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

March 13, 2024

[redacted]
COUNTRYSIDE CONVALESCENT HOME LIMITED PARTNERSHIP
[redacted]
ATTN CLAUDIA MCINTYRE
[redacted]

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

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/05/2023, 10/06/2023, 10/05/2023, 10/13/2023, 10/24/2023, 11/03/2023 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 #**: *46050* **License Expiration**: *06/14/2024*

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: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *12/04/2003* **Issued By**: *Dept L & I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *34* **Waking Staff**: *26*

Inspection Information

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

Reason: *Incident* **Exit Conference Date**: *11/03/2023*

Inspection Dates and Department Representative

10/05/2023 - On-Site: [redacted]
10/06/2023 - Off-Site: [redacted]
10/05/2023 - Off-Site: [redacted]
10/13/2023 - Off-Site: [redacted]
10/24/2023 - Off-Site: [redacted]
11/03/2023 - Off-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *36* **Residents Served**: *17*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Memory Lane* **Capacity**: *36* **Residents Served**: *17*

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *1*
Are 60 Years of Age or Older: *17*
Diagnosed with Mental Illness: *0*
Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *17*
Have Physical Disability: *0*

Inspections / Reviews

10/05/2023 - Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *12/07/2023*

12/26/2023 - POC Submission

Submitted By: [redacted] **Date Submitted:** *01/29/2024*

Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *01/02/2024*

01/08/2024 - POC Submission

Submitted By: [redacted] **Date Submitted:** *01/29/2024*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *02/12/2024*

03/13/2024 - Document Submission

Submitted By: [redacted] **Date Submitted:** *01/29/2024*

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], at approximately [redacted] ancillary staff person A, who works in the shared kitchen for PCH and ALR, was in the parking lot and heard noise coming from the PCH. Ancillary staff person A entered the PCH and found direct care staff person B, the only direct care staff person in the PCH, seated under the tv in the day room, covered with a blanket and laying on a pillow. Ancillary staff person A and direct care staff person B went into resident [redacted] bedroom and found the resident laying perpendicular across the bed, hanging off the bed from the waist down. Resident [redacted] feet were barely touching the floor, and the resident was struggling to hold himself up and grabbed the bed and mattress for support. Ancillary staff person A went to the ALR and requested direct care staff person C, the only staff person in the ALR, go to the PCH to assist staff person B with resident [redacted]. Ancillary staff person A returned to work in the shared kitchen. From [redacted] to [redacted] direct care staff person C assisted direct care staff person B in the PCH, attempting to help resident [redacted] back into bed. From [redacted] to [redacted] 35 residents were present in the ALR, including [redacted] residents with mobility needs requiring the assistance of 1 staff person to evacuate in an emergency, and 3 residents with mobility needs requiring the assistance of 2 staff persons to evacuate; however, no direct care staff were present in the ALR. This incident was not reported to the Department until [redacted] at [redacted]

Plan of Correction ***Accept [redacted] - 01/08/2024)***

The process of reporting was reviewed. Personal Care Administrator or Designee will re-educate all direct care staff on the importance of notifying Administrator or Designee immediately of incidents requiring reporting to DHS no later than [redacted]. Effective [redacted] The Personal Care Administrator will report all incidents including abuse to the Department of Human Services within 24 hours of incident effective immediately [redacted]. Reportable incidents will be audited weekly for four weeks starting [redacted] by Personal Care Administrator then monthly for 4 months to ensure compliance of Regulation is being met. Documentation will be submitted to the monthly QA meeting for review.

Licensee's Proposed Overall Completion Date: *04/04/2024*

Implemented [redacted] 03/13/2024)

23a - Activities of Daily Living Assistance

2. Requirements

2600.
23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident [redacted] assessment and support plan, dated [redacted], indicates she requires the assistance of one person for toileting, bladder management and bowel management, and moderate supervision due to safety awareness. On [redacted] resident [redacted] did not receive this assistance as required. On [redacted] at approximately [redacted]., direct care staff person D found resident [redacted] exiting the bathroom by scooting on [redacted] bottom across the floor. Direct care staff person D noted the handrail/seat boost assistive device that sits above the commode was pushed back and displaced from its original position. The resident presented with bruising above the right eye, total nose bruising, scattered dried blood on the right side of [redacted] face, and a small bump the size of a quarter on the center rear portion of [redacted] head.

