

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

May 18, 2023

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

RE: QUALITY LIFE SERVICES MERCER
8221 LAMOR ROAD
MERCER, PA, 16137
LICENSE/COC#: 45029

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/07/2023 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

Name: *QUALITY LIFE SERVICES MERCER* License #: *45029* License Expiration: *07/07/2023*
 Address: *8221 LAMOR ROAD, MERCER, PA 16137*
 County: *MERCER* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *COUNTRYSIDE CONVALESCENT HOME LIMITED PARTNERSHIP*
 Address: *8221 LAMOR ROAD, 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: *39* Waking Staff: *29*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *03/07/2023*

Inspection Dates and Department Representative

02/07/2023 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *64* Residents Served: *28*

Special Care Unit
 In Home: *Yes* Area: *na* Capacity: *36* Residents Served: *11*

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *11*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *11* Have Physical Disability: *0*

Inspections / Reviews

02/07/2023 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/19/2023*

03/23/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *05/09/2023*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/30/2023*

Inspections / Reviews *(continued)*

03/24/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/09/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 05/11/2023

05/18/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/09/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

16c Incident reporting

1. Requirements

2800.

16.c. The residence shall report the incident or condition to the Department's assisted living residence office or the assisted living residence complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2800.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted]/23, and [redacted]/23, an incident of suspected abuse was perpetrated by staff member A, against resident #1. However, the incident was not reported to the department until [redacted]/23, at [redacted] p.m.

Plan of Correction

Accept ([redacted] - 03/24/2023)

1. 2800.16.c. Employee was terminated. R1 was assessed for any ill effects of alleged abuse. None noted. PCHA or Wellness Director will report all incidents or conditions to DHS within 24 hours of learning of the incident. PCHA or Wellness Director will review and investigate all allegations within 72 hours. 2 Staff members will be interviewed by PCHA or Wellness Director weekly for 1 month to ensure they have not seen or heard of any incidents that did not get reported. All incidents will be reviewed at Quality Management monthly meeting beginning 4-17-2023. Staff will be educated by PCHA or Director of Wellness on the requirements of reporting incidents to DHS and will be completed by April 20th, 2023. Documentation of education will be kept by PCHA

Licensee's Proposed Overall Completion Date: 04/20/2023

Implemented ([redacted] - 05/18/2023)

24 Personal hygiene

2. Requirements

2800.

24. Personal Hygiene - A residence shall provide the resident with assistance with personal hygiene as indicated in the resident's assessment and support plan. Personal hygiene includes one or more of the following:

Description of Violation

Resident #1's assessment and support plan dated [redacted]/23, indicates the resident requires [redacted] " [redacted] with a support plan to meet this need indicated as [redacted] However, interviews indicate that staff member A refused to provide the resident this service on [redacted]/23, during the [redacted] a.m., to [redacted] p.m., shift.

Plan of Correction

Accept ([redacted] - 03/24/2023)

2. 2800.24 Resident 1 was interviewed by the NHA and Social Worker to ensure no ill effects of alleged abuse DCS will provide any resident with assistance when needed or asked by residents. PCHA or Director of Wellness will do random interviews with 4 residents on a weekly bases for 1 month then monthly for 3 months to make sure residents care needs are being met. PCHA or Director of Wellness Staff will be educated by the administrator on support plans by April 20th, 2023 Documentation of education will be kept by PCHA. Resident interviews and staff training will be reviewed at the monthly Quality Management meeting beginning 4-17-2023 by PCHA or Director of Wellness.

Licensee's Proposed Overall Completion Date: 04/20/2023

Implemented ([redacted] - 05/18/2023)

141a Medical evaluation

3. Requirements

141a Medical evaluation (continued)

2800.

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:

Description of Violation

Resident #1's date of arrival was [REDACTED]/22, but records indicate that Resident #1 did not have a documented medical evaluation completed.

