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

September 14, 2023

COUNTRYSIDE CONVALESCENT HOME LIMITED PARTNERSHIP
8221 LAMOR ROAD
MERCER, PA, 16137

RE: QUALITY LIFE SERVICES - MERCER
8221 LAMOR ROAD
MERCER, PA, 16137
LICENSE/COC#: 46050

Dear ,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/20/2023 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,

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, [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: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Incident* **Exit Conference Date**: *07/21/2023*

Inspection Dates and Department Representative

07/20/2023 - 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**: *Licensed Facility* **Capacity**: *36* **Residents Served**: *16*

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *16*

Diagnosed with Mental Illness: *1* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *16* **Have Physical Disability**: *0*

Inspections / Reviews

07/21/2023 - Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/12/2023*

08/14/2023 - POC Submission

Submitted By: [redacted] **Date Submitted**: *09/12/2023*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *09/11/2023*

Inspections / Reviews *(continued)*

09/14/2023 - Document Submission

Submitted By: [redacted] **Date Submitted**: *09/12/2023*

Reviewer: [redacted] **Follow-Up Type**: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.
15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

Staff person A worked on /23 from pm. - am. on /23.

On /23, at approximately am., resident #1 was found upset in bedroom with dried hard feces under fingernails, between legs. on buttocks, bed, and floor. Resident #1 is on 2-hour continence checks and requires assistance with toileting. The incident was reported to , the home's administrator on /23, at approximately am. However, a written report of this allegation of abuse was not completed to the local Area Agency on Aging until /23.

On /23, at approximately am., resident #2 was found sitting on the floor against bed, with soft feces on fingers, clothes with feces on the floor and feces filled brief in the wastepaper can and bedroom floor. Resident #2 was assessed and found to have bruising and swelling of the fourth and fifth digit on the right hand. On /23 a mobile x-ray of the hand was completed, finding a buckle fracture of the fifth digit of the right hand. Resident #2 was sent to the local ER with follow up on 23. The incident was reported to , the home's administrator on /23, at approximately am. However, a written report of this allegation of abuse was not completed to the local Area Agency on Aging until /23.

On /23, at approximately pm. while sitting in the dining room, resident #3 was observed by staff asking resident #4 to come with Resident #4 refused and resident #3 picked up a hardback book and hit resident #4 on top of the head twice. However, this allegation of abuse was no not report to the local Area Agency on Aging until /23.

Plan of Correction ***Accept - 08/14/2023)***

PC administrator immediately reported the incident to Adult Protective Services on 7/20/2023. AL administrator will be educated by the NHA on Reporting Suspected Abuse to Adult Protective Services by 8/15/2023. Reportable incidents will be audited weekly for four weeks and then Monthly for 3 months by PCHA starting 8/14/2023 and ending 11/14/2023 Documentation will be kept by the PC administrator and reviewed at the monthly QA meetings starting 9/1/2023 and ending 11/30/2023.

Licensee's Proposed Overall Completion Date: *11/30/2023*

Implemented - 09/14/2023)

15b - Supervisor Plan

2. Requirements

2600.
15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

Staff person A worked /23 from pm - am. on /23.

15b - Supervisor Plan (continued)

On /23, at approximately am., resident #1 was found upset in bedroom with dried hard feces under fingernails, between legs. on buttocks, bed, and floor and resident #2 was found sitting on the floor against bed, with soft feces on fingers, clothes with feces on the floor and feces filled brief in the wastepaper can and bedroom floor. Resident #2 was assessed and found to have a buckle fracture of the fifth digit on the right hand. The home did not immediately develop and implement a plan of supervision or suspend staff person A. Staff person A continued to work on /23 on the pm - am., providing unsupervised direct care until suspension on /23.

Plan of Correction ***Accept 08/14/2023)***

Employee was suspended on /2023. All staff was re-educated on abuse and neglect by the PCHA , started on 7/25/2023 and completed 8/10/2023. PC administrator will be educated on developing and implementing a plan of supervision or suspension of the staff person involved in an alleged incident by 8/18/2023 by the NHA. PCHA will read the 24 hour aide report and POC chart notes daily 5 days a week starting 8/11/2023 and ongoing. Documentation will be kept by the PC administrator and reviewed at the QA meeting starting 9 /1 /2023 for 3 months ending 11/30/2023

Licensee's Proposed Overall Completion Date: *11/30/2023*

Implemented (- 09/14/2023)

23a - Activities of Daily Living Assistance

3. Requirements

2600.
23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment and support plan, dated /23, for resident #1, indicates the resident requires assistance with toileting. On /23, the resident did not receive this assistance as required. On /23, at approximately am., resident #1 was found upset in bedroom with dried hard feces under fingernails, between legs. on buttocks, bed, and floor.

Plan of Correction ***Accept - 08/14/2023)***

PCHA will be re-educated on assistance with ADL's as indicated in the residents assessment and support Plan by the NHA by 8/18/2023. Staff will be re-educated on assessments and support plans by 8/18/2023 by the NHA. POC's will be audited daily for documentation by the Director of Wellness starting 8/11/2023 and ongoing. Documentation will be kept by the PCHA and reviewed at the monthly QA meeting starting 9/1/2023 and ending 11/30/2023

Licensee's Proposed Overall Completion Date: *11/30/2023*

Implemented - 09/14/2023)

225a - Assessment 15 Days

4. 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.

