



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

May 31, 2023


COUNTRY MANOR PCH LP
111 ALTMAYER DRIVE
KITTANNING, PA, 16201

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

Dear ,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/23/2023 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,



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: 0 Total Daily Staff: 30 Waking Staff: 23

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 03/23/2023

Inspection Dates and Department Representative

03/23/2023 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 50 Residents Served: 30

Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:

Hospice
 Current Residents: 1

Number of Residents Who:
 Receive Supplemental Security Income: 12 Are 60 Years of Age or Older: 29
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

03/23/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/14/2023

04/17/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 05/08/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/24/2023

Inspections / Reviews *(continued)*

04/20/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/08/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 05/20/2023

05/31/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/08/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 3/23/23 records indicated that resident #1 was prescribed [REDACTED] every Friday [REDACTED]

Records indicated that [REDACTED] home failed to administer this medication on [REDACTED]/23 [REDACTED] a.m. because the medication was not available in the home. According to resident and staff interviews, resident #1 knew the home did not have the medication on hand and requested the home order the medication several days before [REDACTED]/23. Resident #1 asked direct care staff A multiple times if the medication had been delivered on [REDACTED]/23 and [REDACTED] 23. However, direct care staff A refused to check the mailbox for the medication and according to resident and staff interviews, stated "I told you four times that it's not here. Don't ask again!" in an angry and intimidating tone of voice. This upset resident #1 because [REDACTED] was in so much pain and the staff wouldn't help.

The home did not receive and did not administer this medication until the afternoon on [REDACTED]/23. Resident #1's [REDACTED] became progressively worse over the weekend, and was so severe on [REDACTED]/23 that [REDACTED] refused to shower because it was too uncomfortable, stating "I was in so much pain, I couldn't walk".

Repeat Violation: 4/12/22

Plan of Correction

Accept ([REDACTED] - 04/17/2023)

On the day of inspection 3-23-2023, Executive Director spoke with Resident # 1 about the missing patch. The Resident gets mail delivery of [REDACTED] medications through the VA. [REDACTED] refused to allow Staff to assist in ordering [REDACTED] medication. After speaking with the Resident, [REDACTED] agreed to allow help in getting the meds to the Facility in a timely manner. A complete audit was done by Executive Director on Resident #1's medications on 3-24-2023. One copy was kept by Administration and the other given to Resident #1. Staff Person A was retrained by Executive Director on the steps to take when medication is not in the building. A short term supply would need to be ordered through House Pharmacy. Staff person A was also re-trained individually by Executive Director on Dignity and respect. Executive Director has been in close contact with Resident #1 to be sure [REDACTED] feels treated with dignity and respect at all times. A training for all Staff on this regulation was done by Executive Director on 4-6-2023. Part of the problem was that too many people were trying to order medication for Resident #1. It is now understood that medications will be ordered and discussed between Resident and Administration as each is ordered. Protective Services was contacted by Executive Director to come do a re-training on abuse and neglect. Date to be done by 5-4-2023

Licensee's Proposed Overall Completion Date: 05/04/2023

Implemented ([REDACTED] - 05/31/2023)

183b - Meds and Syringes Locked

2. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 3/23/23 there were multiple unsecured medications observed in resident #1's bedroom to include:

183b - Meds and Syringes Locked (continued)

- *one 16g bottle of [REDACTED]
- *one 1.5 fl oz bottle of [REDACTED]
- *one [REDACTED]
- *one [REDACTED]
- *one [REDACTED]

Repeat Violation: 5/5/22

Plan of Correction

Accept ([REDACTED]) 04/17/2023)

Resident #1 is approved by Dr to keep some of [REDACTED] medication in [REDACTED] room. Most are inhalers. There was no locked box in [REDACTED] room. Executive Director put a locked box in [REDACTED] room on 4-6-2023. It was explained to Resident #1 that any meds kept by [REDACTED] need to be locked up at all times. All other files will be reviewed for self administration by Executive Director by 4-20-2023. Any Residents that self administer will be given a locked box with key for their room. Weekly walkthroughs will be done by Administration or Designee to check Facility for any prescription or over the counter meds that should be locked up. Documentation kept. A training for all Staff on this regulation was done on 4-6-2023 by Executive Director.

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

Implemented ([REDACTED]) - 05/31/2023)

184a - Resident's Meds Labeled

3. Requirements

- 2600.
- 184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
 - 2. The name of the medication.
 - 4. The prescribed dosage and instructions for administration.

