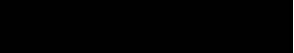


Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY - PUBLIC

March 28, 2023

  
COUNTRYSIDE CONVALESCENT HOME LIMITED PARTNERSHIP  
8221 LAMOR ROAD  
ATTN CLAUDIA MCINTYRE  
MERCER, PA, 16137

RE: QUALITY LIFE SERVICES MERCER  
8221 LAMOR ROAD  
MERCER, PA, 16137  
LICENSE/COC#: 46050

Dear 

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/03/2022 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:** *QUALITY LIFE SERVICES MERCER*      **Licen e #:** *46050*      **Licen e Expiration:** *06/14/2023*

**Address:** *8221 LAMOR ROAD, MERCER, PA 16137*

**County:** *MERCER*      **Region:** *WESTERN*

**Administrator**

**Name:** [REDACTED]      **Phone:** [REDACTED]      **Email:** [REDACTED]  
*aburchete@qualitylifeservices.com*

**Legal Entity**

**Name:** *COUNTRYSIDE CONVALESCENT HOME LIMITED PARTNERSHIP*

**Address:** *8221 LAMOR ROAD, ATTN CLAUDIA MCINTYRE, MERCER, PA, 16137*

**Phone:** [REDACTED]      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

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

**Staffing Hours**

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

**Inspection Information**

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

**Reason:** *Incident*      **Exit Conference Date:** *08/03/2022*

**Inspection Dates and Department Representative**

*08/03/2022 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**Licen e Capacity:** *36*      **Re ident Served:** *13*

**Secured Dementia Care Unit**

**In Home:** *Yes*      **Area:** *Memory Care*      **Capacity:** *36*      **Re ident Served:** *13*

**Hospice**

**Current Re ident :** *0*

**Number of Residents Who:**

**Receive Supplemental Security Income:** *0*      **Are 60 Years of Age or Older:** *13*

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

**Have Mobility Need:** *13*      **Have Physical Disability:** *0*

**Inspections / Reviews**

*08/03/2022 Partial*

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** *POC Submission*      **Follow-Up Date:** *09/03/2022*

Inspections / Reviews *(continued)*

09/20/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 12/13/2022  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/22/2022

12/08/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 12/13/2022  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 12/15/2022

03/28/2023 - Document Submission

Submitted By: [REDACTED] Date Submitted: 12/13/2022  
 Reviewer: [REDACTED] Follow-Up Type: Not Required

225c - Additional Assessment

1. Requirements

2600.

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

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident #1's assessment, dated [REDACTED]/22, has not been updated to include behaviors of inappropriate sexual advances towards female residents. According to staff and resident interviews, as well as internal notes, as of [REDACTED] 2022, resident #1 has been asking female residents, to include resident #2, to come to his/her bedroom, to have sex with him/her, and s/he has been going into resident #2's bedroom without consent.

POC Submission

Accept [REDACTED] - 12/08/2022)

2600.

225.c.

The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident #1's assessment, dated [REDACTED]/22, has not been updated to include behaviors of inappropriate sexual advances towards female residents. According to staff and resident interviews, as well as internal notes, as of May 2022, resident #1 has been asking female residents, to include resident #2, to come to his/her bedroom, to have sex with him/her, and s/he has been going into resident #2's bedroom without consent.

Plan of Correction: Step 1- Assessment on Resident 1's behaviors will be updated by the administrator or designee by 10-1-22. Resident has been moved from PC to AL [REDACTED] [REDACTED]. [REDACTED] is immobile.

Step 2: Education will be provided to staff by the administrator or designee to report needs and behaviors to assure that they are included in the resident assessments. Education will be completed by [REDACTED]/22.

Step 3: All resident assessments will be audited by administrator or designee to assure that any behaviors and needs are addressed. Audit will be completed by 10/1/22.

Step 4: Results of Audit will be submitted to quality management for review by administrator or designee on 10-17-22

Licensee's Plan Completion Date: 10/17/2022

Implemented [REDACTED] - 03/28/2023)

231c - Preadmission Screening

2. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

231c - Preadmission Screening (continued)

**Description of Violation**

Resident #2 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED] 22. However, the resident's written cognitive preadmission screening was completed on [REDACTED] 22.

**POC Submission**

Accept [REDACTED] - 12/08/2022)

2600.

231.c.

A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Plan of correction: Step 1: An audit for prescreens will be completed by administrator or designee . Audit will be completed by 10/17/22.

Step 2: Education will be provided by administrator or designee to staff to assure that prescreens are done within the 72 hours of an admission. Audit will be completed by administrator or designee to assure compliance by 10/17/2022.

Step 3: Results of Audit will be submitted to quality management for review by administrator or designee on 10-17-22 .

**Description of Violation**

Resident #2 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED] /22. However, the resident's written cognitive preadmission screening was completed on [REDACTED] /22.

Licensee's Plan Completion Date: 10/17/2022

Implemented ([REDACTED] - 03/28/2023)

234a Admission Support Plan

**3. Requirements**

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident s admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

**Description of Violation**

Resident #2 was admitted to the SDCU on [REDACTED] /22. However, the resident's initial support plan was completed on [REDACTED] /22.

**POC Submission**

Accept [REDACTED] 12/08/2022)

2600.234.a.

**Description of Violation**

Resident #2 was admitted to the SDCU on [REDACTED] 22. However, the resident's initial support plan was completed on [REDACTED] /22.

Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Plan of correction: Step 1: An audit for support plans will be completed by administrator or designee . Audit will be completed by 10/17/22.

Step 2: Education will be provided to staff by administrator or designee to assure that support plans are done within the 72 hours of an admission. Audit will be completed by 10/17/2022.

Step 3: Results of Audit will be submitted to quality management for review by administrator or designee on 10-17-22

234a - Admission Support Plan (continued)

Licensee's Plan Completion Date: 10/17/2022

Implemented ( [REDACTED] 03/28/2023)