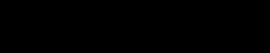
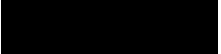


Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY - PUBLIC

April 11, 2023

  
COUNTRY MANOR PCH LP  
111 ALTMAYER DRIVE  
KITTANNING, PA, 16201

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

Dear ,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/17/2022, 06/21/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  


cc: Pennsylvania Bureau of Human Service Licensing

## Facility Information

Name: COUNTRY MANOR License #: 44629 License Expiration: 03/21/2023  
 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: 111 ALTMAYER DRIVE, KITTANNING, PA, 16201  
 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: Plum Borough

## Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 43 Waking Staff: 32

## Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Complaint Exit Conference Date: 06/21/2022

## Inspection Dates and Department Representative

06/17/2022 - On-Site: [REDACTED]  
 06/21/2022 - Off-Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

License Capacity: 50 Residents Served: 40

## Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

## Hospice

Current Residents: 1

## Number of Residents Who:

Receive Supplemental Security Income: 7 Are 60 Years of Age or Older: 37  
 Diagnosed with Mental Illness: 10 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 3 Have Physical Disability: 0

## Inspections / Reviews

## 06/17/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/16/2022

Inspections / Reviews (*continued*)

## 07/19/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/05/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 07/21/2022

## 08/31/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/05/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/12/2022

## 04/11/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/05/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

## 15a - Resident Abuse Report

### 1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

### Description of Violation

Resident #1 is a [REDACTED] receiving hospice care services and requiring assistance with all activities of daily living, including the need of 2-person assistance with all transfers.

On [REDACTED] after evening snack, resident #1 was found by another resident lying on the dining room floor beside resident #1's [REDACTED]. Resident #1 was directed to not move, as the other resident went to find staff. The only staff persons on duty were outside smoking. The resident informed staff persons A and B, that resident #1 was lying on the dining room floor. Staff followed the resident to the dining room, where resident #1 was sitting on the floor beside the [REDACTED] attempting to get up. The staff assessed resident #1 for injury and then lifted resident #1 into the [REDACTED] and placed into bed.

On [REDACTED], resident #1 complained of severe left arm and shoulder pain. The family, hospice and Administrator were notified of the fall and current arm and shoulder pain. Resident #1 was ordered mobile x-ray of the left shoulder, bed rest with little movement of the arm and shoulder, and Morphine Sulf, 100mg/5ml, 0.5-1ml, under the tongue every 2 hours as needed for moderate to severe pain or shortness of breath. Resident #1 received Morphine seven times for pain during the period of [REDACTED] and Tramadol, HCL, 50mg, 1 tab every 6 hours as needed for pain, twice during the period of [REDACTED].

On [REDACTED] staff persons A and B were reprimanded with a written warning for leaving the home without staff and not notifying the Administrator and hospice of a resident fall.

On [REDACTED], Area Agency on Aging spoke with staff person C, the home's Administrator on an allegation of abuse. However, this allegation was not reported.

### POC Submission

**Accept**

Administrator will utilize Appendix B from the Department of Human services Requirements and Best Practices for Reportable Incidents. Staff have been educated on reporting to the administrator of suspected neglect or abuse. Please see attached.

Licensee's Proposed Overall Completion Date: 07/15/2022

**Implemented (BG - 04/10/2023)**

## 15b - Supervisor Plan

### 2. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

## 15b - Supervisor Plan (continued)

**Description of Violation**

Resident #1 is a [REDACTED] receiving hospice care services and requiring assistance with all activities of daily living, including the need of 2-person assistance with all transfers.

On [REDACTED], after evening snack, resident #1 was found by another resident lying on the dining room floor beside resident #1's [REDACTED] r. Resident #1 was directed to not move, as the other resident went to find staff. The only staff persons on duty were outside smoking. The resident informed staff persons A and B, that resident #1 was lying on the dining room floor. Staff followed the resident to the dining room, where resident #1 was sitting on the floor beside the [REDACTED] attempting to get up. The staff assessed resident #1 for injury and then lifted resident #1 into the [REDACTED] and placed into bed.

