

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

September 18, 2023

[REDACTED]  
RUSTIC PROPERTY HOLDINGS LLC  
[REDACTED]

RE: COUNTRYSIDE PERSONAL CARE  
HOME  
1841 STOYSTOWN ROAD  
FRIEDENS, PA, 15541  
LICENSE/COC#: 33527

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/02/2023 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: *COUNTRYSIDE PERSONAL CARE HOME* License #: *33527* License Expiration: *11/01/2023*  
 Address: *1841 STOYSTOWN ROAD, FRIEDENS, PA 15541*  
 County: *SOMERSET* Region: *CENTRAL*

**Administrator**

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

**Legal Entity**

Name: *RUSTIC PROPERTY HOLDINGS LLC*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *11/01/2021* Issued By: *Labor and Industry*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *19* Waking Staff: *14*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *08/02/2023*

**Inspection Dates and Department Representative**

*08/02/2023 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *35* Residents Served: *18*

**Secured Dementia Care Unit**

In Home: *No* Area: Capacity: Residents Served:

**Hospice**

Current Residents: *4*

**Number of Residents Who:**

Receive Supplemental Security Income: *5* Are 60 Years of Age or Older: *18*  
 Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *1* Have Physical Disability: *0*

**Inspections / Reviews**

**08/02/2023 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/20/2023*

**08/29/2023 - POC Submission**

Submitted By: [REDACTED] Date Submitted: *09/12/2023*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/05/2023*

Inspections / Reviews (*continued*)

## 09/11/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/12/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/18/2023

## 09/18/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/12/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

25a - Written Contract and Review

1. Requirements

2600.

25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

Resident 1 was admitted to the home on [redacted]/2023. However, the home contact wasn't signed until [redacted]/2023.

Plan of Correction

Accept [redacted] - 08/29/2023)

PCHA will ensure resident-home contracts are signed between the resident and the home either prior to admission or within 24 hours after admission. Monthly audits will be conducted by PCHA on all new admits to ensure resident-home contracts are signed within the required timeframe. Initial audit was completed on 8/4/23. With the exception of Resident 1, all contracts were in compliance. Monthly audits to be completed before the last day of each month.

Licensee's Proposed Overall Completion Date: 08/17/2023

Implemented [redacted] - 09/18/2023)

65f - Training Topics

2. 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 person A did not receive training in medication self-administration and safe management techniques during the June 2022 - June 2023 training year.

Plan of Correction

Accept [redacted] - 09/11/2023)

Direct care staff person A completed the medication self-administration and safe management techniques on 8/17/23. PCHA will audit all staff training by the end of each month to ensure staff has completed the required training. The PCHA will complete the first audit on 8/21/23. Monthly audits will ensure the annual trainings are completed within the annual training year. Any staff that should be away on vacation or out of the facility for any reason, upon return will have 1 week to complete the required training.

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

Implemented [redacted] - 09/18/2023)

82c - Locking Poisonous Materials

3. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On 08/02/2023, a bottle of Great Value toilet bowl cleaner with bleach and a Great Value disinfectant aerosol can, with manufacture labels indicating to call poison control if ingested, were unlocked, unattended, and accessible to residents in the 2nd floor bathroom. Not all the residents of the home, including Resident 1 and Resident 2, have been assessed capable of recognizing and using poisons safely.

## 82c - Locking Poisonous Materials (continued)

On 08/02/2023, a 19oz Great Value disinfectant aerosol can, with a manufacture label indicating to call poison control if ingested, was unlocked, unattended, and accessible to residents under the sink in the dining room. Not all the residents of the home, including Resident 1 and Resident 2, have been assessed capable of recognizing and using poisons safely.

**Plan of Correction**

Accept (█) - 09/11/2023)

All cleaning products and poisonous materials will be locked in hall cleaning closet and/or behind locked kitchen door step area. Med Aide will complete a walk-through prior to the end of thier shift and sign off on their daily task sheet sheet to ensure that all cleaning supplies are locked and inaccessible to all residents. Audit sheets are completed daily for each shift. The first updated audit sheet will go into effect on Saturday 8/5/23. Staff educated on 8/4/23 with an overview of inspection to move forward in a positive manner within the facility .

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

Implemented (█) - 09/18/2023)

## 132e - Fire Drill Sleeping Hours

**4. Requirements**

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

**Description of Violation**

The last fire drill conducted during sleeping hours was on 11/15/2022 at 5:03AM.

**Plan of Correction**

Accept (█) (█) 09/11/2023)

Maintenance Director and PCHA met on 8/5/23 regarding inspection violation 132. e. PCHA and Maintenance reveiwed the pink regulation book, page 2600-43 2600.132. Fire Drills, as well as reviewed RCG pages 113-119 132 a-j in the RCG. Maintenance Director has completed a 12 month calendar for the PCHA on the day/time of the monthly fire drills, to include the two drills held during sleeping hours once every 6 months. If the day/time needs to change, another form will be submitted to the PCHA for any changes to current schedule. The change must give the Maintenance Director enough time within the month to hold another drill if necessary. This calendar will only be accessable to the Maintenance Director who will retain a copy for (█) records, and the PCHA which will be locked in (█) files. The calendar was completed on 8/12/23. All firedrills will be unaware to staff and residents.

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

Implemented (█) (█) - 09/18/2023)

## 141b1 - Annual Medical Evaluation

**5. Requirements**

2600.

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

**Description of Violation**

Resident 2's most recent medical evaluation was completed on (█)/2023. The resident's previous medical evaluation was completed on (█)/2022.