Description of Violation

On 3/23/23 records indicated that resident #1 was prescribed [REDACTED] – take one ½ table (25mg) by mouth daily. However, the medication label read [REDACTED] – take one ½ table (25mg) by mouth daily

Plan of Correction

Accept (JW - 04/17/2023)

A complete med audit was done for Resident #1 by Executive Director on 3-24-2023. All meds were reviewed and reordered if needed by Executive Director. Med audits for all Residents are being done monthly by Administration or Designee with documentation kept. A re- training was done on 4-6-23 by Executive Director with all Med Techs to be sure they are matching MAR to pharmacy label. This is being disputed as the correct dosage was given as the order had just changed and was present day of inspection.

Licensee's Proposed Overall Completion Date: 04/14/2023

Implemented ([REDACTED]) - 05/31/2023)

185a Implement Storage Procedures

4. Requirements

- 2600.

185a - Implement Storage Procedures (continued)

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On 3/23/23 records indicated that resident #1's March 2023 medication administration record (MAR) was blank and not initialed by the staff administering multiple medications on the following dates and times:

- * [redacted] on [redacted] /23 at [redacted] a.m.
- * [redacted] on [redacted] /23 at [redacted] a.m.
- * [redacted] on [redacted] /23 at [redacted] a.m.
- * [redacted] on [redacted] /23 at [redacted] a.m.
- * [redacted] on [redacted] /23 at [redacted] a.m.
- * [redacted] on [redacted] /23 at [redacted] a.m.
- * [redacted] (1000 IU) on [redacted] /23 at [redacted] a.m.
- * [redacted] patch on [redacted] 23 at [redacted] a.m.

Plan of Correction

Accept [redacted] - 04/20/2023)

A complete med audit was done for Resident #1 by Executive Director on 3-24-2023. All meds were reviewed and reordered if needed by Executive Director. Med audits for all Residents are being done monthly by Administration or Designee with documentation kept. A re- training was done on 4-6-23 by Executive Director with all Med Techs on this regulation. The re-training included a double check at the end of shift to be sure all meds were given and signed for in the MAR. Some of these meds are kept in Resident room, which has Executive Director working to have the MAR more understandable as to who is administering which medications, Resident #1 or Med Tech. Executive Director is working with the Pharmacist and Tabula Pro to create a MAR that allows the Resident to self administer and still be accounted for. The projected finish date is 4-26-2023

Licensee's Proposed Overall Completion Date: 04/26/2023

Implemented [redacted] - 05/31/2023)

5. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On 3/23/23 records indicated that resident #1 was prescribed the following medications:

- [redacted] – take one tablet by mouth once a day on Monday and Wednesday.
- * [redacted] – take one capsule by mouth once a day.
- [redacted] – apply 1 patch topically at bedtime.

However, these medications were not available in the home.

Plan of Correction

Accept [redacted] - 04/20/2023)

A complete med audit was done for Resident #1 by Executive Director on 3-24-2023. All meds were reviewed and reordered if needed by Executive Director. Med audits for all Residents are being done monthly by Administration or Designee with documentation kept. A re- training on this regulation was done on 4-6-23 by Executive Director with all Med Techs. On 3-25-2023 Resident #1 finally agreed to accept assistance from the Executive Director or Designee in the ordering process to be sure all meds arrive in a timely manner.

185a - Implement Storage Procedures (continued)

This is being disputed as Resident #1 gets [redacted] meds through the Veterans Pharmacy and Resident #1 would not allow anyone to be part of the ordering process.

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

Implemented ([redacted]) - 05/31/2023

187a Medication Record

6. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 4. Strength.
- 5. Dosage form.
- 6. Dose.

Description of Violation

On 3/23/23 records indicated that resident #1 was prescribed [redacted] – apply 1 patch topically every Friday. However, the resident’s March 2023 medication administration record (MAR) indicated B [redacted] – apply 1 patch topically every Friday.

Plan of Correction

Accept (JW - 04/20/2023)

A complete med audit was done for Resident #1 by Executive Director on 3-24-2023. All meds were reviewed for accuracy by Executive Director. Med audits done by Executive Director and Lead med Tech for all Residents were completed by 4-7-2023. Audits will be done monthly beginning May 8, 2023 by Administrator or Designee with documentation kept. A re- training was done on 4-6-23 by Executive Director with all Med Techs on to be sure they are matching MAR to pharmacy label.

This is being disputed as the correct dosage was given as the order had just changed and was present day of nspection.

Licensee's Proposed Overall Completion Date: 05/08/2023

Implemented ([redacted]) - 05/31/2023

187b Date/Time of Medication Admin.

7. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

On 3/23/23 records indicated that resident #1 was prescribed the following medications:

- [redacted] – take one tablet by mouth once a day on Monday and Wednesday.
- * [redacted] – take one capsule by mouth once a day.
- [redacted] – apply 1 patch topically at bedtime.
- * [redacted] – apply 1 patch topically every Friday.

