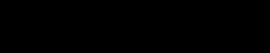


Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

June 6, 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 04/27/2023 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

Type: C 2 LP Date: 06/20/1996 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 33 Waking Staff: 25

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 04/27/2023

Inspection Dates and Department Representative

04/27/2023 On Site [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 50 Residents Served: 32

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: 28
 Diagnosed with Mental Illness: 10 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 1 Have Physical Disability: 0

Inspections / Reviews

04/27/2023 - Partial
 Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 05/12/2023

05/09/2023 - POC Submission
 Submitted By: [Redacted] Date Submitted: 05/24/2023
 Reviewer: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 05/11/2023

Inspections / Reviews *(continued)*

05/10/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/24/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 05/24/2023

06/06/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/24/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

56 - Admin 20 Hours/Week

1. Requirements

2600.

56. Administrator Staffing - The administrator shall be present in the home an average of 20 hours or more per week, in each calendar month.

Description of Violation

Management interview and the staff schedule indicate staff person A, the home's Administrator, is in the home an average of 10 hours per week.

Plan of Correction

Accept () - 05/10/2023)

On [redacted] 2023 a Full time Administrator started Employment with Country Manor PCH. For the past month there was a fill in Administrator 10-15 hours per week with the Executive Director working 20-30 hours per week. The New Administrator just finished [redacted] 100 hour course and other requirements on May 5, 2023. All verification available to submit. The Facility Management is aware that during the absence of the Administrator there must be a qualified person that meets the required criteria of 20 hours per week in charge until a new Administrator is retained.

Beginning 5-9-2023 the Executive Director or Owner will do monthly monitoring of the Administrator at the Facility. If there comes a time that the Administrator is absent, the monitoring will move to a weekly basis with a complete schedule of any interim Administrator. The Administrator schedule will provide a minimum of 20 hours average per week in each calendar month. Schedules will be kept by Executive Director for verification.

Licensee's Proposed Overall Completion Date: 05/09/2023

Implemented () - 06/06/2023)

183a - Original Containers and Injections

4. Requirements

2600.

183.a. Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration. Assistance with insulin and epinephrine injections and sterile liquids shall be provided immediately upon removal of the medication from its container.

Description of Violation

On 4/27/23, at approximately 11:30 am., the medications [redacted] and [redacted] for resident #1 were in a medication cup in a drawer of the medication cart in the medication room. These medications were not scheduled for administration until 9:00 pm.

On 4/27/23, at approximately 11:30 am., the medications [redacted], [redacted], [redacted], [redacted], and [redacted], for resident #2 was in a medication cup in a drawer of the medication cart in the medication room. These medications were not scheduled for administration until 9:00 pm.

Plan of Correction

Accept () - 05/09/2023)

On 4-27-23 day of inspection, Executive Director disposed of both cups of pre-poured pills. The medications Resident #1 and Resident #2 were pulled again for the evening med pass in the correct window of time. A training by Executive Director/Train the Trainer is scheduled for all Staff on 5-10-2023 on this regulation. The training will include why it is not a safe idea to pre-pour any medications.

Licensee's Proposed Overall Completion Date: 05/10/2023

Implemented () - 06/06/2023)

183f - Discontinued Medications

5. Requirements

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

On 4/27/23, at approximately 11:15 am., the following medications were in the cupboard in the medication room for the following residents who no longer reside in the home:

- * Resident #3 - [REDACTED]
- * Resident #4 - [REDACTED]

Plan of Correction

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

On 4-27-2023 Executive Director disposed of the medications for Resident #3 and Resident #4. They were missed with the other medications. Executive Director appointed a med tech to audit the rest of the medications to be sure no other meds were present that didn't belong. These audits will begin the week of 5-8-2023 and be done bi-monthly by the appointed med tech with documentation. Executive Director made an audit list to use when a Resident is discharged from the facility. When a Resident is discharged the current MAR will be printed by Administrator or Designee and attached to audit sheet as verification all medications have been removed.