225a - Assessment 15 Days *(continued)*

Description of Violation

Resident #4's assessment, dated [redacted]/23], does not include the resident residing on the SDCU and suicidal ideation.

Plan of Correction ***Accept ([redacted] - 08/14/2023)***

Initial assessment was updated immediately and reviewed with resident on 7/20/2023 by the PCHA PCHA will audit all new admission initial assessments for 3 months starting 8/1/2023 and ending 11/30/2023. NHA will educate PCHA on initial assessments by 8/18/2023. Documentation will be kept by PCHA and reviewed at the QA meeting starting 9/1/2023 and ending 11/30/2023.

Licensee's Proposed Overall Completion Date: *11/30/2023*

Implemented [redacted] - 09/14/2023)

225c - Additional Assessment

5. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
1. Annually.

Description of Violation

Resident 2's assessment, dated [redacted]/22, does not include the resident's need for assistance in toileting and issue with irritability as indicated by staff interviews.

Plan of Correction ***Accept [redacted] - 08/14/2023)***

Rasp was updated immediately on 7/20/2023 and reviewed with the resident by PCHA. PCHA will be educated by Administrator on Rasp by 8/18/2023. All New admission Rasp will be audited for 3 months for accurate completeness starting 8/1/2023 and ending 11/30/2023. Documentation will be kept by PCHA and reviewed at the QA meeting for 3 months starting 9/1/2023 and ending 11/30/2023.

Licensee's Proposed Overall Completion Date: *11/30/2023*

Implemented [redacted] - 09/14/2023)

227a - Support Plan 30 Days

6. Requirements

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 #1's assessment, dated [redacted]23, indicates the resident requires assistance with toileting; however, the resident's initial support plan does not address how the home will meet this need with 2-hour incontinence checks.

Plan of Correction ***Accept [redacted] - 08/14/2023)***

Care plan was updated immediately on 7/20/2023 and reviewed with the resident. NHA will educated the PCHA on initial assessments by 8/18/2023. All new admission initial assessments will be audited for 3 months for accurate completeness by the PCHA starting 8/1/2023 and ending 11/30/2023. Documentation will be kept by the PCHA and reviewed at the monthly QA meeting starting 9/1/2023 and ending 11/30/2023.

Licensee's Proposed Overall Completion Date: *11/30/2023*

227a - Support Plan 30 Days *(continued)*

Implemented - 09/14/2023)

231b - Medical Evaluation

7. Requirements

2600.
231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on 23; however, the resident's medical evaluation was completed on /23.

Resident #3 was admitted to the SDCU on /23; however, the resident's medical evaluation was completed on /23.

Resident #4 was admitted to the SDCU on 23; however, the resident's medical evaluation was completed on /23.

Plan of Correction ***Accept - 08/14/2023)***

All SDCU evaluations are being Audited by PCHA and will be completed by 8/30/2023. PCHA will be educated by the NHA by 8/18/2023 on Medical evaluations for SDCU. New admission Medical evaluations will be audited upon admission for 3 months, starting 8/1/2023 and ending 11/30/2023 by the PCHA. Documentation will be kept by the PCHA, and Documentation will be discussed at the monthly QA for 3 months starting 9/1/2023 and ending 11/30/2023.

Licensee's Proposed Overall Completion Date: *11/30/2023*

Implemented 09/14/2023)

231e - No Objection Statement

8. Requirements

2600.
231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

Resident #1 was admitted to the SDCU on /23, resident #3 was admitted to the SDCU on /23, and resident #4 was admitted to the SDCU on /23. The home has no documentation that the resident and the resident's designated person have not objected to the admission.

Plan of Correction ***Accept - 08/14/2023)***

NHA immediately started a No Objection Statement Form and is currently being implemented. All SDCU charts will be audited for the NOS form starting 8/1/2023 and completed by 8/30/2023. NHA will educate PCHA on NOS form by 8/18/2023. All new admissions for SDCU will be audited upon admission for 3 months for the POS form

231e - No Objection Statement (continued)

starting 8/1/2023 and ending 11/30/2023 and added to the contract for completion upon admission. Documentation will be kept by the PCHA. Documentation will be reviewed at the monthly QA meeting starting 9/1/2023 and ending 11/30/2023

Licensee's Proposed Overall Completion Date: *11/30/2023*

Implemented - 09/14/2023)

234a - Admission Support Plan

9. Requirements

2600.
234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident #1 was admitted to the SDCU on /23. However, the resident's initial support plan was completed on /23.

Resident #3 was admitted to the SDCU on /23. However, the resident's initial support plan was completed on /23.

Resident #4 was admitted to the SDCU on /23. However, the resident's initial support plan was completed on /23.

Plan of Correction ***Accept - 08/14/2023)***

PCHA was immediately educated on the SDCU timeframes to complete the support plans by the NHA. All new admissions support plans will be audited for 3 months to ensure 72 hours prior or 72 hours of admission for completeness starting 8/1/2023 and ending 11/30/2023. Documentation will be kept by the PCHA. Documentation will be reviewed at monthly QA meeting starting 9/1/2023 and ending 11/30/2023.

Licensee's Proposed Overall Completion Date: *11/30/2023*

Implemented - 09/14/2023)