However, these medications were not available in the home and according to resident and staff interviews, the resident’s March 2023 medication administration record (MAR) incorrectly documents multiple administration and exemptions for these medications on the following dates and times to include:

[redacted] a [redacted] a.m. on [redacted]/23, [redacted]/23, [redacted]/23, [redacted]/23 – marked as LOA (leave of absence) and [redacted]/23, [redacted]/23 and [redacted]/23 – marked as administered

187b - Date/Time of Medication Admin. (continued)

* [redacted] at [redacted] a.m. on [redacted]/23, [redacted]/23, [redacted]/23, [redacted]/23 and [redacted] 23 – marked as LOA (leave of absence) and [redacted] 23 [redacted]/23, [redacted] 23, [redacted] 23 and [redacted]/23 – marked as administered

* [redacted] – apply 1 patch topically at bedtime at [redacted] a.m. on [redacted]/23, [redacted]/23, [redacted]/23, [redacted]/23 and [redacted]/23 – marked as LOA (leave of absence) and [redacted]/23 [redacted]/23, [redacted] 23, – marked as administered

* [redacted] patch at [redacted] a.m. on [redacted] 23 – marked at held per parameters

Plan of Correction

Accept ([redacted] 04/20/2023)

A complete med audit was done for Resident #1 by Executive Director on 3-24-2023. All meds were reviewed and reordered if needed by Executive Director. On 3-25-2023 Executive Director and Lead Med Tech started Med audits for all Residents. The audits will then be done monthly by Executive Director or Designee with documentation kept. A re- training was done on 4-6-23 by Executive Director with all Med Techs on this regulation. The re-training included a double check at the end of shift to be sure all meds were given and signed for in the MAR. Re-training also included not marking any meds that med tech did not actually give. Some of these meds are kept in Resident room, which has Executive Director working to have the MAR more understandable as to who is administering which medications, Resident #1 or Med Tech. Executive Director is working with the Pharmacist and Tabula Pro to create a MAR that allows the Resident to self administer and still be accounted for. The projected finish date is 4-26-2023

Licensee's Proposed Overall Completion Date: 04/26/2023

Implemented ([redacted] - 05/31/2023)

8. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

According to resident and staff interviews, resident #1 has self-administered the following medications from [redacted] 23 through [redacted] 23 which the resident keeps in [redacted] bedroom:

- * [redacted] and [redacted] – inhale 2 puffs orally twice a day
- [redacted] – spray 2 sprays into each nostril daily
- * [redacted] – inhale 2 puffs by mouth every day
- [redacted] – Inhale 2 puffs every 4 hours as needed
- [redacted] – spray 2 sprays in each nostril daily

However, the resident's March 2023 medication administration record (MAR) incorrectly documents multiple administrations by direct care staff A and B for these medications on the following dates and times to include:

- * [redacted] and [redacted] from [redacted] 23 through [redacted] 23 at [redacted] a.m.
- [redacted] from [redacted]/23 through [redacted]/23 at [redacted] a.m.
- * [redacted] from [redacted] 23 through [redacted]/23 and [redacted]/23 through [redacted]/23 a [redacted] a.m.
- * [redacted] from [redacted]/23 through [redacted] 23 and [redacted]/23 through [redacted]/23 and [redacted]/23 through [redacted]/23 at [redacted] a.m.

187b - Date/Time of Medication Admin. (continued)

Plan of Correction

Accept () - 04/20/2023)

A complete med audit was done for Resident #1 by Executive Director on 3-24-2023. All meds were reviewed and reordered if needed by Executive Director. Med audits started 3-25-2023 for all Residents are being done monthly by Executive Director or Designee with documentation kept. A re- training was done on 4-6-23 by Executive Director with all Med Techs on this regulation. The re-training included a double check at the end of shift to be sure all meds were given and signed for in the MAR. Some of these meds are kept in Resident room, which has Executive Director working to have the MAR more understandable as to who is administering which medications, Resident #1 or Med Tech. Executive Director has been working with the Pharmacy and Tabula Pro to create a MAR that allows Resident to self administer and still be accounted for. Projected finish date is 4-26-2023. It was not understood by med techs or Administration that if a Resident self administers, the med tech can not sign off on that med.

Licensee's Proposed Overall Completion Date: 04/26/2023

Implemented () - 05/31/2023)

187d - Follow Prescriber's Orders

9. Requirements

2600.

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

Description of Violation

On 3/23/23 records indicated that resident #1 was prescribed [REDACTED] – take one ½ table (25mg) by mouth daily. However, the medication label read Metoprolol succinate 50mg – take one ½ table (25mg) by mouth daily

According to staff interviews, this incorrect medication was administered on [REDACTED]/23 and [REDACTED]/23.