Licensee's Proposed Overall Completion Date: 05/09/2023

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

187b - Date/Time of Medication Admin.

6. 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

Resident #5 is prescribed multiple medications, including [REDACTED], 1 patch daily for 12 hours, on am/off pm., [REDACTED] 1 tablet twice daily, and [REDACTED], 2 tablets every day. Resident #5's April 2023 medication administration record (MAR) does not include the initials of the staff person who administered the following medications:

- * [REDACTED] on 4/7/23, taken off at 8:00 pm.
- * [REDACTED] on 4/7/23, 8:30 am.
- * [REDACTED] on 4/7/23, at 8:30 am.

Plan of Correction

Accept ([REDACTED] - 05/09/2023)

On 4-27-2023 Inspector spoke to Resident #5 about [REDACTED] medications. [REDACTED] is very involved in the medication process. [REDACTED] declares [REDACTED] did not miss any meds. [REDACTED] self administers many of them and there was never a way to distinguish which ones [REDACTED] self administers on the MAR. Executive Director worked with the pharmacy to make the MAR read as it should. All medications that are self administered show up with an S in the box. This should take away much confusion. The Executive Director will be doing a training with all Staff on 5-10-2023 on this regulation. t will include letting Staff know that Resident #5 has a locked box in [REDACTED] room for the medications [REDACTED] is permitted to administer. Administrator or Designee will do monthly MAR audits beginning May 10-2023 to check for any

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

blank spaces and to investigate why it would be blank. Documentation will be kept at Facility

Licensee's Proposed Overall Completion Date: 05/10/2023

Implemented (█) - 06/06/2023

225a - Assessment 15 Days

7. 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

Resident #6's assessment, dated █, does not include level of supervision and ability to self-administer medications. These areas are blank.

Plan of Correction

Accept (█) - 05/09/2023

On 4-27-2023 Administrative Assistant finished the Assessment for Resident #6. All other Assessments are being audited by Administrator and Assistant for blank spaces. The audits will begin 5-10-2023 and be finished by 5-31-2023. Documentation will be kept and reviewed at the next Quality Management Meeting. The Assessments will be reviewed with signature by one other person (Executive Director, Administrator & Administrative Assistant will be the only ones involved in doing RASPS) as they are finished. This will help to assure all items are addressed.

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

Implemented (█) - 06/06/2023

225c - Additional Assessment

8. Requirements

2600.

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

- 1. Annually.

Description of Violation

Resident #5's assessment, dated █/23, does not include level of supervision and ability to self-administer medications. These areas are blank.

Plan of Correction

Accept (█) - 05/09/2023

On 4-27-2023 Administrative Assistant finished the Assessment for Resident #5. All other Assessments are being audited by Administrator and Assistant for blank spaces. The audits will begin 5-10-2023 and be finished by 5-31-2023. Documentation will be kept and reviewed at the next Quality Management Meeting. The Assessments will be reviewed with signature by one other person (Executive Director, Administrator & Administrative Assistant will be the only ones involved in doing RASPS) as they are finished. This will help to assure all items are addressed.

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

Implemented (█) - 06/06/2023

227a - Support Plan 30 Days

9. Requirements

227a - Support Plan 30 Days (continued)

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident #6's initial support plan, dated [REDACTED] 22, does not address how the home will meet the needs, frequency and responsible party for the diagnoses of [REDACTED], as indicated on the assessment, dated [REDACTED]/22. These areas are blank.

Plan of Correction

Accept ([REDACTED] - 05/09/2023)

On 4-27-2023 Administrative Assistant finished the Support Plan for Resident #6. All other Assessments are being audited by Administrator and Assistant for blank spaces. The audits will begin 5-10-2023 and be finished by 5-31-2023. Documentation will be kept and reviewed at the next Quality Management Meeting. The Assessments will be reviewed with signature by one other person (Executive Director, Administrator & Administrative Assistant will be the only ones involved in doing RASPS) as they are finished. This will help to assure all items are addressed.

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

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