

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

August 21, 2023

[REDACTED], OWNER
COUNTRYSIDE CONVALESCENT HOME LIMITED PARTNERSHIP
8221 LAMOR ROAD
ATTN [REDACTED]
MERCER, PA, 16137

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 08/08/2023 of the above facility, no regulatory citations have been identified as a result of this inspection.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

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: *Stacey Crawford* **Phone:** *7246625860* **Email:** *slcrawford@qualitylifeservices.com*

Legal Entity

Name: *COUNTRYSIDE CONVALESCENT HOME LIMITED PARTNERSHIP*

Address: *8221 LAMOR ROAD, ATTN [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:** *36* **Waking Staff:** *27*

Inspection Information

Type: *Partial* **Notice:** *Unannounced* **BHA Docket #:**

Reason: *Complaint* **Exit Conference Date:** *08/08/2023*

Inspection Dates and Department Representative

08/08/2023 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *36* **Residents Served:** *18*

Secured Dementia Care Unit

In Home: *Yes* **Area:** *SDCU* **Capacity:** *36* **Residents Served:** *18*

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older:** *18*

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

Have Mobility Need: *18* **Have Physical Disability:** *0*

Inspections / Reviews

08/08/2023 - Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** *Not Required*

NO DEFICIENCIES FOUND