

Department of Human Services  
Bureau of Human Service Licensing

July 11, 2022

[REDACTED], OWNER  
[REDACTED]  
[REDACTED]  
[REDACTED]

RE: COUNTRYSIDE PERSONAL CARE  
HOME  
1841 STOYSTOWN ROAD  
FRIEDENS, PA, 15541  
LICENSE/COC#: 33527

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/19/2022 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: *COUNTRYSIDE PERSONAL CARE HOME* License #: *33527* License Expiration: *11/01/2022*  
Address: *1841 STOYSTOWN ROAD, FRIEDENS, PA 15541*  
County: *SOMERSET* Region: *CENTRAL*

**Administrator**

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

**Legal Entity**

Name: *RUSTIC PROPERTY HOLDINGS LLC*  
Address: *2698 CASSELMAN ROAD, ROCKWOOD, PA, 15557*  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *11/01/2021* Issued By: *Labor and Industry*

**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: *05/19/2022*

**Inspection Dates and Department Representative**

05/19/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *35* Residents Served: *19*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *7*

**Number of Residents Who:**

Receive Supplemental Security Income: *5* Are 60 Years of Age or Older: *19*  
Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *1*  
Have Mobility Need: *2* Have Physical Disability: *0*

**Inspections / Reviews**

**05/19/2022 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/12/2022*

**07/01/2022 - POC Submission**

Inspections / Reviews (*continued*)

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *07/22/2022*

07/11/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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 05/19/2022 at 2:20 PM, the temperature of the water in the sink of the shared bathroom of Resident 4 and Resident 7 was 122.4 degrees Fahrenheit. At 3:56 PM, the hot water temperature was 122.5 degrees.

Plan of Correction

Accept

Maintenance director adjusted thermostat on Hot Water Heater from 118 degrees to 115 degrees on May 20th, 2022 to ensure no elevated temperatures throughout water line, as this lone water heater supplies hot water throughout facility and this was the only sink with an elevated temperature.

Maintenance director will keep weekly log of water temperatures throughout facility. Checks will be conducted randomly in different areas. Any issues during will be discussed during monthly quality management meetings. Wednesday the 25th of May these Weekly checks will be conducted and logged.

If during these checks there are any abnormalities with the water temps. Administrator and Maintenance will adjust water temps again or seek assistance from an outside company (heating and plumbing) within the next 48 hours.

Completion Date: 05/20/2022

Document Submission

Implemented

Maintenance director adjusted thermostat on Hot Water Heater from 118 degrees to 115 degrees on May 20th, 2022 to ensure no elevated temperatures throughout water line, as this lone water heater supplies hot water throughout facility and this was the only sink with an elevated temperature.

Maintenance director will keep weekly log of water temperatures throughout facility. Checks will be conducted randomly in different areas. Any issues during will be discussed during monthly quality management meetings. Wednesday the 25th of May these Weekly checks will be conducted and logged.

If during these checks there are any abnormalities with the water temps. Administrator and Maintenance will adjust water temps again or seek assistance from an outside company (heating and plumbing) within the next 48 hours.

101j6 - Mirror

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

6. A mirror.

Description of Violation

On 5/19/2022, it was observed that the shared bedroom of Resident 5 and Resident 6 does not have a mirror.

Plan of Correction

Accept

Mirror placed in residents room on 5/19/22.

Moving forward (05/19/2022) upon admission of, room assessment will be conducted to ensure that each resident has required mirror.

**101j6 - Mirror (continued)**

*Administrator will conduct inspection in room to be occupied to ensure all necessary required mirrors are in place and document all items in place.*

**Completion Date:** 05/19/2022

**Document Submission****Implemented**

*Mirror placed in residents room on 5/19/22.*

*Moving forward (05/19/2022) upon admission of, room assessment will be conducted to ensure that each resident has required mirror.*

*Administrator will conduct inspection in room to be occupied to ensure all necessary required mirrors are in place and document all items in place.*

**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 5/19/2022 at 9:53 am, the home's kitchen Frigidaire refrigerator was 44 degrees Fahrenheit. At 3:50 pm, the temperature was 49 degrees Fahrenheit.*

**Plan of Correction****Accept**

*Upon further investigation after inspection on 5/19/22, Administrator determined that cook placed Hot Baked Potatoes fresh out of the oven in container for next day in refrigerator. It was determined that this is the reason the temperature was above 40 degrees. Refrigerator has maintained correct temperature since inspections. (Refrigerator is only 3 months old)*

