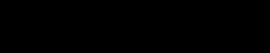


Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

April 11, 2023


COUNTRY MANOR PCH LP
111 ALTMAYER DRIVE
KITTANNING, PA, 16201

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

Dear 

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/01/2022 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: COUNTRY MANOR License #: 44629 License Expiration: 03/21/2023
 Address: 111 ALTMAYER DRIVE, KITTANNING, PA 16201
 County: ARMSTRONG Region: WESTERN

Administrator

Name: [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

Type: C-2 LP Date: 06/20/1996 Issued By: L&I
 Type: I-1 Date: 08/10/2005 Issued By:

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 42 Waking Staff: 32

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 09/01/2022

Inspection Dates and Department Representative

09/01/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 50 Residents Served: 35
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 1
 Number of Residents Who:
 Receive Supplemental Security Income: 8 Are 60 Years of Age or Older: 29
 Diagnosed with Mental Illness: 10 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 7 Have Physical Disability: 0

Inspections / Reviews

09/01/2022 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/07/2022

12/20/2022 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 02/09/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/22/2022

Inspections / Reviews *(continued)*

02/03/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/09/2023

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 02/10/2023

04/11/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/09/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED], the local Area Agency on Aging was in the home to investigate allegations of neglect and emotional abuse of residents in the home. These allegations were discussed with staff person A, the home's Administrator. The home did not report this incident to the Department.

Plan of Correction

Accept (JW - 02/03/2023)

The Administrator will report all incidents outlined in 16c within the required time frames. All incidents will be reviewed at the QA meeting. Administrator will track all reportable incidents on reportable incident tracker. All staff are being re-trained and educated one on one by the Executive Director and the Administrator on the importance of reportable incidents and the homes current policy and procedure for reporting incidents to the department by -01/10/2023. They had a training by Administrator in Early November with a second one to be done by Executive Director and Administrator in January, 2023. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 01/10/2023

Implemented (BG - 04/05/2023)

141a - Medical Evaluation

2. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident #1 was admitted on [REDACTED]. The initial medical evaluation for resident #1, dated [REDACTED], was not complete within 60 days prior to admission or within 30 days after admission of the resident.

Plan of Correction

Accept (JW - 02/03/2023)

Immediately the Administrator will audit all DMEs for correctness. The Administrator will audit DMEs monthly thereafter and will be documented on PCA audit. Administrator will ensure proper documentation prior to admission. Executive Director and Administrator reviewed all files in November, 2022. Administrator will document and keep in a monthly review binder. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 12/21/2022

Implemented (BG - 04/11/2023)

187b - Date/Time of Medication Admin.

3. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

187b - Date/Time of Medication Admin. (continued)

Description of Violation

Resident #1 is prescribed Docusate, 100 mg, 1 tab twice daily. Resident #1's August 2022 medication administration record (MAR), did not include the initials of the staff person who administered Docusate on 8/1/22 - 8/5/22 at 8:30 am. and 8/1/11 - 8/4/22, at 9:00 pm.

Resident #2 is prescribed Buspirone, 10 mg, 1 tab twice daily. Resident #2's August 2022 MAR, did not include the initials of the staff person who administered Buspirone on 8/2/22, 8/3/22 and 8/6 - 8/8/22 at 9:00 pm. and 8/6/22 - 8/8/22 at 8:30 am.

Resident #3 is prescribed Clopidogrel, 75 mg, 1 tab daily. Resident #3's August 2022 MAR, did not include the initials of the staff person who administered Clopidogrel on 8/3/22.

Plan of Correction**Accept (JW - 02/03/2023)**

This violation was due to an error in [REDACTED]. Immediately Administrative Assistant began checking the MAR for correctness. Immediately a designated staff person trained in Medication Administration will monitor the MAR and administration of resident's medication daily to ensure medications are given at the proper date, time and are signed off on. All staff will be trained by Administrator or Executive Director on the importance of this regulation by 11/18/2022. Documentation will be kept. The Executive Director or Administrator will monitor the MAR and the administration of resident medication monthly to ensure the medications are given at the proper date, time and are signed off on. On 12-14-2022, Executive Director trained lead med tech how to do audits and check MARS. [REDACTED] will do daily audits moving through different Residents daily, enabling monthly for each Resident. The MARS were not adjusted due to the Staff member no longer working at the Facility. With the new audits, any documentation that could be missing will be caught and addressed by Administration quickly Documentation will be kept on PCA audit.

Licensee's Proposed Overall Completion Date: 12/21/2022

Implemented (BG - 04/05/2023)

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.

Description of Violation

Resident #1's assessment, dated [REDACTED] does not include the resident's refusals of eating and drinking.

Resident #2's assessment, dated [REDACTED] does not address the resident's use of alcohol and agitated behaviors exhibited while under the affects of alcohol.

POC Submission**Accept (JW - 12/20/2022)**

Immediately the Administrator corrected the RASP to include the information needed. Immediately the Administrator will audit all RASPs to ensure that they had an initial assessment done within the time frame. The Administrator will review RASPs monthly for completeness. Documentation will be kept on PCA audit. All staff will be trained on the importance of this regulation by 11/18/2022. Documentation will be kept.

225a - Assessment 15 Days *(continued)*

Licensee's Plan Completion Date: 11/11/2022

Implemented (BG - 04/10/2023)