

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

April 4, 2023

[REDACTED]
BROAD ACRES NURSING HOME ASSOCIATION
[REDACTED]

RE: COUNTRY TERRACE
1919 SHUMWAY HILL ROAD
WELLSBORO, PA, 16901
LICENSE/COC#: 23501

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/22/2023 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 TERRACE License #: 23501 License Expiration: 03/26/2024
 Address: 1919 SHUMWAY HILL ROAD, WELLSBORO, PA 16901
 County: TIOGA Region: NORTHEAST

Administrator

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

Legal Entity

Name: BROAD ACRES NURSING HOME ASSOCIATION
 Address: 1883 SHUMWAY HILL ROAD, WELLSBORO, PA, 16901
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 07/22/1999 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 25 Waking Staff: 19

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 03/22/2023

Inspection Dates and Department Representative

03/22/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 60 Residents Served: 25
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 1
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 25
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

03/22/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/08/2023

04/04/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 04/04/2023
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 04/11/2023

Inspections / Reviews (*continued*)

04/04/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/04/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

The License Inspection Summary Report dated 2/9/22 was posted on a bulletin board with the resident privacy coding sheet attached, exposing confidential resident information.

Plan of Correction

Accept (JH - 04/04/2023)

1. During the inspection on 3/22/2023, the PCHA removed the coding document for the licensing inspection summary dated 5/8/2022 from the posted survey results.
2. PCHA/Designee will review quarterly at QA and monitor for compliance.
3. When receiving survey results PCHA will remove the privacy code from the inspection summary.
4. All staff inserviced on 3/30/2023

Licensee's Proposed Overall Completion Date: 03/30/2023

Implemented (JH - 04/04/2023)

81b - Resident Personal Equipment

2. Requirements

2600.

- 81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

The bed in resident room [REDACTED] had an enabler bar attached to it that was 12 inches wide. The bar did not have a cover over it.

Plan of Correction

Accept (JH - 04/04/2023)

1. Enabler bar was covered day of inspection.
2. Daughter was notified day of inspection and will be making more covers to go over the enabler.
3. Staff will monitor that enabler is covered when performing weekly CQI checks.
4. Will review quarterly at QA to monitor for compliance.
5. All staff inserviced on 3/30/2023

Licensee's Proposed Overall Completion Date: 03/30/2023

Implemented (JH - 04/04/2023)

105g - Lint Removal and Duct Cleaning

3. Requirements

2600.

- 105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

105g - Lint Removal and Duct Cleaning (continued)

Description of Violation

A layer of lint was found in the lint trap of the dryer located in the home's laundry room. The lint had not been removed after the last use.

Plan of Correction

Accept (JH - 04/04/2023)

1. Lint was removed at time of inspection.
2. All staff will empty lint trap after emptying the dryer.
3. Maintenance will complete checks: daily x 3 weeks, weekly x 1 week, bi-weekly and then periodically.
4. Will review quarterly at QA to monitor for compliance.
5. Policy reviewed and all staff inserviced on 3/30/2023

Licensee's Proposed Overall Completion Date: 04/03/2023

Implemented (JH - 04/04/2023)

141a 1-10 Medical Evaluation Information

4. 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

The Documentation of medical evaluation (DME) form dated [REDACTED] for resident #1 was missing the pulse rate. The DME form dated [REDACTED] for resident #2 does not include a list of the resident's current medications.

Plan of Correction

Accept (JH - 04/04/2023)

Resident 1- called dr office and requested pulse rate from date of DME completion. The pulse rate was added to the Dme by the PCHA on 3/30/2023.

Resident 2- medication list was attached to the DME on the day of inspection.

1. Going forward Wellness Coordinator will review all DME upon completion by pcp to ensure it is completely filled out and there are no blank spots.
2. Will review quarterly at QA for compliance.
3. PCHA will do periodic chart audits to monitor for compliance.
4. All Staff were inserviced on 3/30/23

Licensee's Proposed Overall Completion Date: 03/30/2023

Implemented (JH - 04/04/2023)

187d - Follow Prescriber's Orders

5. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 has an order for Amlodipine 5mg to be held if the systolic blood pressure (SBP) is less than 110. On 3/7/23 the resident's SBP was 100. The medication was not held as per physician's order.

Resident #4 has an order for Insulin to be administered with meals on a sliding scale. On 3/15/23 the resident's blood sugar reading was 156 requiring 10 units of insulin. No insulin was administered.

Resident #5 has an order for Muro 128 ointment to be applied to the right eye at bedtime. On 3/21/23 the treatment was not administered.

Plan of Correction**Accept (JH - 04/04/2023)**

1. PCHA reviewed policy with medication administrators and Wellness Coordinator on 3/23/2023.
2. Staff will follow prescribers orders.
3. Before submitting on EMAR med admins will verify all information is correct and then submit medications administered.
4. Wellness Coordinator to do weekly audits of insulin administrations to monitor for compliance.
5. Further errors will result in retraining medication administration.
6. Will review quarterly at QA to monitor for compliance.

Licensee's Proposed Overall Completion Date: 03/30/2023

Implemented (JH - 04/04/2023)