*Moving forward-cook was instructed to only cool potatoes on counter to ensure proper temperature is maintained in refrigerator. Once potatoes are cold, they will then be placed in refrigerator.*

*Any refrigerator issues will be reviewed in the quality management meeting monthly.*

*Refrigerators and freezers are inspected and temps checked daily, maintenance will continue to document temps of the units and log (05/19/2022), any abnormalities will be addressed immediately and again reviewed during quality management meetings.*

**Completion Date:** 05/20/2022

**Document Submission****Implemented**

*Upon further investigation after inspection on 5/19/22, Administrator determined that cook placed Hot Baked Potatoes fresh out of the oven in container for next day in refrigerator. It was determined that this is the reason the temperature was above 40 degrees. Refrigerator has maintained correct temperature since inspections. (Refrigerator is only 3 months old)*

*Moving forward-cook was instructed to only cool potatoes on counter to ensure proper temperature is maintained in refrigerator. Once potatoes are cold, they will then be placed in refrigerator.*

*Any refrigerator issues will be reviewed in the quality management meeting monthly.*

*Refrigerators and freezers are inspected and temps checked daily, maintenance will continue to document temps of the units and log (05/19/2022), any abnormalities will be addressed immediately and again reviewed during*

**103f - Refrigerator/Freezer Temps (continued)**

quality management meetings.

**123b - Emergency Procedures Posted****1. Requirements**

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

**Description of Violation**

On 05/19/2022, the emergency preparedness plan for the home and municipality were not posted in a public and conspicuous place in the home.

**Plan of Correction****Accept**

Sign posted on 5/19/22 during inspection on bulletin board in common area to notate location of emergency plan by administrator.

While administrator is performing weekly walk through of facility starting 5/19/2022, administrator will ensure sign remains intact.

**Completion Date:** 05/19/2022

**Document Submission****Implemented**

Sign posted on 5/19/22 during inspection on bulletin board in common area to notate location of emergency plan by administrator.

While administrator is performing weekly walk through of facility starting 5/19/2022, administrator will ensure sign remains intact.

**131a - Fire Extinguisher****1. Requirements**

2600.

131.a. There shall be at least one operable fire extinguisher with a minimum 2-A rating for each floor, including the basement and attic.

**Description of Violation**

On 05/19/2022, The attic of the home does not currently have a fire extinguisher.

**Plan of Correction****Accept**

During inspection on 5/19/22, Maintenance contacted [REDACTED] Fire Extinguisher company and fire extinguisher was placed in attic area.

Moving forward this fire extinguisher will be checked monthly in addition to the rest of the fire extinguishers in the facility.

**Completion Date:** 05/19/2022

131a - Fire Extinguisher (continued)

Document Submission

Implemented

During inspection on 5/19/22, Maintenance contacted [REDACTED] Fire Extinguisher company and fire extinguisher was placed in attic area.

Moving forward this fire extinguisher will be checked monthly in addition to the rest of the fire extinguishers in the facility.

132a - Monthly Fire Drill

1. Requirements

- 2600.
- 132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

The home's last monthly fire drill was conducted on 3/10/21.

Plan of Correction

Accept

Administrator was unaware that Covid restriction on Fire Drills was lifted. Fire Drill was completed for May 23 2022 at 8:22 am, evacuation time was 2 min and 28 seconds. 19 residents safely evacuated to safe area. No issues or concerns with drill.

Maintenance director will hold monthly drills to ensure resident fire safety and documented on monthly fire drill record. Results will be reviewed in Quality Management meeting that are conducted monthly.

Administrator will also sign up for "ListServe" emails from DHS starting 07/01/2022 to ensure being up to date on all lifted regulations to ensure compliance.

Completion Date: 05/23/2022

Document Submission

Implemented

Administrator was unaware that Covid restriction on Fire Drills was lifted. Fire Drill was completed for May 23 2022 at 8:22 am, evacuation time was 2 min and 28 seconds. 19 residents safely evacuated to safe area. No issues or concerns with drill.

Maintenance director will hold monthly drills to ensure resident fire safety and documented on monthly fire drill record. Results will be reviewed in Quality Management meeting that are conducted monthly.

Administrator will also sign up for "ListServe" emails from DHS starting 07/01/2022 to ensure being up to date on all lifted regulations to ensure compliance.

132b - Safety Inspection/Fire Drill

1. Requirements

- 2600.
- 132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The home has not had a fire drill and fire safety inspection observed by a fire safety expert in the last year. Per the administrator, the last fire safety inspection and fire drill conducted by fire safety expert was in 2019 when the legal entity bought the home.

