

Department of Human Services
Bureau of Human Service Licensing

October 25, 2022

[REDACTED] CEO
COUNTRY MANOR PCH LP
[REDACTED]

RE: COUNTRY MANOR
111 ALTMAYER DRIVE
KITTANNING, PA, 16201
LICENSE/COC#: 44629

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/16/2021, 11/17/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

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 MANOR* License #: *44629* License Expiration: *03/21/2022*
Address: *111 ALTMAYER DRIVE, KITTANNING, PA 16201*
County: *ARMSTRONG* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *COUNTRY MANOR PCH LP*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *06/20/1996* Issued By: *L&I*
Type: *I-1* Date: *08/10/2005* Issued By:

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *36* Waking Staff: *27*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *11/17/2021*

Inspection Dates and Department Representative

11/16/2021 - On-Site: [REDACTED]
11/17/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *50* Residents Served: *31*

Secured Dementia Care Unit

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

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *8* Are 60 Years of Age or Older: *28*
Diagnosed with Mental Illness: *12* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *5* Have Physical Disability: *1*

Inspections / Reviews

11/16/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/27/2021*

Inspections / Reviews (*continued*)

01/04/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *01/06/2022*

01/21/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *01/28/2022*

10/25/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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

On 11/16/21 and 11/17/21, resident #3 had a bed rail on both sides of the bed with multiple uncovered openings measuring from 3 1/2"W by 16"H, 7"W by 3"H and 5"W by 21"h. This poses a potential entrapment hazard.

Plan of Correction

Accept

On 11/17/2021 Sheepskin Bed Rail Pad Covers were purchased from [redacted] Medical (See supporting document labeled CM#1). The covers arrived at Country Manor on 11/23/2021 and placed over the bed rails on resident #3 bed (CM#2 A, CM#2 B CM#2 C).

Staff meeting held on 12-8-21 reviews the bed rails/covers and staff responsibility.

Completion Date: 12/08/2021

Document Submission

Implemented

Staff was made aware of the bed rail covers and they keep them clean and free from any hazards to the resident or facility

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 11/16/21, there were approximately 30 cigarette butts on the ground around the ashtray of the designated outside smoke area at the rear of the home.

Plan of Correction

Accept

The designated smoking area was cleaned up, removing all cigarette butts from the ground. A daily checklist (CM#3 A) was posted by the exit for staff to check daily for butts and/or other debris (CM3 B). Staff is to remove any debris and report to administration if butts are being thrown on the ground in and around the area. (CM#4 A, CM#4 B, CM#4 C).

Staff meeting held on 12-8-21 reviews smoking area and staff responsibility to keep grounds sanitary.

Completion Date: 12/08/2021

Document Submission

Implemented

Staff maintains clean up of butts and disposes of them properly to keep grounds clean

89b - Hot Water Temperature

1. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 11/16/21, at 10:35 a.m., the hot water temperature at the bathroom sink in bedroom #15 measured 124.9 degrees Fahrenheit.

89b - Hot Water Temperature *(continued)***Plan of Correction****Accept**

The hot water tanks were turned down, and a water temperature checklist was created (CM#5) The water temperatures are to be checked weekly, on Mondays and any rise above 120 degrees Fahrenheit of the water temperatures are to be reported to administration immediately for adjustment to the hot water tanks. Staff meeting held on 12-8-21 reviews water temps and training on how to test, monitor and record water temps.

Completion Date: 12/08/2021

Document Submission**Implemented**

water temps are recorded daily

103f - Refrigerator/Freezer Temps

1. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 11/17/21, at 1:34 p.m., the temperature in the refrigerator in refrigerator/freezer #1 was 49 degrees Fahrenheit and at 2:39 p.m., it was 54 degrees Fahrenheit.

Plan of Correction**Accept**

The refrigerator thermostat was turned down to the coldest setting. A checklist was created for staff to check refrigerator temperatures three times a day, morning afternoon and night (CM#7). The checklist is hanging on the side of the refrigerator (CM#8). The temperatures have maintained at 40 degrees or under (CM#9), any rise above 40 degrees is to be reported to administration for correction.

Staff meeting held on 12-8-21 reviews the refrigerator temps and how to monitor and record temperatures.

Completion Date: 12/08/2021

Document Submission**Implemented**

refrigerator records are kept and checked daily by the cook as they arrive in the am

144c2 - Smoking Area Distance

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:

2. 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: Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

Description of Violation

The home's designated smoking area is outside of the emergency exit closest to the laundry room. However this area is in the direct pathway of the walkway from the home to the rear parking lot.

Plan of Correction**Accept**

The designated smoking area was moved behind the dumpsters, away from the direct pathway of the walkway of the home. (CM#10 & CM#11) Residents and staff were verbally notified of the change, as well as a sign hung on the

144c2 - Smoking Area Distance (continued)

exit door (CM#12A & CM#12B).

Staff meeting held on 12-8-21 reviewed the reason to move the smoking area out of the exit pathway. Reviewed that both staff and residents must abide by the smoking policy.

