

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

December 6, 2023

[REDACTED], ADMINISTRATIVE OFFICER
COUNTRYSIDE CONVALESCENT HOME LIMITED PARTNERSHIP
8221 LAMOR ROAD
MERCER, PA, 16137

RE: QUALITY LIFE SERVICES MERCER
8221 LAMOR ROAD
MERCER, PA, 16137
LICENSE/COC#: 45029

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/14/2023 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: *QUALITY LIFE SERVICES MERCER* License #: *45029* License Expiration: *07/07/2023*
 Address: *8221 LAMOR ROAD, MERCER, PA 16137*
 County: *MERCER* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *COUNTRYSIDE CONVALESCENT HOME LIMITED PARTNERSHIP*
 Address: *8221 LAMOR ROAD, 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: *40* Waking Staff: *30*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *09/14/2023*

Inspection Dates and Department Representative

09/14/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *64* Residents Served: *30*

Special Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *30*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *10* Have Physical Disability: *0*

Inspections / Reviews

09/14/2023 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/09/2023*

10/17/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *11/09/2023*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *11/15/2023*

Inspections / Reviews *(continued)*

12/06/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/09/2023

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

16c Incident reporting

1. Requirements

2800.

16.c. The residence shall report the incident or condition to the Department’s assisted living residence office or the assisted living residence complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2800.15 (relating to abuse reporting covered by law).

Description of Violation

Resident #1 was prescribed [REDACTED] -take 1 capsule by mouth 2x a day. On [REDACTED], the resident was not administered [REDACTED] prescribed medication as the medication was not available in the home. The residence did not report the medication error to the Department until 9/5/23.

Plan of Correction

Accept ([REDACTED] - 10/17/2023)

AL administrator immediately reported the incident to DHS on [REDACTED] AL administrator will be educated by the Nursing Home administrator on reporting reportable incidents to DHS 11/13/2023. Reportable incidents will be audited weekly for four weeks and then monthly for 3 months by AL administrator starting 10/13/2023 and ending 12/13/2023. Documentation will be by the AL administrator and reviewed by the monthly QA meetings starting 10/18/2023 and ending 12/20/2023.

Licensee's Proposed Overall Completion Date: 11/13/2023

Implemented ([REDACTED] - 12/06/2023)

187d Follow prescriber’s orders

2. Requirements

2800.

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

Description of Violation

Resident #1 was prescribed [REDACTED] -take 1 capsule by mouth 2x a day. On [REDACTED] the resident was not administered [REDACTED] prescribed medication as the medication was not available in the home.

Plan of Correction

Accept ([REDACTED] - 10/17/2023)

All needed medications were immediately secured for the Resident. The AL administrator will ensure that Staff are educated that medications must be available and that the AL administrator must be contacted immediately if a medication is not available so it can be obtained. This education will be completed by 11/13/23. 5 resident MARs and medications will be audited weekly for four weeks and then monthly for 3 months by AL administrator to ensure That medications were available and Administered Starting 10/13/2023 and ending 12/13/2023. Documentation will kept be by the AL administrator and reviewed by the monthly QA meetings starting 10/18/2023 and ending 12/20/2023.

Licensee's Proposed Overall Completion Date: 11/13/2023

Implemented ([REDACTED] - 12/06/2023)