

Department of Human Services
Bureau of Human Service Licensing

February 25, 2022

[REDACTED]
COUNTRYSIDE CONVALESCENT HOME LIMITED PARTNERSHIP
8221 LAMOR ROAD
MERCER, PA, 16137

RE: QUALITY LIFE SERVICES MERCER
8221 LAMOR ROAD
MERCER, PA, 16137
LICENSE/COC#: 45029

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 12/09/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,
Amy Duncan

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing

March 2, 2022

[REDACTED]
COUNTRYSIDE CONVALESCENT HOME LIMITED PARTNERSHIP
8221 LAMOR ROAD
MERCER, PA, 16137

RE: QUALITY LIFE SERVICES MERCER
8221 LAMOR ROAD
MERCER, PA, 16137
LICENSE/COC#: 45029

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/09/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Amy Duncan

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: *QUALITY LIFE SERVICES MERCER* License #: *45029* License Expiration: *07/07/2022*
Address: *8221 LAMOR ROAD, MERCER, PA 16137*
County: *MERCER* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *724-662-5860* Email: [REDACTED]

Legal Entity

Name: *COUNTRYSIDE CONVALESCENT HOME LIMITED PARTNERSHIP*
Address: *8221 LAMOR ROAD, MERCER, PA, 16137*
Phone: *7246625860* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *12/04/2003* Issued By: *Dept. L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *13* Waking Staff: *10*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *12/09/2021*

Inspection Dates and Department Representative

12/09/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *64* Residents Served: *11*

Special Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *2* Are 60 Years of Age or Older: *11*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *2* Have Physical Disability: *0*

Inspections / Reviews

12/09/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/13/2022*

Inspections / Reviews (*continued*)

01/14/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *01/24/2022*

02/25/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *03/11/2022*

03/02/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

25c12 Bed hold

1. Requirements

2800.

25.c. At a minimum, the contract must specify the following:

- 12. Charges to the resident for holding a bed during hospitalization or other extended absence from the residence.

Description of Violation

Resident #1's resident-residence contract, dated [REDACTED]/20, does not include the charges for holding a bed during hospitalization or other extended absence from the home.

Plan of Correction

Directed

Resident #1's contract dated [REDACTED]-20 was corrected at time of annual survey 12-9-2021 and the accurate charge for bed hold was added to this contract. This is the responsibility of the ALA/designee and will be completed by same going forward. An Audit was performed of all the AL contracts on 12-10-21 to ensure that this violation would not be repeated and no other resident contracts were found to be deficient.

Training step: The ALA/Designee will review the resident to residence contract and identify all areas that need to be completed, signed and dated by both resident and residence. The areas initialed by ALA (for training purposes) will be identified as areas of this contract that require completion. This will be done by 1-24-2022 and will be the responsibility of the ALA to ensure this is completed upon every new admission and every addendum to contract to ensure no further violations of the regulation occur.

(Directed) All staff persons involved with new admissions will be educated on completing contracts including the cost for a bed hold. Documentation of education will be submitted to the Department. **(AD 2/25/22)**

Document Submission

Implemented

Documents attached

101j7 Lighting/operable lamp

1. Requirements

2800.

101.j. Each resident shall have the following in the living unit:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #2 did not have a source of light that could be turned on/off at bedside. The lamp was not operable.

Plan of Correction

Accept

Resident #2's lamp was change to an operable lamp at time of annual survey 12-9-2021 by maintenance department. Maintenance and housekeeping departments will be educated on this regulation, full unit audits will be conducted by Maintenance Department weekly for 4 weeks beginning on 12-14-2021 then Housekeepers will audit monthly for 2 months thereafter to ensure compliance with this regulation and prevent this violation from being repeated.

Document Submission

Implemented

Documents attached

141b1 Annual medical evaluation

1. Requirements

- 2800.
- 141.b. A resident shall have a medical evaluation:
 1. At least annually.

Description of Violation

Resident #1's most recent medical evaluation, dated 8/26/21, does not include the resident's ability to self-administer medications, the medical professional's name, and the professional license number. These areas of the form are blank.

Plan of Correction

Accept

Resident # 1's Medical evaluation was corrected by the ALA with ability to self-administer medications, the medical professional's printed name and the professional license number at time of annual survey 12-9-2021. This is the ongoing responsibility of the ALA/designee and will be completed by same going forward. An audit was completed by ALA 12-10-2021 of all the medical evaluations of residents and no other medical evaluation was found to be deficient

Correction for Re-Submission Plan of correction: A new ADME was completed in full and signed by provider including signature, printed name and Professional License # on 1-20-2022 as a corrective action for re-submission of this Plan of Correction. This ADME will be placed along with the deficient ADME as an immediate corrective step to regulatory violation 2800.141(b)(1). This ADME dated 1-20-2022 will indicate that completion was a result of a violation of 2800.141(b)(1). Going forward, each ADME initial, annually, significant change and/or as requested by department will be reviewed and audited for completion and accuracy by the ALA prior to putting ADME in resident record to prevent re-occurrence of this violation.

Document Submission

Implemented

Documents attached

185a Storage procedures

1. Requirements

- 2800.
- 185.a. The residence 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 Violation

Resident #2's glucometer is not calibrated to the correct date and time.

Plan of Correction

Accept

Resident #2 glucometer was not correctly calibrated at time of annual survey 12-9-2021. This glucometer was re-calibrated correctly at time of inspection. All blood glucose meters will be checked and re-calibrated weekly as needed by the Assisted living Administrator/Nurse and be documented on the Audit Form. This will be done weekly beginning on 12-10-2021 and will be on-going to prevent recurrence of this violation.

Document Submission

Implemented

Documents attached