Completion Date: 12/08/2021

Document Submission

Implemented

residents and staff have a designated smoking area behind the dumpsters away from the direct path of the walkway of the home

184a - Labeling OTC/CAM

1. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

On 11/17/21, resident #3 was prescribed [redacted], 1 tablet daily. However, the pharmacy label indicated [redacted]

On 11/17/21, resident #4 was prescribed [redacted], apply twice daily as needed. However, the pharmacy label indicated apply twice daily.

On 11/17/21, resident #5 was prescribed [redacted], apply once daily and as needed. However, the pharmacy label indicated apply once daily.

On 11/17/21, resident #5 was prescribed [redacted]. However, the pharmacy label indicates [redacted]. There was no change of order indication on the prescriber's label.

On 11/17/21, resident #5 was prescribed [redacted], apply once daily as needed. However, the pharmacy label indicates apply once daily.

REPEAT 12/13/19

Plan of Correction

Accept

Resident #3

All medications, VA provided and otherwise are now sent to [redacted] Pharmacy for packaging into pill pouches and accurate labeling. The medications have been accurately packaged and labeled. (See photos

Resident #3 A) The [redacted] has been changed and Correct labeling for [redacted] has been placed on the MAR and pill packs.

Resident# 4

184a - Labeling OTC/CAM (continued)

The [redacted] twice daily was discontinued on 11/5/2021 and was changed to Apply topically twice daily as needed on 11/5/2021. Staff was educated on the importance of placing a "Directions Changed Refer To Chart" sticker on orders that change. A directions changed sticker was placed on the medication while the inspector was still on site. (See photos Resident #4).

The [redacted] is prescribed both standing order once daily and also as needed. The pharmacy was contacted for another tube to have separate tubes for each order, however his insurance will not cover 2 separate tubes of the same medication. A "Directions Changed Refer to Chart" sticker was placed on the tube along with "morning" and "PRN" stickers (See photo Resident #5 A).

All medications, VA provided are sent to [redacted] Pharmacy for packaging into pill pouches and accurate labeling. The medication was packaged into pill pouches and labeled correctly (See photo Resident #5 B). Resident has multiple boxes of the [redacted]. The box with the discontinued daily order has a "Directions Changed Refer to Chart" sticker placed on it while the inspector was still on site. The remaining boxes have the correct pharmacy label on them to match the order (See photo Resident #5 C).

Staff meeting held on 12-8-21 provided training information on medication technicians responsibility when medications are changed or discontinued.

Completion Date: 12/08/2021

Document Submission

Implemented

Staff has been educated as to watch for the expiration dates when they are pulling medications and also watch for changes on the Mar.

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #5 is prescribed [redacted], twice daily (8:00 a.m./8:00 p.m.). However, this medication was not administered to resident #5 on [redacted] at [redacted] because the medication was not available in the home.

Resident #6 is prescribed [redacted], 3 times a day before meals with coverage:

[redacted]

and call MD

On 11/11/21, at 4:00 p.m., resident #6's blood glucose reading was [redacted], requiring 2 units of insulin. However, resident #6 was administered 0 units.

Plan of Correction

Directed

Medication Technicians were educated to count all mail order / VA medications weekly to ensure monitoring that medications are always available. Staff was informed to notify administration when mail order / VA medications are down to a 2 week supply. The Contact person will be notified at that time, to be sure they know their responsibility in assisting in this process. In addition if the mail ordered medications are not in house when we are down to a 2 day

187d - Follow Prescriber's Orders (continued)

supply, the medications will be ordered through the house pharmacy at the resident/contact person cost.

Resident #5

This resident receives all medications from the VA pharmacy. Country Manor did order the [redacted] from [redacted] Pharmacy on 11/17/2021 and it was delivered on 11/18/2021. [redacted] was informed of the missed doses of medication, no further actions were required. Administration informed the family that if medication is not received when needed that the medications will be ordered from the house pharmacy at the resident's cost. (See photo of delivery sheet)

Resident #6

The staff member [redacted] had just completed [redacted] medication training and this was [redacted] first pass unsupervised. The trainer/PCH Administrator completed a medication review and remediation along with additional supervised medication administrations on 11/18/2021. (See attachments for remediation).

Completion Date:

11/18/2021

Completion Date: 01/10/2022

Document Submission

Implemented

All staff has had proper medication trainings

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 #3's assessment, dated [redacted] did not include the resident's use of bedrails and the home health service's name and contact information.

Plan of Correction

Directed

All current Assessments are being audited by Administration, to be finished by 1-21-2022 to allow for complete accuracy. Any Assessments needing updated will be done at that time to include items that may have been added after initial Assessment. A new form has been created by Executive Director to enable easier reporting from Staff when changes occur for any Resident. All Staff will be made aware of the form and how to use, by the Administrator.

A written order from [redacted] was received for the bed rails on 11/17/2021.

Resident #3 RASP was updated on 11/17/2021 to include the use/need for bed rails. Home health information was also included in the updated documented.

Completion Date:

11/17/2021

Completion Date: 01/21/2022

Document Submission

Implemented

All staff are reporting changes as they see and take care of the residents so the proper changes can be made to the

225a - Assessment 15 Days (continued)

rasp and personal files