132b - Safety Inspection/Fire Drill (continued)

Plan of Correction

Accept

Annual Fire Safety Training is scheduled for Monday June 27th at 5:30 by [redacted] Fire Department . Annual Fire Safety Inspection and Annual Drill will be held by [redacted] Fire Department on Monday, June 27th at 5:30. All Staff is required to attend this in-service. The annual drill/inspection will be completed by June annually thereafter. Maintenance director placed the annual inspection on his calendar for June 2023, and is routine maintenance log. Results will be reviewed in the quality management meeting conducted monthly.

Completion Date: 06/27/2022

Document Submission

Implemented

Annual Fire Safety Training is scheduled for Monday June 27th at 5:30 by [redacted] Fire Department . Annual Fire Safety Inspection and Annual Drill will be held by [redacted] Fire Department on Monday, June 27th at 5:30. All Staff is required to attend this in-service. The annual drill/inspection will be completed by June annually thereafter. Maintenance director placed the annual inspection on his calendar for June 2023, and is routine maintenance log. Results will be reviewed in the quality management meeting conducted monthly.

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

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 1’s medical evaluation, dated [redacted], does not include the resident’s height, weight, and temperature. These sections of the evaluation are blank. Also, the medication addendum states, "see list at PCH Friends," however, there is no medication list attached to the resident’s medical evaluation.

Plan of Correction

Accept

During inspection on 5/19/22, the administrator contacted the provider who performed the medical evaluation. Administrator who is also RN, got verbal permission to complete and fill in missing information. Completed form was show to inspectors upon inspection. Administrator will audit all submitted DME's immediately upon submission for missing information, and return to residents PCP when needed prior to placing on residents chart to ensure completed information and compliance. This will be an on going audit of new DME's.

Completion Date: 05/19/2022

141a 1-10 Medical Evaluation Information (continued)

Document Submission

Implemented

During inspection on 5/19/22, the administrator contacted the provider who performed the medical evaluation. Administrator who is also RN, got verbal permission to complete and fill in missing information. Completed form was show to inspectors upon inspection. Administrator will audit all submitted DME's immediately upon submission for missing information, and return to residents PCP when needed prior to placing on residents chart to ensure completed information and compliance. This will be an on going audit of new DME's.

183e - Storing Medications

1. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident 1 is prescribed [redacted] -Take 1 tablet by mouth twice a day as needed; however, the resident's medication card had the number 12 tablet removed from the card and then placed back in the medication card and resealed with clear tape.

Plan of Correction

Accept

Upon inspection on 5/19/22 administrator/RN with inspector destroyed and documented taped in medication. Staff education conducted on medication on proper disposal of medication when punched from wrong card. Education was conducted with staff on 05/23/2022 and sign in sheet was documented of education. Administrator will review med cards with monthly med cart audit.

Completion Date: 05/24/2022

Document Submission

Implemented

Upon inspection on 5/19/22 administrator/RN with inspector destroyed and documented taped in medication. Staff education conducted on medication on proper disposal of medication when punched from wrong card. Education was conducted with staff on 05/23/2022 and sign in sheet was documented of education. Administrator will review med cards with monthly med cart audit.

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 preadmission screening was completed on 10/22/21.
- Resident 2 was admitted to the home on [redacted]; however, there is no preadmission screening.
- Resident 4 was admitted to the home on [redacted] however, no preadmission screening was completed for resident.

224a - Preadmission Screen Form (*continued*)**Plan of Correction****Accept**

*Due to Covid, administrator was unable to physically enter some facilities due to lock down and wishes of no entrance during outbreak. Therefore, prescreening could not be properly conducted without risk to my own facilities residents.*

*In the event of further Covid outbreak, Administrator will request documentation from residents physician and/or placing facility to ensure that proper care can be given by receiving facility. Prescreen will then be completed upon documentation provided.*

*Administrator will conduct monthly chart audits to ensure each resident has completed prescreen on chart.*

*Audits will begin 06/15/2022.*

**Completion Date:** 05/19/2022

**Document Submission****Implemented**

*Due to Covid, administrator was unable to physically enter some facilities due to lock down and wishes of no entrance during outbreak. Therefore, prescreening could not be properly conducted without risk to my own facilities residents.*

*In the event of further Covid outbreak, Administrator will request documentation from residents physician and/or placing facility to ensure that proper care can be given by receiving facility. Prescreen will then be completed upon documentation provided.*

*Administrator will conduct monthly chart audits to ensure each resident has completed prescreen on chart.*

*Audits will begin 06/15/2022.*