

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

July 31, 2023

[REDACTED], ADMINISTRATOR
CVM PERSONAL CARE INC
12 FRIENDLY DRIVE
QUARRYVILLE, PA, 17566

RE: COUNTRY VIEW MANOR
12 FRIENDLY DRIVE
QUARRYVILLE, PA, 17566
LICENSE/COC#: 33427

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/07/2023 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: COUNTRY VIEW MANOR License #: 33427 License Expiration: 02/01/2024
 Address: 12 FRIENDLY DRIVE, QUARRYVILLE, PA 17566
 County: LANCASTER Region: CENTRAL

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: CVM PERSONAL CARE INC
 Address: 12 FRIENDLY DRIVE, QUARRYVILLE, PA, 17566
 Phone [REDACTED] Email [REDACTED]

Certificate(s) of Occupancy

Type: C 2 LP Date: 03/05/2001 Issued By: Department of Labor and Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 15 Waking Staff: 11

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 07/07/2023

Inspection Dates and Department Representative

07/07/2023 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 24 Residents Served: 15
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 15
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

07/07/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/21/2023

07/12/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 07/31/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/19/2023

Inspections / Reviews (*continued*)

07/25/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/31/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 08/01/2023

07/31/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/31/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

65f - Training Topics

1. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

Description of Violation

Direct Care Staff A did not receive the following trainings during training year 2022:

- 1. Medication self-administration
- 2. Instruction on meeting the needs (DME & RASP)
- 3. Care for residents w/dementia & cognitive impair.
- 4. Infection control/cleanliness/immobility concerns
- 5. Personal care service needs of the resident
- 6. Safe management techniques

Plan of Correction

Directed ([REDACTED] - 07/24/2023)

Direct Care Staff A was retrained on the above topics prior to Staff Meeting on Fire Safety on Monday, July 10, 2023. Going forward Cory Schober, the Administrator, will ensure that all staff meet mandatory training topics and will make sure that is done by December 31st of every year. Mandatory training topics will be gone over with new hires when hired and at mandatory fire training meeting for all other staff members. Yearly fire meeting takes place in July of every year.

Directed Plan

- On 7/10/23, the administrator ensured Direct Care Staff Member A was retrained on the topics outlined in this regulation.
- Starting 7/10/23, the administrator will ensure all Direct Care Staff members meet the mandatory annual training topic requirements listed under this regulation. The administrator will also ensure training is completed annually by December 31st of each year.
- The administrator will ensure the Mandatory Training topics listed under this regulation is discussed with Direct Care Staff new hires at the time of hire.
- The administrator will ensure mandatory training topics are covered for all other staff members during the yearly fire safety training meetings which are held in July.

Directed Completion Date: 07/18/2023

Implemented ([REDACTED] - 07/31/2023)

171b5 - First Aid Kit

2. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

- 5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

The first aid kit located in the Dodge Caravan used to transport residents does not include a breathing shield, eye

171b5 - First Aid Kit (continued)

covering, tweezers, scissors, thermometer, and gloves.

Plan of Correction

Accept ([REDACTED] - 07/24/2023)

After it was brought to [REDACTED], the Administrators, attention, the missing items were added and showed to the inspector on 7/7/2023. Going forward first aid kit will be checked quarterly by the Administrator to make sure that all mandatory equipment is in the first aid kit. Quarterly checks will begin on October 2, 2023.

Licensee's Proposed Overall Completion Date: 07/18/2023

Implemented ([REDACTED] - 07/31/2023)

171c - Home's Vehicle Documents**3. Requirements**

2600.

171.c. The home shall maintain current copies of the following documentation for each of the home's vehicles used to transport residents:

Description of Violation

The home does not have a current copy of the registration for its Dodge Caravan used to transport residents. The registration expired in February 2023.

Plan of Correction

Accept ([REDACTED] - 07/24/2023)

The facility never received renewal application for the registration. The Administrator ([REDACTED]) submitted form MV-140 to PennDOT on 7/10/2023 for missing registration. Checks will be done yearly by the Administrator to ensure that documentation is current. Administrator will check every January 2nd to make sure that registration is up to date.

Licensee's Proposed Overall Completion Date: 07/18/2023

Implemented ([REDACTED] - 07/31/2023)

181f Record of Medication**4. Requirements**

2600.

181.f. The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering his medication.

Description of Violation

On [REDACTED] 023 at [REDACTED] pm, medications were reviewed with Resident 2 who self-administers medication; the following PRN medications were listed on the Medication Administration Record (MAR), which is used to track medications, but were not in Resident 2's medication lockbox, or elsewhere in the home:

- [REDACTED] – Take 2 Tablets (400 MG) by mouth every 4 hours as needed for pain/fever "Self-Admin"
- [REDACTED] – Take one tablet by mouth every 6 hours PRN: Gas-Self Admin "Bottle"
- [REDACTED] – Take ½ Tablet (25 MG) by mouth at bedtime as needed for sleep. *Bottle* *Keep bottle in room/Self Admin*
- [REDACTED] – Take 10 ML By Mouth 4 Times a Day PRN: *Self-Admin* Cough
- [REDACTED] – Take One Tablet PO Every 4 Hours as needed for Pain *Self-Admin* Bottle
- [REDACTED] – Take one Tablet by Mouth Daily as need for Allergies *Self-Admin*

On 7/7/2023 at 12:01pm, the following medication was observed in the Resident 2's medication lockbox, but was not listed on the MAR:

181f - Record of Medication (continued)

- [REDACTED], take one by mouth daily.

Plan of Correction**Directed (NN - [REDACTED] 2023)**

Medications that were missing were ordered from the pharmacy by [REDACTED], the Administrator, and added to Resident 2's lockbox on 7/11/2023. Bupropion was removed on 7/11/2023 and returned to the pharmacy to be destroyed on 7/11/2023. Administrator will do quarterly checks on Resident 2's lockbox to make sure that only prescribed medications are kept in the facility. Quarterly checks to begin on 10/2/2023.

Directed Plan:

- On 7/11/23, the administrator ordered Resident 2's medications and added the medications to Resident 2's lockbox.
- On 7/11/23, the administrator removed the [REDACTED] medication from resident 2's lockbox and returned the medication to the pharmacy to be destroyed.
- Starting 7/11/23, the administrator will complete quarterly checks on Resident 2's lockbox to make sure that only prescribed medications are kept in the facility. Quarterly checks will begin 10/2/2023.
- Starting 7/11/23, the administrator will ensure the home maintains an updated record of all current medications for Resident 2 or any resident who self-administers.

Directed Completion Date: 07/18/2023**Implemented [REDACTED] - 07/31/2023)**