Plan of Correction

Accept () - 04/20/2023)

A complete med audit was done for Resident #1 by Executive Director on 3-24-2023. All meds were reviewed and reordered if needed by Executive Director. Med audits for all Residents are being done monthly by Administration or Designee with documentation kept. A re- training was done on 4-6-23 by Executive Director with all Med Techs on this regulation. The re-training included a double check at the end of shift to be sure all meds were given and signed for in the MAR. Also to double check dosages in case the dosage changed. Med techs were trained to not mark in MAR if Resident self administers. Some of these meds are kept in Resident room, which has Executive Director working to have the MAR more understandable as to who is administering which medications, Resident #1 or Med Tech. Resident #1 agreed on 3-25-2023 to allow administration and med techs to assist in the ordering process.

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

Implemented () - 05/31/2023)

10. Requirements

2600.

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

Description of Violation

On 3/23/23 records indicated that resident #1 was prescribed the following medications:

187d - Follow Prescriber's Orders (continued)

- * [REDACTED] – take one tablet by mouth once a day on Monday and Wednesday.
- [REDACTED] – take one capsule by mouth once a day.
- [REDACTED] – apply 1 patch topically at bedtime.
- [REDACTED] – apply 1 patch topically every Friday.

However, these medications were not available in the home and according to resident and staff interviews, had not been administered since at least [REDACTED]/23 through [REDACTED] 23. The medications were incorrectly documented in the resident's March 2023 Medication Administration Record (MAR) as been administered or with the exception "LOA (Leave Of Absence)" or Held per parameters.

Plan of Correction

Accept ([REDACTED] - 04/20/2023)

A complete med audit was done for Resident #1 by Executive Director on 3-24-2023. All meds were reviewed and reordered if needed by Executive Director. Med audits for all Residents are being done monthly by Administration or Designee with documentation kept. A re- training was done on 4-6-23 by Executive Director with all Med Techs on this regulation. The re-training included a double check at the end of shift to be sure all meds were given and signed for in the MAR. Med techs were trained to not mark in MAR if Resident self administers. Some of these meds are kept in Resident room, which has Executive Director working to have the MAR more understandable as to who is administering which medications, Executive Director is working with the Pharmacy and Tabula Pro with a projected finish date of 4-26-2023. Resident #1 or Med Tech. On 3-5-2023 Resident #1 agreed to allow administration and med techs to assist in the ordering process.

Licensee's Proposed Overall Completion Date: 04/26/2023

Implemented ([REDACTED] - 05/31/2023)

224a - Preadmission Screen Form

11. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

On 3/23/23 records indicated that resident #1 was admitted to the home on [REDACTED]/22, however, on 3/23/2 the resident did not have a pre-admission screening.

Plan of Correction

Accept ([REDACTED] - 04/20/2023)

All Resident files were audited for pre-screenings with documentation by Executive Director and Administrative Assistant. All pre-screening audits were complete by 4-7-2023. There is a new checklist in each Resident file to be audited monthly for all required paperwork which began in March, 2023. A discussion-retraining between Executive Director and Administrative Assistant was done on 3-24-2023

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

Implemented ([REDACTED] - 05/31/2023)

225c - Additional Assessment

12. Requirements

2600.

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

2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

According to resident and staff interviews, as well as documented progress notes, resident #1 has been verbally aggressive/agitated on multiple occasions to include:

█/23 – yelling and demanding at the top of █ lungs for me to stop what I was doing to come talk to the nurse"

** █/23 – resident "proceeds to be nasty with me about █ portable oxygen tank"*

█/23 – resident barged into my office after I asked █ to please wait" "rammed █ electric chair into the door" "became irate calling me a liar and an a █"

█/23 – "I told █ I was with another resident █ said you are such a b █"

However, Resident #1's initial assessment and support plan, dated █/22, assesses the resident as having no problem with agitation, irritability and aggression. The home failed to update the assessment and support plan regarding these significant changes

Plan of Correction**Accept (█ - 04/20/2023)**

Resident #1 Assessment is being updated by Executive Director to account for not only the items in this regulation, but to include all the other changes with medication Administration. These are all changes since the time of the original Assessment. All other Resident files will be audited by Administration for compliance with this regulation. Audits will be done by 5-11-2023. Any addendums needed will be added by Executive Director at time of audit. A training was done by Executive Director on 4-6-23 to cover this regulation. There is a form for changes in Resident that was reviewed at training to be used to relay changes to Administration. Resident #1's RASP was updated on 4-6-2023 by the Executive Director.

Licensee's Proposed Overall Completion Date: 05/11/2023

Implemented (█ - 05/31/2023)