On [REDACTED] resident #1 complained of severe left arm and shoulder pain. The family, hospice and Administrator were notified of the fall and current arm and shoulder pain. Resident #1 was ordered mobile x-ray of the left shoulder, bed rest with little movement of the arm and shoulder, and Morphine Sulf, 100mg/5ml, 0.5-1ml, under the tongue every 2 hours as needed for moderate to severe pain or shortness of breath. Resident #1 received Morphine seven times for pain during the period of [REDACTED] and Tramadol, HCL, 50mg, 1 tab every 6 hours as needed for pain, twice during the period of [REDACTED]

On [REDACTED] staff persons A and B were reprimanded with a written warning for leaving the home without staff and not notifying the Administrator and Hospice of a resident fall.

On [REDACTED], Area Agency on Aging spoke with staff person C, the home's Administrator on an allegation of abuse. However, staff persons A and B continued to work unsupervised in the home until [REDACTED]

**POC Submission****Directed (JW - 08/23/2022)**

On [REDACTED] both employees were supervised by office staff until the end of their shift and administrator finished investigation. Administrator was able to complete the investigation on [REDACTED]. Administrator or designee will follow regulations of 2600.15 pending outcome of investigation

**DIRECTED PLAN:**

By 9/10/22: All staff persons responsible for suspending or supervising staff persons pending the outcome of an abuse investigation will be educated on the Older Adult Protective Services Act, including the provisions for staff person suspension or supervision. Documentation of the education shall be kept. JW 8/31/22

**Directed Completion Date: 07/21/2022**

**Implemented (BG - 04/10/2023)**

## 16c - Written Incident Report

**3. Requirements**

2600.

16c - Written Incident Report (*continued*)

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

**Description of Violation**

Resident #1 is [REDACTED] receiving hospice care services and requiring assistance with all activities of daily living, including the need of 2-person assistance with all transfers.

On [REDACTED], after evening snack, resident #1 was found by another resident lying on the dining room floor beside resident #1's [REDACTED]. Resident #1 was directed to not move, as the other resident went to find staff. The only staff persons on duty were outside smoking. The resident informed staff persons A and B, that resident #1 was lying on the dining room floor. Staff followed the resident to the dining room, where resident #1 was sitting on the floor beside the [REDACTED] attempting to get up. The staff assessed resident #1 for injury and then lifted resident #1 into the [REDACTED] and placed into bed.

On [REDACTED], resident #1 complained of severe left arm and shoulder pain. The family, hospice and Administrator were notified of the fall and current arm and shoulder pain. Resident #1 was ordered mobile x-ray of the left shoulder, bed rest with little movement of the arm and shoulder, and Morphine Sulf, 100mg/5ml, 0.5-1ml, under the tongue every 2 hours as needed for moderate to severe pain or shortness of breath. Resident #1 received Morphine seven times for pain during the period of [REDACTED] and Tramadol, HCL, 50mg, 1 tab every 6 hours as needed for pain, twice during the period of [REDACTED].

On [REDACTED] staff persons A and B were reprimanded with a written warning for leaving the home without staff and not notifying the Administrator and Hospice of a resident fall.

On [REDACTED], Area Agency on Aging spoke with staff person C, the home's Administrator on an allegation of abuse. However, this allegation was not reported to the Department.

REPEAT VIOLATION ON 5/5/22

**POC Submission**

*Directed (JW - 08/23/2022)*

Employees have been provided with the hotline number to report abuse and or neglect. Education will be provided by the Area Agency on Aging for abuse and neglect pending a date from that agency due to scheduled vacations. All staff have received papers from the regulatory guide stating what is reportable and the steps to follow including phone numbers. Administrator or designee will routinely check to ensure this list of reportable stays posted.

**DIRECTED PLAN:**

At least weekly: A designated staff person will check the home's documentation to ensure all reportable incidents are reported to the Department within 24 hours. JW 8/31/22

Documentation of staff education shall be kept. JW 8/31/22

**Directed Completion Date: 07/21/2022**

16c - Written Incident Report *(continued)**Implemented (BG - 04/11/2023)*

## 42b - Abuse

**4. Requirements**

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

**Description of Violation**

Resident #1 is [REDACTED] receiving hospice care services and requiring assistance with all activities of daily living, including the need of 2-person assistance with all transfers.

On [REDACTED], after evening snack, resident #1 was found by another resident lying on the dining room floor beside resident #1's [REDACTED]. Resident #1 was directed to not move, as the other resident went to find staff. The only staff persons on duty were outside smoking. The resident informed staff persons A and B, that resident #1 was lying on the dining room floor. Staff followed the resident to the dining room, where resident #1 was sitting on the floor beside the [REDACTED] attempting to get up. The staff assessed resident #1 for injury and then lifted resident #1 into the [REDACTED] and placed into bed.

