

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

August 17, 2023

[REDACTED], CEO  
COUNTRY MANOR PCH LP  
111 ALTMAYER DRIVE  
KITTANNING, PA, 16201

RE: COUNTRY MANOR  
111 ALTMAYER DRIVE  
KITTANNING, PA, 16201  
LICENSE/COC#: 44629

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/07/2023 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 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**

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 32 Waking Staff: 24

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Complaint, Monitoring Exit Conference Date: 06/07/2023

**Inspection Dates and Department Representative**

06/07/2023 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: 13 Are 60 Years of Age or Older: 28  
 Diagnosed with Mental Illness: 10 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 0 Have Physical Disability: 1

**Inspections / Reviews**

06/07/2023 - Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/26/2023

06/29/2023 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 08/07/2023  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 08/06/2023

Inspections / Reviews *(continued)*

08/04/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/07/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 08/07/2023

08/17/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/07/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

## 183e - Storing Medications

## 2. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

## Description of Violation

There was a 45 gram tube of [REDACTED] – apply topically to affected area twice daily for 14 days for resident #3 in the home's medication cart. This medication was started on 9/8/22 and is discontinued.

There was a 100 gram tube of [REDACTED] – apply to right shoulder two times a day for resident #3. However, this medication was not documented in the resident's June 2023 medication administration record and the home has no physician's order.

## Plan of Correction

Accept ([REDACTED] - 06/29/2023)

On 6-7-2023 Regional Assistant disposed of the tube of [REDACTED] cream for Resident #3. There was no order for the 100 gram tube of [REDACTED]. [REDACTED] had gone to the hospital and upon return the hospital did not reorder. It is on hold from administering until physician decides if it should be restarted. Physician is to return call to Administrator with new order if it is to be continued. Executive Director has A training scheduled for 7-6-2023 with all med techs on this regulation. A full med cart audit is being done by a Registered Nurse from an outside agency on a Registered Nurse

Licensee's Proposed Overall Completion Date: 07/06/2023

Implemented [REDACTED] - 08/17/2023)

## 184a - Resident's Meds Labeled

## 3. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

2. The name of the medication.
4. The prescribed dosage and instructions for administration.

## Description of Violation

Resident #1 is prescribed [REDACTED] - take ½ tablet by mouth daily. However, the resident's medication label indicates – [REDACTED] tab – Take one half tablet by mouth daily.

Resident #2 is prescribed [REDACTED] – take two tablets (40mg) by mouth once a day. However, the resident's medication label indicates [REDACTED] – take one half tablet by mouth twice a day (breakfast and supper) to reduce stomach acid (caution tablet must be split). According to staff interviews, the resident has been receiving the incorrect 20mg dosage that is indicated on the medication label.

## Plan of Correction

Accept ([REDACTED] - 06/29/2023)

On day of inspection 6-7-2023 Regional Assistant talked with the House Pharmacy on the medications pertaining to this violation to correct any issues. A complete MAR audit is being done by a Nurse from an outside agency on 7-6-2023 with documentation kept. Beginning the following month (August, 2023), monthly audits with documentation will be done by Administrator or Designee. For Resident #1 there is no error. ER and SA have the same meaning.

**184a - Resident's Meds Labeled (continued)**

For Resident #2 a new label was sent prescribing 40mg once a day. The Resident had been taking a 20mg tablet twice daily still equaling 40mg. A med re-training and observation by Executive Director/Train the Trainer is scheduled for 7-6-2023 for all med techs.

Licensee's Proposed Overall Completion Date: 07/06/2023

Implemented (████) - 08/17/2023)

**185a Implement Storage Procedures****4. 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 #1 is prescribed ██████ – Take one capsule by mouth twice a day. However, this medication was not available in the home.

**Plan of Correction**

Accept (████) 06/29/2023)

On day of inspection, Regional Assistant called the VA concerning Resident #1's ██████. The medication was on its way and was delivered 6-9-2023. The medication is a narcotic so we were not able to obtain from Pharmacy. A complete med cart audit is scheduled for 7-6-2023 by a Nurse with an outside agency. Monthly audits by Administrator or Designee will start monthly in August, 2023. A med training with observations will be done by Executive Director on 7-6-2023 to address this regulation. Due to the process for VA meds and the difficulty in refilling narcotics, the Administrator or Designee will audit Narcotics every 3 weeks beginning 7-3-2023 with documentation. Any medications getting low will be ordered at that time.

Licensee's Proposed Overall Completion Date: 07/06/2023

Implemented (████) - 08/17/2023)

**187d - Follow Prescriber's Orders****5. Requirements**

2600.

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

**Description of Violation**

Resident #2 is prescribed ██████ – take two tablets (40mg) by mouth once a day. However, the resident's medication label indicates ██████ 40mg – take one half tablet by mouth twice a day (breakfast and supper) to reduce stomach acid (caution tablet must be split). According to staff interviews, the resident has been receiving the incorrect 20mg dosage that is indicated on the medication label.