23a - Activities of Daily Living Assistance (continued)

Repeat Violation: 7/20/23

Plan of Correction ***Accept [redacted] - 01/08/2024)***

Personal Care Administrator and Designee assessed each individual resident and updated their ADL needs on both the DME and RASP by 10/10 2023. Personal Care Administrator will ensure DCS will be in serviced no later than 12/07/2023 on the importance of offering assistance to those requiring the assist of one. All current staff will be educated by the Administrator or Designee on how each resident transfers, ambulates, needs assistance with dressing, eating, hygiene, and toileting to ensure their needs are being met no later than 12/07/2023. DCS will be educated by Personal Care Administrator on location of RASP in the chart and how to update with changes no later than 12/07/2023. This process will be on-going. Administrator will monitor this process starting 12/07/2023 with all new admissions weekly for six weeks and monthly for two months to ensure compliance. Results submitted to monthly QA meeting for review.

Licensee's Proposed Overall Completion Date: *03/14/2024*

Implemented [redacted] 03/13/2024)

60a - Staff/Support Plan

3. Requirements

2600.
60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

Quality Life Services Mercer Personal Care Home (PCH) is a secured dementia care unit (SDCU) facility and is in the same building as Quality Life Services Mercer Assisted Living Residence (ALR). Both facilities share staff, and in the event of an emergency, both facilities evacuate to the same designated meeting area outside of the building. There are no fire safe areas inside the PCH or ALR.

On [redacted], there were 17 residents in the PCH, all residing in the SDCU, including 14 residents with mobility needs requiring the assistance of 1 staff person to evacuate in an emergency, 2 residents with mobility needs requiring the assisting of 2 staff persons to evacuate in an emergency, and in addition, staff interviews indicate resident [redacted] requires the assistance of 3 staff to transfer from supine to standing, and would require 15 – 20 minutes to evacuate in an emergency. On [redacted] there were 33 residents in the ALR, including 9 residents with mobility needs that require the assistance of 1 staff person to evacuate in an emergency, and 3 residents that require the assistance of 2 staff to evacuate in an emergency. The PCH and ALR's most recent maximum safe evacuation time, as determined by a fire safety expert on [redacted] is 5 minutes and 35 seconds. On [redacted] from 10:00p.m. to 6:00a.m. on [redacted] there was only 1 staff person working in the PCH and 1 staff person working in the ALR to provide care and supervision to these residents and to evacuate all residents in the event of an emergency.

On [redacted], there were 17 residents in the PCH, all residing in the SDCU, including 14 residents with mobility needs requiring the assistance of 1 staff person to evacuate in an emergency, 2 residents with mobility needs requiring the assisting of 2 staff persons to evacuate in an emergency, and in addition, staff interviews indicate resident #1 requires the assistance of 3 staff to transfer from supine to standing, and would require 15 – 20 minutes to evacuate in an emergency. On [redacted] there were 33 residents in the ALR, including 9 residents with mobility needs that require the assistance of 1 staff person to evacuate in an emergency, and 3 residents that require the assistance of 2 staff to evacuate in an emergency. The PCH and ALR's most recent maximum safe evacuation time, as determined by a fire safety expert on [redacted], is 5 minutes and 35 seconds. On [redacted] from 10:00p.m. to 6:00a.m. on [redacted], there was

60a - Staff/Support Plan (continued)

only 1 staff person working in the PCH and 1 staff person working in the ALR to provide care and supervision to these residents and to evacuate all residents in the event of an emergency.