On [REDACTED], resident #1 complained of severe left arm and shoulder pain. The family, hospice and Administrator were notified of the fall and current arm and shoulder pain. Resident #1 was ordered mobile x-ray of the left shoulder, bed rest with little movement of the arm and shoulder, and Morphine Sulf, 100mg/5ml, 0.5-1ml, under the tongue every 2 hours as needed for moderate to severe pain or shortness of breath. Resident #1 received Morphine seven times for pain during the period of [REDACTED] and Tramadol, HCL, 50mg, 1 tab every 6 hours as needed for pain, twice during the period of [REDACTED].

On [REDACTED], staff persons A and B were reprimanded with a written warning for leaving the home without staff and not notifying the Administrator and Hospice of a resident fall.

**POC Submission***Directed (JW - 08/24/2022)*

Signs have been posted on doors to remind staff only one person is out of the building at a time. Walkie talkies have been purchased and are being utilized on the floor for communication between staff members. Agency on Aging will be giving a mandatory abuse training to all staff, they have not been able to provide a date yet for this training.

**DIRECTED PLAN:**

At least weekly: A designated staff person will conduct an unannounced check on the home to check staffing levels and ensure that at all times one or more residents are present in the home a direct care staff person who is 21 years of age or older and who serves as the designee is present in the home. JW 8/31/22

**42b - Abuse (continued)**

By 9/10/22: All staff persons will be educated on the prevention and reporting of resident abuse and neglect from a Department-approved outside source. Documentation of the education shall be kept. JW 8/31/22

**Directed Completion Date: 07/21/2022**

**Implemented (BG - 04/10/2023)**

**54a - Direct Care Staff****5. Requirements**

2600.

54.a. Direct care staff persons shall have the following qualifications:

2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

**Description of Violation**

Direct care staff person A, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

**POC Submission**

**Directed (JW - 08/24/2022)**

Staff person A was removed from the schedule, and did not return until [REDACTED] was enrolled in GED classes. Staff person A is attending classes at Career Link Kittanning through Eryn IU. Staff person should have these classes complete in 6 months or less.

**DIRECTED PLAN:**

Immediately: The administrator will review the schedule to ensure that staff person A does not perform any direct care services with residents until successful completion of a high school diploma, GED diploma or active registry status on the Pennsylvania Nurse Aide Registry. JW 8/31/22

By 9/10/22: A designated staff person shall review staffing records to ensure all staff persons performing personal care services with residents have documentation of the successful completion of a high school diploma, GED diploma or active registry status on the Pennsylvania Nurse Aide Registry. JW 8/31/22

**Directed Completion Date: 07/21/2022**

**Implemented (BG - 04/10/2023)**

**57a - Designee Present/Age****6. Requirements**

2600.

57.a. At all times one or more residents are present in the home a direct care staff person who is 21 years of age or older and who serves as the designee, shall be present in the home. The direct care staff person may be the administrator if the administrator provides direct care services.

**Description of Violation**

On [REDACTED] after evening snack, at least 40 residents were present in the home. During this time, resident #1 was found by another resident lying on the dining room floor beside resident #1's [REDACTED]. Resident #1 was directed to not move, as the other resident went to find staff. The only staff persons on duty were outside smoking.

**POC Submission**

**Directed (JW - 08/24/2022)**

Both staff members were reprimanded, and investigation was done and completed. Signs have been posted on all doors to remind staff that only one person can be on break at a time. Staff have been educated on one person

57a - Designee Present/Age (continued)

being in the building at all times. Administrator or designee will ensure that one person of 21 years of age will be in the building at all times when doing the schedule.

DIRECTED PLAN:

At least weekly: A designated staff person will conduct an unannounced check on the home to check staffing levels and ensure that at all times one or more residents are present in the home a direct care staff person who is 21 years of age or older and who serves as the designee is present in the home. JW 8/31/22

Directed Completion Date: 07/21/2022

Implemented (BG - 04/10/2023)

60a - Staff/Support Plan

7. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

The home has 40 residents, with 2 residents with mobility needs, including resident #1 requiring 2-person assistance for safety and resident #3 needing cognitive assistance for safety. The home has only outside fire safe areas established by a fire safety expert. During an emergency evacuation, resident #3 would be unsupervised when the only 2 staff persons on duty would be assisting resident #1.

