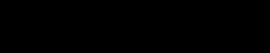


Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY - PUBLIC

October 10, 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 08/31/2023 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,  


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**

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

**Staffing Hours**

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

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Complaint Exit Conference Date: 08/31/2023

**Inspection Dates and Department Representative**

08/31/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 50 Residents Served: 28  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 1  
 Number of Residents Who:  
 Receive Supplemental Security Income: 14 Are 60 Years of Age or Older: 24  
 Diagnosed with Mental Illness: 4 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 4 Have Physical Disability: 0

**Inspections / Reviews**

08/31/2023 - Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/22/2023

Inspections / Reviews (*continued*)

## 09/22/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/09/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/25/2023

## 09/25/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/09/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/09/2023

## 10/10/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/09/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #1 was prescribed Midodrine HCL 10mg, take 1 tablet by mouth twice a day. However, resident #1 was not administered this medication at 9:00 a.m., on 3/30/23, 3/31/23, 4/1/23, 4/2/23, and 4/3/23.

Plan of Correction

Accept ( [redacted] 09/25/2023)

Resident #1 no longer resides at the facility. Resident # 1 left the facility on [redacted]/2023. Administrator checked all other residents medication to be sure no other meds were in carts or missed. Administrator has a retraining set for med tech on 9/28/2023 on regulation 187.d. The home shall follow the directions of the prescriber. The training will include all med techs verifying all meds have been passed during their shift by checking the med rolls. The administrator or designee will do monthly cart audits.

Licensee's Proposed Overall Completion Date: 09/25/2023

Implemented [redacted] - 10/10/2023)