Plan of Correction

Accept ([REDACTED] - 03/24/2023)

3. 2800.141.a. All medical charts are being audited by the PCHA and/or Director of Wellness for DME completeness started 3/6/2023, Audit will be completed by 3/31/2023. Medical charts will be audited on going monthly for 6 month for completeness and then annually by the PCHA and/or Director of Wellness. All new admission or readmission will be audited for completeness over the next 3 months. 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. PCHA and Director of Wellness will be educated on what needs to be included on a Medical Evaluation by 3/30/2023 by the Administrator. Documentation of education will be kept by PCHA.. Audits will be reviewed at the Quality Management Meeting by PCHA or Director of Wellness beginning 4 17 2023.

Licensee's Proposed Overall Completion Date: 04/20/2023

Implemented ([REDACTED] - 05/18/2023)

227a Final support plan – 30 days

4. Requirements

2800.

227.a. Each resident requiring services shall have a written final support plan developed and implemented within 30 days after admission to the residence. The final support plan shall be documented on the Department’s support plan form.

Description of Violation

Resident #1's assessment and support plan dated [REDACTED] 23, indicated the resident requires "some physical assistance [REDACTED] [REDACTED] and a support plan to "provide resident with assist of one [REDACTED]". Interviews, however, indicate that staff member A failed to provide this service to resident #1 on [REDACTED] 23, during the [REDACTED] p.m., to [REDACTED] a.m., shift.

Plan of Correction

Accept ([REDACTED] - 03/24/2023)

4. 2800.227.a. Staff member A was terminated. DCS will provide any resident with assistance when needed or asked by residents. Staff will be educated by the PCHA or Director of Wellness, On care services provided by this home by 3/30/2023. 4 random residents will be interviewed weekly for 1 months and then monthly for 3 months, by the PCHA or Director of Wellness to ensure care needs are being met by the staff. Education will be kept by PCHA . Audits will be reviewed at the monthly Quality Management meeting beginning 4 17 23 by the PCHA or Director of Wellness.

Licensee's Proposed Overall Completion Date: 04/20/2023

Implemented ([REDACTED] - 05/18/2023)

227g Support plan - signatures

5. Requirements

2800.

227g Support plan - signatures (continued)

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Records indicate that Resident #1 participated in the development of [REDACTED] support plan on [REDACTED]/2023. However, the resident did not sign the support plan.

Plan of Correction

Accept ([REDACTED] - 03/24/2023)

5. 2800.227.g. All medical charts are being audited by the PCHA and/or Director of Wellness for Signature completeness started 3/6/2023 and will be completed by 3/31/2023. New admissions and re-admissions charts will be audited for support plan completeness for the next 3 months. PCHA and/or the Director of Wellness will ensure all Support Plans are completed entirely within 30 days after admission, including signatures. Education will be completed for staff on support plan signatures by April 20th, 2023 by the Director of Wellness or PCHA. Documentation of education will be kept by the PCHA. Audits will be reviewed at the Quality Management Meeting by PCHA or Director of Wellness starting 4-17-2023.

Licensee's Proposed Overall Completion Date: 04/20/2023

Implemented ([REDACTED] - 05/18/2023)

231c1 Preadmit screening

6. Requirements

2800.

231.c.1.i. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's cognitive preadmission screening form shall be completed for each resident within 72 hours prior to admission to a special care unit.

Description of Violation

Records indicate that Resident # 1 was admitted to the special care unit on [REDACTED] 22. However, resident # 1's written cognitive preadmission screening was not completed.

Plan of Correction

Accept ([REDACTED] - 03/24/2023)

6. 2800.231.c.1.i. All medical charts are being audited by the PCHA and/or Director of Wellness for completeness of Pre admission screening started 3/6/2023 and to be completed by 3/31/2023. New admission and re-admissions will be audited for the next 3 months by the PCHA or Director of Wellness. PCHA and/or the Director of Wellness will ensure all Pre admissions screeners are completed entirely within 72 hours prior to admission to a special care unit. Education will be completed for Director of Wellness and PCHA by the Administrator by April 20th, 2023. Education documentation will be kept by the PCHA. Audits will be reviewed at the Quality Management Meeting by PCHA or Director of Wellness starting 4-17-2023.

Licensee's Proposed Overall Completion Date: 04/20/2023

Implemented ([REDACTED] - 05/18/2023)