On [redacted] there were 18 residents in the PCH, all residing in the SDCU, including 15 residents with mobility needs requiring the assistance of 1 staff person to evacuate in an emergency, 2 residents with mobility needs requiring the assisting of 2 staff persons to evacuate in an emergency, and in addition, staff interviews indicate resident #1 requires the assistance of 3 staff to transfer from supine to standing, and would require 15 – 20 minutes to evacuate in an emergency. On [redacted], there were 35 residents in the ALR, including [redacted] residents with mobility needs that require the assistance of 1 staff person to evacuate in an emergency, and 3 residents that require the assistance of 2 staff to evacuate in an emergency. The PCH and ALR's most recent maximum safe evacuation time, as determined by a fire safety expert on [redacted], is 5 minutes and 35 seconds. On [redacted] from 10:00p.m. to 6:00a.m. on [redacted], there was only 1 staff person working in the PCH and 1 staff person working in the ALR to provide care and supervision to these residents and to evacuate all residents in the event of an emergency.

On [redacted], there were 18 residents in the PCH, all residing in the SDCU, including 15 residents with mobility needs requiring the assistance of 1 staff person to evacuate in an emergency, 2 residents with mobility needs requiring the assisting of 2 staff persons to evacuate in an emergency, and in addition, staff interviews indicate resident [redacted] requires the assistance of 3 staff to transfer from supine to standing, and would require 15 – 20 minutes to evacuate in an emergency. On [redacted], there were 35 residents in the ALR, including 9 residents with mobility needs that require the assistance of 1 staff person to evacuate in an emergency, and 3 residents that require the assistance of 2 staff to evacuate in an emergency. The PCH and ALR's most recent maximum safe evacuation time, as determined by a fire safety expert on [redacted] is 5 minutes and 35 seconds. On [redacted] from 10:00p.m. to 6:00a.m. on [redacted], there was only 1 staff person working in the PCH and 1 staff person working in the ALR to provide care and supervision to these residents and to evacuate all residents in the event of an emergency.

On [redacted], at approximately 5:00 a.m., ancillary staff person A, who works in the shared kitchen for PCH and ALR, was in the parking lot and heard noise coming from the PCH. Ancillary staff person A entered the PCH and found direct care staff person B, the only direct care staff person in the PCH, seated under the tv in the day room, covered with a blanket and laying on a pillow. Ancillary staff person A and direct care staff person B went into resident [redacted] bedroom and found the resident laying perpendicular across the bed, hanging off the bed from the waist down. Resident [redacted] feet were barely touching the floor, and the resident was struggling to hold [redacted] up and grabbed the bed and mattress for support. Ancillary staff person A went to the ALR and requested direct care staff person C, the only staff person in the ALR, go to the PCH to assist staff person B with resident [redacted]. Ancillary staff person A returned to work in the shared kitchen. From 5:10 a.m. to 5:40 a.m. direct care staff person C assisted direct care staff person B in the PCH, attempting to help resident [redacted] back into bed. From 5:10 a.m. to 5:40 a.m., 35 residents were present in the ALR, including [redacted] residents with mobility needs requiring the assistance of 1 staff person to evacuate in an emergency, and [redacted] residents with mobility needs requiring the assistance of 2 staff persons to evacuate; however, no direct care staff were present in the ALR.

On [redacted] there were 18 residents in the PCH, all residing in the SDCU, including 15 residents with mobility needs requiring the assistance of 1 staff person to evacuate in an emergency, [redacted] residents with mobility needs requiring the assisting of 2 staff persons to evacuate in an emergency, and in addition, staff interviews indicate resident [redacted] requires the assistance of 3 staff to transfer from supine to standing, and would require 15 – 20 minutes to evacuate in an emergency. On [redacted], there were 35 residents in the ALR, including 10 residents with mobility needs that require the assistance of 1 staff person to evacuate in an emergency, and [redacted] residents that require the assistance of 2 staff to

60a - Staff/Support Plan (continued)

evacuate in an emergency. The PCH and ALR's most recent maximum safe evacuation time, as determined by a fire safety expert on [redacted], is 5 minutes and 35 seconds. On [redacted] from 10:00p.m. to 6:00a.m. on 10/5/23, there was only 1 staff person working in the PCH and 1 staff person working in the ALR to provide care and supervision to these residents and to evacuate all residents in the event of an emergency.

