

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

May 10, 2023

[REDACTED], CEO
COUNTRY MANOR PCH LP
111 ALTMAYER DRIVE
KITTANNING, PA, 16201

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/08/2023, 03/09/2023 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: COUNTRY MANOR **License #:** 44629 **License Expiration:** 03/21/2024

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

Staffing Hours

Resident Support Staff: **Total Daily Staff:** 36 **Waking Staff:** 27

Inspection Information

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

Reason: Complaint, Incident **Exit Conference Date:** 03/09/2023

Inspection Dates and Department Representative

03/08/2023 - Off-Site: [REDACTED]

03/09/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 50 **Residents Served:** 34

Secured Dementia Care Unit

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

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 12 **Are 60 Years of Age or Older:** 28

Diagnosed with Mental Illness: 10 **Diagnosed with Intellectual Disability:** 1

Have Mobility Need: 2 **Have Physical Disability:** 0

Inspections / Reviews

03/08/2023 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/20/2023

03/23/2023 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 05/04/2023

Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/30/2023

Inspections / Reviews *(continued)*

04/26/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/04/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/07/2023

05/10/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/04/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

51 - Criminal Background Check

2. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

On 3/8/23 records indicated that direct care staff A, hired [REDACTED], did not have a Pennsylvania State Police Criminal Background Check and no affirmation of disqualifying offenses in the staff's file.

Plan of Correction

Accept [REDACTED] - 04/26/2023)

Administrator conducted a new background check on [REDACTED]. A new hire checklist was made and added to the new hire paperwork by Executive Director. The list includes criminal background check and will not be filed in Employee file until all items are checked. A training given by Executive Director is scheduled for 3-29-2023 for all Employees. All employee files will be audited by Administration for compliance of this regulation by 3-31-2023

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

Implemented [REDACTED] - 05/10/2023)

141a - Medical Evaluation

3. 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

On 3/8/23 records indicated that resident #2 was admitted to the home on [REDACTED]. However, the resident had no initial medical evaluation.

Plan of Correction

Accept [REDACTED] - 04/26/2023)

Resident #2 no longer resides in the home. Administration will audit all other resident files by 4-7-2023 to ensure all DMEs are present and up to date. An audit form including all paperwork required will be kept in the front of all charts and signed/ dated by administration. Executive Director scheduled a training to include this regulation for 3-29-2023 for all Employees.

Licensee's Proposed Overall Completion Date: 04/07/2023

Implemented [REDACTED] - 05/10/2023)

141a 1-10 Medical Evaluation Information

4. Requirements

2600.

141a 1 10 Medical Evaluation Information (continued)

- 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

On 3/8/23 records indicated that resident #1’s initial medical evaluation, dated [REDACTED] was incomplete. Section 9 Health status and cognitive functioning were blank. Section 7 Medication addendum indicates “see attached”, however there was no attachment.

Plan of Correction

Accept ([REDACTED] - 04/26/2023)

Resident #1 no longer resides in the home. Administration will audit all other resident files by 4 7 2023 to ensure all DMEs are present, up to date and no blank spaces. An audit form including all paperwork required will be kept in the front of all charts and signed/ dated by administration. Executive Director scheduled a training to include this regulation for 3 29 2023 for all Employees.

Licensee's Proposed Overall Completion Date: 04/07/2023

Implemented ([REDACTED] - 05/10/2023)

225a - Assessment 15 Days

5. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department’s assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

On 3/8/23 records indicated that resident #1’s initial medical evaluation, dated [REDACTED] indicated a diagnosis of depression. However, the resident’s initial assessment and support plan, dated [REDACTED] did not address this diagnosis.

On 3/8/23 records indicated that resident #2’s initial assessment and support plan, dated [REDACTED], did not assess the resident’s need for supervision or to self administer medications. These sections were blank.

Repeat Violation: 11/16/21

Plan of Correction

Accept ([REDACTED] - 04/26/2023)

Resident #1 and #2 no longer reside at Facility. Administration will be responsible for ensuring all DME information is reflected in the resident's RASP and that all areas on resident RASPs have a proper response. Administration will audit all resident charts by 4 7 2023 to ensure all RASPs are present and up to date. An audit

225a Assessment 15 Days (continued)

form will be kept in the front of all charts and signed/ dated by administration. A training is scheduled by Executive Director for 3 29 2023 to include re training on this regulation.

Licensee's Proposed Overall Completion Date: 04/07/2023

Implemented ([REDACTED] - 05/10/2023)

227g -Support Plan Signatures

6. Requirements

2600.

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

Description of Violation

On 3/8/23 records indicated that resident #2's initial assessment and support plan, dated [REDACTED] was not signed by the resident or the assessor.

Plan of Correction

Accept [REDACTED] - 04/26/2023)

Resident #2 no longer resides at Facility. Administration will be responsible for ensuring all support plans are signed. Administration will audit all resident charts by 4 7 2023 to ensure all support plans have been signed by Resident and Assessor. An audit form will be kept in the front of all charts and signed/ dated by administration. A training is scheduled by Executive Director for 3 29 2023 to include re training on this regulation.

Licensee's Proposed Overall Completion Date: 04/07/2023

Implemented ([REDACTED] - 05/10/2023)