POC Submission

Accept (JW - 08/24/2022)

Schedule's have been adjusted to allow an overlap on hours. There will be 3 staff in the building for no more than an hour a day to reflect the half hour shortage of time. There is a fire safe area in the building also please see attached. Administrator or designee will ensure there is an overlap on the schedule of 30 minutes to allow for breaks and ensure that enough staff is present in the building.

Licensee's Proposed Overall Completion Date: 07/21/2022

Implemented (BG - 04/10/2023)

65d - Initial Direct Care Training

8. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person A, hired on [REDACTED], provides unsupervised ADL service. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test,

65d - Initial Direct Care Training (continued)

POC Submission

Directed (JW - 08/24/2022)

Staff person A did complete the competency test on [redacted] and is in [redacted] file please see attached. Administrator or designee shall routinely check employee files and do monthly audits.

DIRECTED PLAN:

By 9/10/22: A designated staff person shall check staff records to ensure all staff persons providing direct care with residents have completed the Department-approved direct care training course and passed the competency test. JW 8/31/22

Directed Completion Date: 07/21/2022

Implemented (BG - 04/10/2023)

141a - Medical Evaluation

9. 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.

Description of Violation

Resident #3 was admitted into the home on [redacted] Resident #1's medical evaluation, dated [redacted] was not complete within 60 days prior to admission or within 30 days after admission of the resident.

POC Submission

Accept (JW - 08/24/2022)

DME was completed on [redacted]. Administrator or designee shall perform audits monthly to ensure compliance and up to date DME are in the record.

Licensee's Proposed Overall Completion Date: 07/21/2022

Implemented (BG - 04/11/2023)

190b - Insulin Injections

10. Requirements

2600.

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

On 6/17/22, at 8:00 am., staff person A, who has not successfully completed the Department-approved diabetes patient education program within the past 12 months, administered insulin to resident #4.

POC Submission

Accept (JW - 08/24/2022)

Only staff with insulin training has been administering insulin. Insulin training has been scheduled for July 21, 2022 by Medi Home health. All staff that has not been trained will be at that time. Monthly audits shall be performed by administrator or designee that staff training is in compliance.

Licensee's Proposed Overall Completion Date: 07/21/2022

Implemented (BG - 04/11/2023)

224a - Preadmission Screen Form

11. 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 #3 was admitted to the home on [REDACTED]. The resident's preadmission screening form was not dated when completed; therefore we are unable to determined if it was completed within 30 days prior to admission.

POC Submission

Directed (JW - 08/24/2022)

Administrator or designee will complete pre-assessment screenings prior to admissions to ensure compliance of regulations.

DIRECTED PLAN:

By 9/10/22: All staff persons shall be educated in the home's procedure for conducting timely pre-admission screenings, including the requirement that preadmission screening shall be completed within 30 days prior to the date of admission. JW 8/31/22

By 9/10/22: A designated staff person shall review resident records to ensure residents admitted within the past 12 months have a pre-admission screen, completed in its entirety, in their record within 30 days prior to admission. JW 8/31/22

Directed Completion Date: 07/21/2022

Implemented (BG - 04/10/2023)

225c - Additional Assessment

12. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.

Description of Violation

Resident #1's assessment, dated [REDACTED] does not include the services provided by hospice and the use of a chair/bed alarm used for safety.

POC Submission

Directed (JW - 08/24/2022)

Monthly audits will be performed by administrator or designee on current assessment's and updated yearly and also on an as needed basis for changes. Staff shall report any changes in a resident to the administrator or designee so that these corrections can be made.

DIRECTED PLAN:

By 9/10/22: A designated staff person shall review and update resident #1's assessment, if still residing in the home, including all services and safety devices the resident requires. JW 8/31/22

Directed Completion Date: 07/21/2022

Implemented (BG - 04/11/2023)

**252 - Record Content****13. Requirements**

2600.

252. Content of Resident Records - Each resident's record must include the following information:

**Description of Violation**

*Resident #1's record does not include documentation of health care services and orders for the services of visiting nurse or home health agencies.*

**POC Submission****Accept**

*All Hospice patients currently have charts in the facility for documentation of services.*

**Licensee's Proposed Overall Completion Date: 07/15/2022**

***Implemented (BG - 04/10/2023)***