checklist shall be kept. LM 4/21/21*

**Completion Date: 04/20/2021**

**Document Submission**

**Implemented**

See attached

141b1 - Annual Medical Evaluation

**1. Requirements**

2600.

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

141b1 - Annual Medical Evaluation (continued)

**Description of Violation**

Resident #4's most recent medical evaluation, dated 7/21/20, does not include the resident's weight, body positioning, health status or cognitive functioning. These sections of the form are blank.

Resident #5's most recent medical evaluation, dated 9/29/20, does not include the resident's height or body positioning. These sections of the form are blank.

**Plan of Correction**

**Directed**

Have received new updated med eval 4/1/21 and checked to ensure all areas are completed. Administrator has set up yearly calendar with renewal dates for all mandatory and annual or significant changes as to help as a reminder. [redacted] and [redacted] will double check all med evals within 10 days after completion to ensure completion. Copy attached.

*DIRECTED: Within 5 days of receipt of the plan of correction: A designated staff person shall review all current resident records to ensure each resident has a medical evaluation completed in its entirety. LM 4/21/21*

Completion Date: 04/20/2021

**Document Submission**

**Implemented**

See attached

224a - Preadmission Screen Form

**1. Requirements**

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

**Description of Violation**

Resident #1 was admitted to the home on [redacted]; however, the resident's preadmission screening form is undated, so it is unable to be determined if it was completed timely.

Resident #3 was admitted to the home on [redacted] however, a preadmission screening was not completed.

224a - Preadmission Screen Form (continued)

Plan of Correction

Directed

Resident pre screening was found in folder with support plan. It was done before he was admitted. I have attached a copy. Resident #1 was completed on 3/23/21. It was missed before admission. [REDACTED] will check all new admit packets within 10 days after completion to ensure all paperwork is completed and in admission packet.

DIRECTED: Within 5 days of receipt of the plan of correction: A designated staff person shall review all current resident records to ensure each resident has a preadmission screening completed in its entirety. LM 4/21/21

DIRECTED: Within 48 hours of receipt of the plan of correction: A designated staff person shall develop and implement a new admission checklist to ensure timely completion of preadmission screenings for all newly-admitted residents. Documentation of the checklist shall be kept. LM 4/21/21

Completion Date: 04/20/2021

Document Submission

Implemented

See attached

225a - Assessment 15 Days

1. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #1 was admitted to the home on [REDACTED]; however, the resident's initial assessment is undated.

Resident #3's most recent assessment, dated [REDACTED] does not include the diagnosis of hypothyroidism as indicated on the resident's most recent medical evaluation, dated [REDACTED]

Plan of Correction

Directed

Corrected and completed resident #1 and resident #3 on day of inspection 3/23/21 [REDACTED] and Administrator will check over all admission packets within 15 days of admission to ensure completion and dates required.

DIRECTED: Within 5 days of receipt of the plan of correction: A designated staff person shall review all current resident records to ensure each resident has an assessment completed in its entirety. LM 4/21/21

DIRECTED: Within 48 hours of receipt of the plan of correction: A designated staff person shall develop and implement a new admission checklist to ensure timely completion of resident assessments for all newly-admitted residents. Documentation of the checklist shall be kept. LM 4/21/21

Completion Date: 04/20/2021

225a - Assessment 15 Days (continued)

Document Submission

Implemented

See attached

225c - Additional Assessment

1. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.

Description of Violation

Resident #4's most recent assessment was completed on 2/13/20.

Plan of Correction

Directed

4/1/21 annual med evaluation was completed and received. DIRECTED: Within 48 hours of receipt of the plan of correction: A new assessment shall be completed for resident #4. LM 4/21/21

██████ and ██████ have done a yearly calendar for all residents annual med eval and contract and support plan dates to ensure a timely completion. These will be checked each month for upcoming dates.

DIRECTED: Within 5 days of receipt of the plan of correction: A designated staff person shall review all current resident records to ensure each resident has an assessment completed in its entirety at least annually. LM 4/21/21

Completion Date: 04/20/2021

Document Submission

Implemented

See attached

227a - Support Plan 30 Days

1. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident #1 was admitted to the home on ██████; however, the resident's initial support plan is undated.

Plan of Correction

Directed

Made correction on support plan 3/24/21. ██████ or ██████ will now check all admit packets within 10 days of completion to ensure they are complete. This new tracking system will allow for the the forms to be sent and received within the parameters.

DIRECTED: Within 5 days of receipt of the plan of correction: A designated staff person shall review all current resident records to ensure each resident has a support plan completed in its entirety. LM 4/21/21

DIRECTED: Within 48 hours of receipt of the plan of correction: A designated staff person shall develop and mplement a new admission checklist to ensure timely completion of resident support plans for all newly-admitted residents. Documentation of the checklist shall be kept. LM 4/21/21

Completion Date: 04/20/2021

227a - Support Plan 30 Days (continued)

Document Submission

Implemented

See attached

227d - Support Plan Medical/Dental

1. Requirements

2600.

227.d. Each home shall document in the resident’s support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident’s physician, physician’s assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The initial, undated assessment for resident #1 indicates the resident requires prompting/cueing for engaging in social and leisure activities; however, the description of the service need, plan to meet the service need, frequency and responsible party are blank. Also, the resident uses an assist bar to transfer in/out of bed; however, the support plan does not indicate use of an assist bar for transferring.

Plan of Correction

Directed

(██████) wrote service need in the incorrect box, placed an arrow, and noted on page. Corrected 4/7/21 attached copy. ██████ had made notation on 1/15/21 about OT and received grab bar, it was and is currently in support plan. See copy. ██████ or ██████ will check all completed initial admit paperwork within 15 days after complete to ensure completion.

DIRECTED: Within 5 days of receipt of the plan of correction: A designated staff person shall review all current resident support plans for completion and accuracy. LM 4/21/21

DIRECTED: Within 48 hours of receipt of the plan of correction: A designated staff person shall develop and implement a system to ensure resident support plans are immediately updated as resident care needs change. All staff persons responsible for the completion of support plans shall be educated on the new system. LM 4/21/21

Completion Date: 04/20/2021

Document Submission

Implemented

See attached

254b - Policy and Procedures

1. Requirements

2600.

254.b. Each home shall develop and implement policy and procedures addressing record accessibility, security, storage, authorized use and release and who is responsible for the records.

Description of Violation

The home does not have policies and procedures which address resident accessibility, security, storage, authorized use and release and who is responsible for the records.

254b - Policy and Procedures *(continued)***Plan of Correction****Directed**

*(Administrator) have implemented a new set of forms for our policy and procedures regarding record storage and accessibility, storage and authorized use and release. This was completed on 4/1/20 1 ( ) have attached copies of both forms and will be responsible for placement in the resident contract. They will both be placed in the new and annual resident contract packets, so they are more easily accessible.*

*Within 5 days of receipt of the plan of correction: All staff persons shall be educated on the new policies and procedures. Documentation of the education shall be kept. LM 4/21/21*

**Completion Date:** 04/20/2021

**Document Submission****Implemented**

*See attached*