**Plan of Correction**

Accept (████) 06/29/2023)

Regional Assistant called pharmacy on day of inspection 6-7-2023 to clarify order for Resident #2. A new bottle with correct instructions was sent to Facility by Pharmacy. The Pharmacy said the dosage was correct, whether 2 -20 mg or 1 -40 mg. Executive Director/Train the Trainer will be doing a re-training with med techs on 7-6-2023 to include this regulation of following the directions of the provider. Med techs will be taught by Executive Director to do MAR audits and everything to look for. Initial audit of med carts will be done on 7-6-2023 by an RN from an outside agency. Administrator or Designee will then audit med carts monthly with documentation. Beginning 7-6-2023

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

Executive Director or Administrator will review medications and medication Administration documentation of 5 Residents per week until all Residents have been reviewed to ensure The directions of the prescriber are being followed and all current prescribed medication's are present in the home and available for administration. Documentation kept.

Licensee's Proposed Overall Completion Date: 07/06/2023

Implemented [REDACTED] - 08/17/2023)

**6. Requirements**

2600.

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

**Description of Violation**

Resident #1 is prescribed [REDACTED] – Take one capsule by mouth twice a day. However, this medication was not available in the home and was not administered to the resident on [REDACTED]/23 through [REDACTED] 23.

**Plan of Correction**

Accept [REDACTED] /29/2023)

Executive Director/Train the Trainer will be doing a re-training with med techs on 7-6-2023 to include this regulation of following the directions of the provider. Med techs will be taught by Executive Director to do MAR audits and everything to look for. Initial audit of med carts will be done on 7-6-2023 by an RN from an outside agency. Administrator or Designee will then audit med carts monthly with documentation. Beginning 7-6-2023 Executive Director or Administrator will review medications and medication Administration documentation of 5 Residents per week until all Residents have been reviewed to ensure The directions of the prescriber are being followed and all current prescribed medication's are present in the home and available for administration. Documentation kept. On day of inspection, Regional Assistant called the VA concerning Resident #1's [REDACTED] 50mg. The medication was on its way and was delivered 6-9-2023. The medication is a narcotic so we were not able to obtain from Pharmacy. Due to the process for VA meds and the difficulty in refilling narcotics, the Administrator or Designee will audit Narcotics every 3 weeks beginning 7-3-2023 with documentation. Any medications getting low will be ordered at that time.

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

Implemented [REDACTED] - 08/17/2023)

**224a - Preadmission Screen Form****7. 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 #4 was admitted on [REDACTED] /23, however, there is no preadmission screening completed

**Plan of Correction**

Accept [REDACTED] - 06/29/2023)

On day of inspection 6-7-2023 Regional Assistant did a pre screening for Resident #4. It was noted as being late and the reason. Resident was an emergency placement for 1 week through protective services. A policy for Emergency Placement/Respite Care is being written by Executive Director to be reviewed as a training with Staff on 7-6-2023. The Policy will be used for reference when getting a new Resident. It was understood if a Resident was not there a full month, they would not need all paperwork. It is now understood that all paperwork is to be fine no matter how

**224a - Preadmission Screen Form (continued)**

ong the stay. All other files were reviewed in the past month by Executive Director and Regional Assistant. No other files missing pre-screening.

**Licensee's Proposed Overall Completion Date:** 07/06/2023

**Implemented** [REDACTED] - 08/04/2023)

**225a - Assessment 15 Days****8. 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**

An assessment was not completed for resident #4, who was admitted to the home on [REDACTED].

**Plan of Correction**

**Accept** [REDACTED] - 06/29/2023)

Resident #4 was short term emergency placement and no longer resides in Facility. [REDACTED] was there a total of 3 weeks. [REDACTED] was only to be there 1 week, but some issues with getting [REDACTED] moved. Administration was under the assumption that the Assessment did not need done if they were short term. It is now understood that all Residents, regardless how long they will be in home, need all forms done. All other files were recently audited by Executive Director and Regional Assistant (all audited in May, 2023). Monthly audits continuing in July, 2023 will be done by Administrator or Designee. A policy for emergency placement/respite care is being written by Executive Director to be reviewed as a training with Staff on 7-6-2023

**Licensee's Proposed Overall Completion Date:** 07/06/2023

**Implemented** [REDACTED] - 08/04/2023)

**225c - Additional Assessment****9. Requirements**

2600.

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

**Description of Violation**

Resident #1's annual assessment and support plan, dated [REDACTED] is incomplete and does not have an assessment of care need for medication administration. This section is blank.

**Plan of Correction**

**Accept** [REDACTED] - 06/29/2023)

The information for Resident #1 was updated by Executive Director on 4-27-2023 for a previous inspection. It was in a POC book for Inspectors. It was not the regular Staff at the Facility on the day of inspection and it was missed. All other assessments were reviewed by Executive Director and Regional Assistant in May, 2023 with documentation kept. Monthly audits by Administrator or Designee will continue beginning 7-6-2023.

**Licensee's Proposed Overall Completion Date:** 07/06/2023

**Implemented** [REDACTED] - 08/04/2023)