Department of Human Services
Bureau of Human Service Licensing

May 8, 2022

[redacted], ADMINISTRATOR
[redacted]

RE: COUNTRY TERRACE
1919 SHUMWAY HILL ROAD
WELLSBORO, PA, 16901
LICENSE/COC#: 23501

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/09/2022, 02/10/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[redacted]
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 TERRACE* **License #:** *23501* **License Expiration:** *03/26/2023*

Address: *1919 SHUMWAY HILL ROAD, WELLSBORO, PA 16901*

County: *TIOGA* **Region:** *NORTHEAST*

Administrator

Name: [redacted] **Phone:** [redacted] **Email:** [redacted]

Legal Entity

[redacted]

[redacted] of Occupancy

Type: *C-2 LP* **Date:** *07/22/1999* **Issued By:** *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *21* **Waking Staff:** *16*

Inspection Information

Type: *Full* **Notice:** *Unannounced* **BHA Docket #:**

Reason: *Renewal* **Exit Conference Date:** *02/11/2022*

Inspection Dates and Department Representative

02/09/2022 - On-Site: [redacted]
02/10/2022 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *60* **Residents Served:** *21*

Secured Dementia 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:** *21*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability:** *0*

Have Mobility Need: *0* **Have Physical Disability:** *0*

Inspections / Reviews

02/09/2022 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *04/08/2022*

04/19/2022 - POC Submission

Reviewer: [redacted]*skalczyk* **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *04/26/2022*

05/08/2022 - Document Submission

Reviewer: [redacted] **Follow-Up Type**: *Not Required*

101j7 - Lighting/Operable Lamp

1. Requirements

2600.
101.j. Each resident shall have the following in the bedroom:
7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Residents who resides in room 122, 202, and 109, do not have an operable lamp or other source of lighting that can be turned on at bedside.

Plan of Correction ***Accept***

Residents nightstands were moved closer to the bed so the lamps could be accessed directly from bed on day of inspection. PCA will monitor for compliance when doing their daily CQI checks. This was reviewed with all staff on 3/17/2022. Will review at QA for compliance.

Completion Date: *02/10/2022*

Update: *04/19/2022*

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 04-19-2022 MM
Please attach proof (picture) of compliance. 4-19-22 MM

Document Submission ***Implemented***

Maintenance director moved nightstands/lamps closer to the beds on day of inspection. PCA will monitor for compliance when doing their daily CQI checks and notify maintenance director if they are not accessible from bed. Administrator will review at QA for compliance.

103i - Outdated Food

1. Requirements

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

Located on the can rack in the kitchen dry storage area was a #10 can of spagetti sauce that was dented. It was not in the return area per home policy.

Plan of Correction ***Accept***

The dented can was removed from the kitchen on site. Dented can policy was reviewed with all dietary staff. Weekly can audit was completed by dietary manager. Dietary manager and all dietary staff will check cans when putting away and remove any that are dented. Will review at QA for compliance.

Completion Date: *02/25/2022*

Update: *04/19/2022*

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 04-19-2022 MM

Document Submission ***Implemented***

The dietary manager removed the dented can onsite of inspection. Dietary staff will complete weekly can audit and this will be reviewed at QA for compliance.

144b - Policy on Smoking

1. Requirements

144b - Policy on Smoking *(continued)*

2600.
144.b. The home rules shall specify whether the home is designated as smoking or nonsmoking.

Description of Violation

Homes smoking policy states no smoking on grounds and outside area of facility. Any person wishing to smoke must do so off of premise. However, through interviews with staff and Department rep observation, staff smoke in their cars or at the gazebo.

Plan of Correction ***Accept***

Smoking policy was updated to include the designated smoking area which is the gazebo that is located on the nursing home grounds. The nursing home has their own smoking policy in effect for their employees. Reviewed with all staff. Administrator will monitor for compliance. Will review at QA for compliance.

Completion Date: *03/17/2022*

Update: *04/19/2022*

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 04-19-2022 MM

Document Submission ***Implemented***

Administrator reviewed the updated policy with all staff on 3/17/2022. Administrator will monitor for compliance and will review at QA.

182b - Prescription Medication

1. Requirements

2600.
182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person A completed the annual MedTech training on [redacted] The annual re-certification does not have a completion date and is not certified by the trainer with a signature or pass/fail status.

Plan of Correction ***Accept***

The staff med training recertification was completed [redacted]. Reviewed with the WC the importance of medication training reviews being done timely. WC and other medication administrator trainer will complete these timely. Will review who is due quarterly at QA.

Completion Date: *02/17/2022*

Update: *04/19/2022*

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 04-19-2022 MM

Document Submission ***Implemented***

The WC, medication administration trainer, completed the recertification on [redacted] with staff person A. The administrator will review with the WC at QA who is due for recerts in that quarter. Administrator will monitor for compliance.

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 was completed on 11/21/18.

Plan of Correction ***Accept***

Administrator & Designee will have Preadmission completed timely to admission date. If needed another Preadmission screening will be completed prior to admission if admission date is passed the 30 days of the screening. Administrator will monitor for compliance. Will review at QA.

Completion Date: *02/10/2022*

Update: *04/19/2022*

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 04-19-2022 MM

Document Submission ***Implemented***

Going forward the Administrator/designee will do a chart audit after a resident has moved in to monitor for compliance of all necessary paperwork. All new admission charts will be reviewed at QA to monitor for compliance.

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 assessment for resident #1, dated [redacted], indicates the resident is independent with transfers and requires prompting for ambulating. However, Resident #1 had a fall on [redacted], for which resident was sent to the hospital on at least 1 occasion for hitting head. On 12/16/21 a physician order was received for PT due to frequency of falls, abnormalities of gait and mobility. The support plan was not addended to include what the home was going to do to ensure residents safety.

Plan of Correction ***Accept***

RASP has been reviewed, updated and implemented to reflect physical therapy. Reviewed with the WC the necessity to update the RASP for each resident with any status changes. Administrator and WC will review and make changes on RASP as needed. Will review at QA.

Completion Date: *02/10/2022*

Update: *04/19/2022*

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 04-19-2022 MM

Document Submission ***Implemented***

Rasp was reviewed and updated by Administrator. Administrator reviewed with the WC the importance of updating

227d - Support Plan Medical/Dental (continued)

the Rasp with any necessary status changes. This will be reviewed at QA for compliance.

253a - Record 3 Years

1. Requirements

2600.
253.a. The resident's entire record shall be maintained for a minimum of 3 years following the resident's discharge from the home or until any audit or litigation is resolved.

Description of Violation

Resident #2 was discharged from the home on [redacted]. However, on 1[redacted] when the records were destroyed, the date of discharge was not documented on in the destroyed records log.

Plan of Correction ***Accept***

Going forward upon destroying records, Administrator will complete all required fields on the form. It will contain name, record #, birthday, admission and discharge date. Will review at QA.

Completion Date: *02/10/2022*

Update: *04/19/2022*

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 04-19-2022 MM

Document Submission ***Implemented***

Administrator/Designee will complete all required fields on the destroyed records log form when destroying records. After destroying records the form will be checked by the administrator to be sure all fields are completed. Will review at QA for compliance.