

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

June 27, 2023

[REDACTED], CHIEF ADMINISTRATIVE OFFICER
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 04/18/2023, 04/19/2023, 04/20/2023 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: *30* Waking Staff: *23*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *04/20/2023*

Inspection Dates and Department Representative

04/18/2023 - On-Site [REDACTED]
 04/19/2023 - On-Site [REDACTED]
 04/20/2023 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *64* Residents Served: *28*
 Special Care Unit
 In Home: *No* Area: Capacity: Residents Served:
 Hospice
 Current Residents: *1*
 Number of Residents Who:
 Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *28*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *2* Have Physical Disability: *0*

Inspections / Reviews

04/18/2023 Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/15/2023*

Inspections / Reviews *(continued)*

05/22/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/15/2023

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 05/30/2023

05/24/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/15/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/15/2023

06/27/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/15/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

23a ADL assistance

1. Requirements

2800.

23.a. A residence shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident #1's RASP, dated [REDACTED], indicates the required assistance of one for toileting care to meet the resident's needs. The resident's April 2023 medication administration record (MAR) documents daily checks every two hours starting at [REDACTED] and ending at [REDACTED]. However, between [REDACTED] and [REDACTED], the resident was not provided assistance at [REDACTED] on the following dates: [REDACTED].

Resident #2's RASP, dated [REDACTED] indicates the required assistance of two staff for toileting to meet the resident's needs. The resident's [REDACTED] documents daily checks every two hours starting at [REDACTED] and ending at [REDACTED]. However, between [REDACTED], the resident was not provided assistance at on the following dates and times: [REDACTED]

Plan of Correction

Accept ([REDACTED] - 05/24/2023)

Staff will be re-educated on providing assistance with ADLs as indicated in the physician's order's and resident's assessment and support plan and Educated on the importance of documentation on the MAR by the PCHA by 5/31/2023. Documentation will be Kept by the PCHA. PCHA will audit documentation starting on the mar's 6/1/2023 for all residents who have an every two hour toileting order monthly for 3 month's, ending September 30, 2023. Audit will be reviewed at the QA monthly meeting starting 5/31/2023. Documentation will be kept by the PCHA

Licensee's Proposed Overall Completion Date: 09/30/2023

Implemented ([REDACTED] - 06/27/2023)

25c12 Bed hold

2. Requirements

2800.

25.c. At a minimum, the contract must specify the following:

- 12. Charges to the resident for holding a bed during hospitalization or other extended absence from the residence.

Description of Violation

The contract for resident #1 does not include the charges for holding a bed during an absence.

The contract for resident #3 does not include the charges for holding a bed during an absence.

Plan of Correction

Accept ([REDACTED] - 05/24/2023)

Contracts were corrected on 4/24/2023 by the PCHA. All Contracts will be audited for completeness by 5/31/2023 and updated as needed and reviewed with resident/family by the PCHA . All new admissions or readmissions will be audited for the next three month's starting June 1, 2023 through August 31, 2023 by the PCHA Audits will be reviewed at monthly QA meeting starting 5/31/2023. PCHA will be re-educated on contracts by the administrator by 5/31/2023. Education will be kept by the PCHA.

25c12 Bed hold (continued)

Licensee's Proposed Overall Completion Date: 08/31/2023

Implemented () - 06/27/2023)

86b Bathroom ventilation

3. Requirements

2800.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

The bathrooms in bedroom #17, bedroom #18, bedroom #22, and bedroom #24 do not have operable ventilation fans or windows. The The ventilation fans are inoperable.

Plan of Correction

Accept () - 05/24/2023)

Maintenance fixed all the vents and were completed on 5/4/2023. Maintenance will audit all resident bathroom vents weekly for 1 month starting June 1, 2023 June 30th, 2023 to ensure all are working properly. Staff will be re educated by the PCHA on notifying maintenance immediately of repairs needed by 5/31/2023. Education will be kept by the PCHA and reviewed at the QA monthly meeting starting 5/31/2023.

Licensee's Proposed Overall Completion Date: 06/30/2023

Implemented () - 06/27/2023)

132d Evacuation

4. Requirements

2800.

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 residence.

Description of Violation

The evacuation time of 5 minutes 55 seconds, during the fire drill conducted on 11/22/22 at 4:15 PM, exceeds the residence's maximum evacuation time of 5 minutes and 35 seconds, as determined by a fire safety expert.

Plan of Correction

Accept () - 05/24/2023)

Maintenance was re educated on 5/12/2023 by the PCHA of the safe evacuation time. PCHA will monitor fire drills monthly for 3 months starting May 1,2023 July 31,2023. Education will be kept by the PCHA. Audits will be reviewed at the monthly QA meeting starting 5/31/2023.

Licensee's Proposed Overall Completion Date: 07/31/2023

Implemented () - 06/27/2023)

141a Medical evaluation

5. Requirements

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:

141a Medical evaluation (continued)

Description of Violation

The medical evaluation for resident #4, dated [REDACTED], does not include the medical professional's signature or professional license number. These areas of the form are blank.

Plan of Correction**Accept ([REDACTED] - 05/24/2023)**

Resident #4 DME was faxed to the physician for signature on [REDACTED] by the PCHA and returned as undeliverable. DME was refaxed [REDACTED] and has not returned yet. All medical charts are being audited by the PCHA for Medical evaluation completeness and will be completed by [REDACTED], All new admission or readmission will be audited for completeness over the next 3 months. starting 6/1/2023 through August 31, 2023 by the PCHA. PCHA will ensure all DME's are completed entirely within 60 days of admission or within 30 days after admission. PCHA will be educated on what needs to be included on a Medical Evaluation by 5/31/2023 by the Administrator. Documentation of education will be kept by the PCHA. Audits will be reviewed at the Quality Management Meeting by PCHA or Director of Wellness

Licensee's Proposed Overall Completion Date: 08/31/2023

Implemented ([REDACTED] - 06/27/2023)