

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

April 6, 2023

[REDACTED], EXECUTIVE DIRECTOR  
COUNTRYSIDE CONVALESCENT HOME LIMITED PARTNERSHIP  
8221 LAMOR ROAD  
ATTN [REDACTED]  
MERCER, PA, 16137

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/25/2023 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,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information		
<b>Name:</b> <i>QUALITY LIFE SERVICES - MERCER</i>	<b>License #:</b> <i>46050</i>	<b>License Expiration:</b> <i>06/14/2023</i>
<b>Address:</b> <i>8221 LAMOR ROAD, MERCER, PA 16137</i>		
<b>County:</b> <i>MERCER</i>	<b>Region:</b> <i>WESTERN</i>	

Administrator		
<b>Name:</b> [REDACTED]	<b>Phone:</b> [REDACTED]	<b>Email:</b> [REDACTED]

Legal Entity		
<b>Name:</b> <i>COUNTRYSIDE CONVALESCENT HOME LIMITED PARTNERSHIP</i>		
<b>Address:</b> <i>8221 LAMOR ROAD, ATTN [REDACTED], MERCER, PA, 16137</i>		
<b>Phone:</b> [REDACTED]	<b>Email:</b> [REDACTED]	

Certificate(s) of Occupancy		
<b>Type:</b> <i>C-2 LP</i>	<b>Date:</b> <i>12/04/2003</i>	<b>Issued By:</b> <i>Dept L &amp; I</i>

Staffing Hours		
<b>Resident Support Staff:</b>	<b>Total Daily Staff:</b> <i>20</i>	<b>Waking Staff:</b> <i>15</i>

Inspection Information		
<b>Type:</b> <i>Partial</i>	<b>Notice:</b> <i>Unannounced</i>	<b>BHA Docket #:</b>
<b>Reason:</b> <i>Incident</i>	<b>Exit Conference Date:</b> <i>01/25/2023</i>	

Inspection Dates and Department Representative	
<i>01/25/2023 - On-Site: [REDACTED]</i>	

Resident Demographic Data as of Inspection Dates			
General Information			
<b>License Capacity:</b> <i>36</i>		<b>Residents Served:</b> <i>10</i>	
Secured Dementia Care Unit			
<b>In Home:</b> <i>Yes</i>	<b>Area:</b> <i>Memory Lane</i>	<b>Capacity:</b> <i>36</i>	<b>Residents Served:</b> <i>10</i>
Hospice			
<b>Current Residents:</b> <i>1</i>			
Number of Residents Who:			
<b>Receive Supplemental Security Income:</b> <i>0</i>		<b>Are 60 Years of Age or Older:</b> <i>10</i>	
<b>Diagnosed with Mental Illness:</b> <i>0</i>		<b>Diagnosed with Intellectual Disability:</b> <i>0</i>	
<b>Have Mobility Need:</b> <i>10</i>		<b>Have Physical Disability:</b> <i>0</i>	

Inspections / Reviews		
01/25/2023 Partial		
<b>Lead Inspector:</b> [REDACTED]	<b>Follow-Up Type:</b> <i>POC Submission</i>	<b>Follow-Up Date:</b> <i>02/16/2023</i>
03/02/2023 - POC Submission		
<b>Submitted By:</b> [REDACTED]	<b>Date Submitted:</b> <i>03/30/2023</i>	
<b>Reviewer:</b> [REDACTED]	<b>Follow-Up Type:</b> <i>POC Submission</i>	<b>Follow-Up Date:</b> <i>03/09/2023</i>

Inspections / Reviews *(continued)*

03/23/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/30/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/30/2023

04/06/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/30/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

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 initial medical evaluation, signed by the medical professional on [REDACTED], does not indicate the date the resident was evaluated, the date the form was completed, height, wight, pulse rate, blood pressure, and temperature. These sections of the form are blank.

Plan of Correction

Accept [REDACTED] - 03/09/2023)

All medical charts are being audited by the PCHA and/or Director of Wellness for DME completeness starting 3/6/2023. Medical charts will be audited on going monthly for 6 month for completeness and then annually by the PCHA and/or Director of Wellness. PCHA and/or the Director of Wellness will ensure all DME's are completed entirely within 60 days of admission or within 30 days after admission. Education will be completed for AL staff on what needs to be included on a Medical Evaluation by 3/10/2023. Chart by the PCHA. Audits will be reviewed at the Quality Management Meeting.

Licensee's Proposed Overall Completion Date: 03/31/2023

Implemented [REDACTED] /06/2023)