

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

June 23, 2023

[REDACTED]-BEARDSLEY, CEO
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 04/04/2023, 04/05/2023 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 #: *46050* License Expiration: *06/14/2023*
 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, ATTN: [REDACTED], 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: *32* Waking Staff: *24*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *04/05/2023*

Inspection Dates and Department Representative

04/04/2023 On Site: [REDACTED]
 04/05/2023 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *36* Residents Served: *16*

Secured Dementia Care Unit
 In Home: *Yes* Area: *SDU* Capacity: *36* Residents Served: *16*

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *16*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *16* Have Physical Disability: *0*

Inspections / Reviews

04/04/2023 - Full
 Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *05/01/2023*

Inspections / Reviews *(continued)*

05/05/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/07/2023

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 05/12/2023

05/15/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/07/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/07/2023

06/23/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/07/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

101r - Bedroom - shades/drapes/window covering

1. Requirements

2600.

101.r. There must be drapes, shades, curtains, blinds or shutters on the bedroom windows. Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

Description of Violation

The window blinds in bedroom #209, #210, #213 and #216 are in disrepair.

Plan of Correction

Accept () - 05/15/2023)

Maintenance department immediately replaced the blinds in room 209, 210, 213, and 216. PCHA will do a room audit of all the blinds and will be completed by 5/31/2023. Audit of rooms will be done monthly by the PCHA to inspect blinds for 3 months, starting in May 1, 2023 through July 31,2023. Staff will be educated on reporting needed repairs immediately to maintenance by 5/31/2023 by the PCHA, and education will be kept by the PCHA. Room audits will be reviewed at the month QAPI by the PCHA. Minutes from the QAPI meeting are kept by the administrator.

Licensee's Proposed Overall Completion Date: 05/31/2023

Implemented () - 06/22/2023)

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface

2. Requirements

2600.

102.d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

Description of Violation

The grab bars around the toilets in bathroom #1, #2, #3 and #4 are loose and move from side to side 6", posing a fall hazard.

Repeat Violation: 3/9/2022 et al

Plan of Correction

Accept () - 05/15/2023)

Maintenance Department removed the loose grab bars from bathroom 1, 2, 3, and 4 on 4/5/2023. All toilets have toilet risers with grab bars attached. PCHA will audit all bathrooms in PC for loose bars once a week for 3 months starting May 1, 2023-July 31st 2023. Staff will be educated by the PCHA by 5/31/2023 on reporting needed repairs immediately to the maintenance department. Education will be kept by the PCHA. Room audits will be reviewed at the monthly QAPI meeting starting 5/2023. Minutes Of QAPI will be kept by the administrator.

Licensee's Proposed Overall Completion Date: 05/31/2023

Implemented () - 06/22/2023)

132d - Evacuation

3. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

132d - Evacuation (continued)

Description of Violation

The home's maximum safe evacuation time determined by a fire safety expert is 5 minutes and 35 seconds. However, the home's fire drill records indicate on 11/24/22 at 4:15 PM, the evacuation time was 5 minutes and 55 seconds.

Repeat Violation: 3/9/2022 et al

Plan of Correction

Accept (█) - 05/15/2023

A fire drill was conducted by Maintenance on 4/11/23 within the safe evacuation time of 4.20 seconds. PCHA will educate the Maintenance and PC staff on the safe evacuation time by 5/31, 2023. PCHA will audit monthly fire drills for the next 3 months beginning May 1st, 2023 through July 31, 2023 for safe evacuation time. Education will be kept by the PCHA. Audits will be reviewed at the monthly QAPI starting 5/2023. QAPI minutes will be kept by the Administrator.

Licensee's Proposed Overall Completion Date: 05/31/2023

Implemented (█) - 06/22/2023

141b1 - Annual Medical Evaluation

4. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's medical evaluation, dated █ does not include the medical professional's name or license number.

Plan of Correction

Accept (█) - 05/15/2023

DME was returned to the in house physician Assistant by the PCHA on █ and PA signed on █ 3 and returned. All Medical evaluations will be audited for completion by the PCHA and completed by 5/30/2023 for completeness. All new admission and re-admissions medical evaluations will be audited by the PCHA monthly for 3 months for completeness starting May 2023 through July 2023. PCHA will be educated by the administrator on completeness of the medical evaluations by 5/30/2023 and education will be kept by the PCHA. Audits will be reviewed at the monthly QAPI meeting starting 5/2023. Minutes from the QAPI will be kept by the administrator.

Licensee's Proposed Overall Completion Date: 05/31/2023

Implemented (█) - 06/23/2023

184a - Resident's Meds Labeled

5. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

4. The prescribed dosage and instructions for administration.

Description of Violation

Resident #1 is prescribed █ Give 1 capsule by mouth in the morning. However, the resident's medication punch card indicates █ Give 1 capsule by mouth in the morning.

184a - Resident's Meds Labeled (continued)

Resident #2 is prescribed [REDACTED] - Give 10 ml by mouth every 6 hours as needed for cough. However, the resident's medication label indicates [REDACTED] substitute - [REDACTED] by mouth every 6 hours as needed for cough.

Plan of Correction

Accept [REDACTED] - 05/05/2023)

Orders were immediately clarified by the NP to be correct and wording changed in the physicians orders. All staff will be re-educated by the PCHA on the rights of medication administration by [REDACTED] by the PCHA. Audit will be conducted on PC med-carts and completed by 5/31/2023 to match order/labels. Audit will be completed every quarter by the Wellness Director starting May 1, 2023 and Ending April 30th 2024. Education will be kept by the PCHA and reviewed at the monthly QAPI meeting starting 5/15/2023. QAPI minutes will be kept by the administrator.

Licensee's Proposed Overall Completion Date: 04/29/2023

Implemented [REDACTED] - 06/23/2023)

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

Resident #3's support plan, dated [REDACTED], was not signed by the resident nor does it indicate the resident was unable to participate, declined to participate, refused to sign or was unable to sign. In addition, the Assessor's signature is missing.

Plan of Correction

Accept [REDACTED] - 05/15/2023)

Resident signed old support plan on [REDACTED] with the DOW. New Rasp was completed on [REDACTED] and signed by both PCHA and Resident # 3 for [REDACTED] annual support plan. All support plans will be audited for completion by the PCHA and completed by 5/30/2023 for completeness. All new admission and re-admissions support plans will be audited monthly for 3 months for completeness starting May 1,2023 through July 31, 2023. PCHA will be educated by the administrator on completeness of the support plans by 5/30/2023 and education will be kept by the PCHA. Audits will be reviewed at the monthly QAPI meeting starting 5/2023 by the PCHA

Licensee's Proposed Overall Completion Date: 05/31/2023

Implemented [REDACTED] - 06/23/2023)