141b1 - Annual Medical Evaluation (continued)

Plan of Correction

Accept [redacted] - 08/29/2023)

Monthly audits will be conducted by [redacted] RN to ensure appointments are scheduled in enough time to complete the annual DME appointment are scheduled in enough time to complete the annual DME evaluation and form in a timely manner. Attached is the report that we will utilize to determine the date due to any upcoming DME's. Report generated on 8/14/23. Education completed with [redacted] on 8/17/23.

Licensee's Proposed Overall Completion Date: 08/18/2023

Implemented [redacted] - 09/18/2023)

185a - Implement Storage Procedures

6. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident 2 is prescribed blood sugar tests 3 times a day and receives insulin per sliding scale orders. The blood glucose checks on the glucometer did not match what was transcribed on the Medication Administration Record (MAR) as follows:

On 07/25/2023 at 7:00AM, MAR has a documented reading of 172. However, this reading was not found in the glucometer.

On 07/18/2023 at 7:00AM, MAR has a documented reading of 195. However, this reading was not found in the glucometer.

On 07/26/2023 at 7:30PM, the glucometer has a reading of 284. However, this reading was not documented in the MAR.

On 07/18/2023 at 9:36AM, the glucometer has a reading of 373. However, this reading was not documented in the MAR.

Resident 3 is prescribed blood sugar tests 4 times a day. The blood glucose checks on the glucometer did not match what was transcribed on the MAR as follows:

On 07/29/2023 at 8:00PM, MAR has a documented reading of 60. However, the reading on the glucometer was 128.

On 07/25/2023 at 7:00AM, MAR has a documented reading of 152. However, the reading on the glucometer was 157.

On 07/22/2023 at 8:00PM, MAR has a documented reading of 70. However, the reading on the glucometer was 79.

Resident 3 has a PRN order for Bisacodyl SUP 10MG. On 08/2/2023 this medication was not available.

Plan of Correction

Accept [redacted] 08/29/2023)

All med tech staff received updated glucometer training/education on 8/4/23. At the end of every shift during shift change the Med Aides will complete glucometer audit, checking readings against glucometer readings for each

**185a - Implement Storage Procedures (continued)**

resident with accu-check orders. See attached audit form implemented on 8/14/23. This audit form will remain a permanent task at every change of shift. In addition, facility's pharmacy has fixed PRN Blood Glucose entry area as well as units given area to ensure a place for documentation.

Licensee's Proposed Overall Completion Date: 08/18/2023

Implemented [REDACTED] - 09/18/2023)

**187a - Medication Record****7. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

**Description of Violation**

Resident 2's Novolin insulin is administered based on a sliding scale. However, on 07/01/2023 at 7:00AM, 07/18/2023 at 12:00PM, 07/29/2023 at 12:00PM and 07/30/2023 at 8:00PM insulin was administered but the amount of insulin administered was not documented on resident's Medication Administration Record (MAR).

**Plan of Correction**

Accept [REDACTED] 08/29/2023)

Certified Med Tech's received education on 8/4/23 regarding proper MAR documentation (see attached sign in sheet. At the end of each shift, the assigned Med Tech will complete an audit of the MAR to ensure insulin documentation is complete and the sliding scale insulin amount is properly documented in the MAR. The assigned Med Tech will initial verifying on their daily task sheet that they did indeed complete this task. Form updated 8/11/23 and implemented on 8/14/23.

Licensee's Proposed Overall Completion Date: 08/18/2023

Implemented [REDACTED] - 09/18/2023)

**187d - Follow Prescriber's Orders****8. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

**Description of Violation**

Resident 2 has an order for Novolin R INJ u-100, this is a sliding scale medication that requires Blood Sugar checks to measure the number of units given. Order states if blood sugar level is "OVER 340= 12U AND CALL MD." However, the home did not contact resident's physician regarding the following times when resident's blood sugar level was over 340:  
 On 07/31/2023 at 8:00PM blood sugar was 400.  
 On 07/30/2023 at 8:00PM blood sugar was 341.  
 On 07/27/2023 at 8:00PM blood sugar was 412.  
 On 07/26/2023 at 8:00PM blood sugar was 349.  
 On 07/24/2023 at 8:00PM blood sugar was 388.  
 On 07/18/2023 at 12:00PM blood sugar was 365.

**187d - Follow Prescriber's Orders (continued)**

On 07/18/2023 at 8:00PM blood sugar was 353.

**Plan of Correction**

Accept (████) 08/29/2023)

All physician orders for blood sugar levels that need reported to MD will now be faxed to the provider, so the home has a written copy that attempt was made to contact the physician. The Med Tech on shift with resident elevated blood sugar will attempt phone call and complete the fax communication form verifying the contact attempt. This fax will become part of the resident's record and placed in the resident chart under "physician orders". Example attached.

Licensee's Proposed Overall Completion Date: 08/18/2023

Implemented (████) - 09/18/2023)

**224a - Preadmission Screen Form****9. Requirements**

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

**Description of Violation**

Resident 1 was admitted to the home on █████/2023. However, resident's preadmission screening form was completed on █████/2023.

**Plan of Correction**

Accept (████) - 09/11/2023)

PCHA will ensure all prescreens are completed no more than 30 days prior to admission. A new prescreen will be completed if not compliant within the 30 days prior to admission. If for unforeseen circumstances an admission gets pushed back more than 30 days after the preadmission screening was completed. The PCHA will be sure to complete a new prescreening form so that all dates are in regulation. An audit will be conducted by the end of every month to ensure the prescreens completed within the month were done accurately and timely by the PCHA.

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

Implemented (████) - 09/18/2023)