Plan of Correction ***Accept[redacted] - 01/08/2024)***

Personal Care Administrator and Designee on [redacted] re-evaluated all residents mobility needs. Staffing ratios adjusted to meet the need of the residents as identified in the assessment and support plan on [redacted] On [redacted] Education was provided to staff by the Administrator alerting them to never leave the unit unattended at any time and an additional aide was added to the Memory Care unit on [redacted] to ensure all the residents would be evacuated within the alloted time given by the fire chief. On 11/14/2023 Firedrill waas conducted in Memory Care unit. Fire drill 3pm took 3 minutes and 20 seconds to evacuate 14 residents. On [redacted] we did a sleep drill at 12:00am. Took 3 minutes and 47 seconds to evacuate 12 residents with two staff persons. The Fire Chief alloted us 4 minutes and 20 seconds to evacuate. Administrator or Designee will start conducting staffing ratios daily on [redacted] and will continue to monitor staffing ratios daily for two weeks, then weekly for eight weeks to ensure Regulation 60a continues to be met. Results will be submitted monthly to our QA meeting for review.

Licensee's Proposed Overall Completion Date: *02/06/2024*

Implemented[redacted] - 03/13/2024)

65a - FS Orientation 1st Day

4. Requirements

2600.
65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

Description of Violation

Direct care staff person B, whose first day of work was [redacted] did not receive orientation in general fire safety and emergency preparedness.

Repeat Violation: 3/9/22

Plan of Correction ***Accept[redacted] 01/08/2024)***

Personal Care Administrator will educate HR Director and Designee no later than [redacted] on the importance of this Regulation. Starting 12/01/2023 All new hires will be given education, a tour, and detailed information regarding our facilities fire safety plan and emergency preparedness plan on their first date of their orientation by the HR Director. Staff person B is agency. [redacted] was educated on 12/22/23 which is the first scheduled date back to work Personal Care. Training was completed by Fire expert Crystal Friedle. Starting 12/01/23 DCS will hand the Personal Care Administrator or Designee the orientation paperwork prior to being placed on the schedule. This process will be monitored starting 12/01/23 by the Personal Care Administrator or designee with every new hire weekly for eight weeks. Results will be submitted to our monthly QA meeting for review.

Licensee's Proposed Overall Completion Date: *01/19/2024*

Implemented[redacted] 03/13/2024)

65b - Rights/Abuse 40 Hours

5. Requirements

2600.
65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

Description of Violation

Direct care staff person B, whose first day of work was [redacted], did not receive orientation in resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § 10225.101-10225.5102) and reporting of reportable incidents and conditions.

Repeat Violation: 3/9/22

Plan of Correction ***Accept [redacted] 01/08/2024)***

Starting [redacted] All new hires/substitute Personnel and Volunteers will receive a 40 hour initial training packet on day one (first date of employment) of orientation by HR Director. Their forty hours will include Resident Rights, emergency medical plan, mandatory reporting of abuse and neglect under Older Adult Protective services, reporting of incidents and conditions. Effective 12/01/23 This paperwork will be completed and handed to the Personal Care Administrator or Designee upon completion of orientation. effective 12/01/23 DCS will not be scheduled to work until this paperwork is received. This process will be standardized and will be monitored by Personal Care Administrator or designee with each new employee weekly for four weeks, then monthly for two months. Personal Care Administrator will audit all current employee charts to ensure the first initial 40 hour training has been completed and is on file. This will be completed no later than 01/05/2024. Results will be submitted to our monthly QA meeting for review.

Licensee's Proposed Overall Completion Date: *03/09/2024*

Implemented [redacted] 03/13/2024)

132c - Fire Drill Records

6. Requirements

2600.
132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The home's fire drill records indicate the exit route used was the "Nearest Fire Exit" and do not specify which exit route was used for all fire drills conducted 11/22/22 - 10/10/23.

The fire drill record for the drill conducted on 4/11/23 does not indicate a.m. or p.m.

The fire drill record for the drill conducted on 9/19/23 at 5:24 a.m. does not indicate the amount of time it took to evacuate.

