

Department of Human Services
Bureau of Human Service Licensing

April 29, 2022

[REDACTED], ADMINISTRATOR
[REDACTED]
[REDACTED]
[REDACTED]

RE: COUNTRY ACRES PERSONAL CARE
HOME
2017 MEADVILLE ROAD
TITUSVILLE, PA, 16354
LICENSE/COC#: 41177

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 01/04/2022 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,
[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 ACRES PERSONAL CARE HOME* License #: *41177* License Expiration: *04/20/2022*
Address: *2017 MEADVILLE ROAD, TITUSVILLE, PA 16354*
County: *VENANGO* Region: *WESTERN*

Administrator

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

Legal Entity

[REDACTED] T

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *04/14/2003* Issued By: *Dept L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *26* Waking Staff: *20*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *01/04/2022*

Inspection Dates and Department Representative

01/04/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *33* Residents Served: *23*

Secured Dementia Care Unit

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

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *5* Are 60 Years of Age or Older: *20*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *3* Have Physical Disability: *2*

Inspections / Reviews

01/04/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/11/2022*

02/15/2022 - POC Submission

Inspections / Reviews (*continued*)

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *02/23/2022*

04/29/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *05/13/2022*

26a - Quality Management Plan

1. Requirements

2600.

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

Description of Violation

There was no documentation that the home had conducted a quality management review within the last year.

Plan of Correction

Accept

The violation of no documentation that we conducted a quality management review was because I couldn't locate the binder during the inspection. I located the binder on 1-10-22 and had completed the Feb 2021 review but not the Sept 2021. I (██████████) have marked on my calender for Feb and Sept to complete the quality management review. I have completed the Sept 2021 review and am submitting it. I have marked these to be done on the 15th of both months. I (██████████) have read over the regulation 2600.26 for education on 2-23-22 and am the responsible person for scheduling and completing the review..I have also educated (██████████) and (██████████) on the regulation on 2-23-22 and we have marked our calendars for February and Sep each year to ensure completion.

Completion Date: 02/28/2022

132d - Evacuation

1. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home did not have a maximum safe evacuation time specified in writing within the past year by a fire safety expert. The home exceeded an evacuation time of 2 minutes 30 seconds during the fire drill conducted on 12/17/21.

Plan of Correction

Directed

The violation 2600.00.132d occurred because we conducted a fire drill on 12-17-21 to get staff and residents back in the groove of doing fire drills again before we had our fire safety expert one. not realizing that we would then be resetting our fire safe time. We held our fire safety expert drill on 12-22-21, so we are now back in regulation. We had not had an evacuation w fire safety expert in the last year because of covid and the regulation was placed on hold by DHS. As of 12-22-21 we are back in compliance of the regulation. I (██████████) have re-educated myself on the regulation 2600.132.d on 2-23-22. If we are ever in this situation again, I will not do a regular monthly drill if we have not completed our annual drill with the fire safety expert.

(Directed)

By 12/22/21, a fire safety inspection and drill was completed by a fire safety expert. The administrator or designated staff person will obtain a designated safe evacuation time specified in writing by a fire safety expert at least annually.

(AD 4/29/22)

Completion Date: 02/28/2022