Repeat Violation: 3/9/22

Plan of Correction ***Accept [redacted] - 01/08/2024)***

Maintenance Director and Maintenance Tech will be educated on 12/4/2023 by Personal Care Administrator regarding the importance of Regulation 132c and how to properly complete a fire drill log. All exit doors will have

132c - Fire Drill Records (continued)

numbers placed on them to indicate the specific exit to document for evacuation by Maintenance Department no later than 12/7/2023. Effective 11/14/2023 Maintenance started to use a stop watch to document the exact amount of time it takes for the resident to exit to safety including seconds and will indicate whether the time is AM or PM fire drill. Effective 11/14/2023 Administrator will review the fire logs monthly for one year to ensure compliance. Results will be submitted to our monthly QA for review.

Licensee's Proposed Overall Completion Date: *01/09/2025*

Implemented [redacted] 03/13/2024)

141b1 - Annual Medical Evaluation

7. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident [redacted] medical evaluation, dated [redacted], does not indicate weight, immunization history, ability to self-administer medications, or body positioning. These sections of the form are blank.

Plan of Correction ***Accept [redacted] - 01/08/2024)***

The Administrator and Designee asked each residents MD to evaluate the individuals needs and send an updated DME back to the facility. Resident [redacted] DME was updated on [redacted] As of 11/01/2023 everyone in Personal Care has an updated DME to reflect their needs. Moving forward effective 12/01/2023 the Administrator and Designee will ensure all new admissions, those with a change in level of care or needs will have an updated DME completed within 24 hours of change. Personal Care Administrator or designee will monitor this process with each new admission weekly for six weeks and then monthly for two months to ensure compliance is being met. Personal; Care Administrator and or designee will audit all current residents records to ensure they all have an appropriate DME filled out in its entirety. This will be completed no later than 01/05/2024. Results will be submitted monthly to QA meeting for review.

Licensee's Proposed Overall Completion Date: *03/14/2024*

Implemented [redacted] - 03/13/2024)

224a - Preadmission Screen Form

8. 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 [redacted] preadmission screening form, dated [redacted], does not include a determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction ***Accept [redacted] 01/08/2024)***

Personal Care Administrator reviewed all current residents preadmission screens by [redacted] to ensure it was indicated whether or not we are able to meet the residents needs provided by the home. effective 12/01/2023 Personal Care Administrator will ensure upon completion of every new admission that this form is completed in its entirety prior to accepting the resident into our home. This process will be initiated with every new admission

224a - Preadmission Screen Form (continued)

starting 12/01/2023. Starting 12/01/23 Administrator/Designee will review the Preadmission screens with all new admissions to the home weekly for six weeks and then monthly for two months. Results to be submitted to the monthly QA meeting for review.

Licensee's Proposed Overall Completion Date: *03/14/2024*

Implemented [redacted] 03/13/2024)

225a - Assessment 15 Days

9. 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 [redacted] assessment, dated [redacted] does not include the diagnosis of [redacted], or [redacted], as indicated on [redacted] medical assessment, dated [redacted]

Resident [redacted] assessment, dated [redacted], indicates [redacted] has no problem with [redacted] and [redacted]; however, the resident's preadmission screening form, dated [redacted], indicates [redacted] has a history of physical violence towards others and exhibits behaviors including agitation and hostility.

Repeat Violation: 7/20/23

Plan of Correction ***Accept [redacted] 01/08/2024)***

Effective [redacted] Personal Care Administrator or Designee will review all current assessments versus support plan, DME, and preadmission screens to ensure that we are capturing all the current diagnosis and behaviors that the resident exhibits. this process will be done no later than 12/07/2023. Resident [redacted] assessment was updated [redacted] by the Personal Care Administrator. this process will be ongoing starting 12/01/23 and we will use this process with all new admission, change in status, and with any updated diagnosis or behaviors. administrator and Designee will monitor weekly for six weeks, then monthly for two months. Findings will be submitted to our monthly QA meeting for review.

Licensee's Proposed Overall Completion Date: *03/14/2024*

Implemented [redacted] 03/13/2024)