

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

May 6, 2024

[REDACTED], ADMINISTRATOR
BROAD ACRES NURSING HOME ASSOCIATION
[REDACTED]
[REDACTED]

RE: COUNTRY TERRACE
1919 SHUMWAY HILL ROAD
WELLSBORO, PA, 16901
LICENSE/COC#: 23501

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/02/2024 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: COUNTRY TERRACE **License #:** 23501 **License Expiration:** 03/26/2025
Address: 1919 SHUMWAY HILL ROAD, WELLSBORO, PA 16901
County: TIOGA **Region:** NORTHEAST

Administrator

Name: [REDACTED] **Phone:** [REDACTED]

Legal Entity

Name: BROAD ACRES NURSING HOME ASSOCIATION
Address: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 07/13/1999 **Issued By:** DLI

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 33 **Waking Staff:** 25

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 04/02/2024

Inspection Dates and Department Representative

04/02/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity:	60	Residents Served:	33
Secured Dementia Care Unit			
In Home:	No	Area:	Capacity:
Residents Served:			
Hospice			
Current Residents: 0			
Number of Residents Who:			
Receive Supplemental Security Income:	4	Are 60 Years of Age or Older:	33
Diagnosed with Mental Illness:	0	Diagnosed with Intellectual Disability:	0
Have Mobility Need:	0	Have Physical Disability:	0

Inspections / Reviews

04/02/2024 Full
Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 05/03/2024

05/06/2024 - POC Submission
Submitted By: [REDACTED] **Date Submitted:** 05/06/2024
Reviewer: [REDACTED] **Follow-Up Type:** Bypass Document Submission

Inspections / Reviews *(continued)*

05/06/2024 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/06/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

103e Left Overs

1. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

In the desert cooler on a tray was a dish of salad and a dish of cottage cheese. The food items were not labeled or dated.

Plan of Correction

Accept ([redacted] - 05/06/2024)

Fixed day of inspection.

All dietary staff were in-serviced on: 4/24/2024

Dining services manager will complete bi-weekly checks to ensure proper labeling and dating.

Dietary staff to be sure to date and label any leftover foods after meal service.

Licensee's Proposed Overall Completion Date: 04/26/2024

Implemented ([redacted] - 05/06/2024)

141a 1 10 Medical Evaluation Information

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. The evaluation must include the following:

- 1. A general physical examination by a physician, physician's assistant or nurse practitioner.
- 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
- 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
- 4. Special health or dietary needs of the resident.
- 5. Allergies.
- 6. Immunization history.
- 7. Medication regimen, contraindicated medications, medication side effects and the ability to self administer medications.
- 8. Body positioning and movement stimulation for residents, if appropriate.
- 9. Health status.
- 10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident # 1 DME dated [redacted], area for Medical Information Pertinent to Diagnoses and Treatment is blank, there is no way to determine if there is no information or it was omitted.

Resident # 2 DME dated [redacted], area for Medical Information Pertinent to Diagnoses and Treatment is blank, there is no way to determine if there is no information or it was omitted.

Repeat 3-22-23

Plan of Correction

Accept ([redacted] - 05/06/2024)

Resident #1 & #2 Dme medical information pertinent to dx and treatment was added on day of inspection.

Going forward: Wellness coordinator will review all DME's upon completion of PCP to ensure it's completely filled out with no blanks, will review quarterly at QA, PCHA & designee will do periodic chart audits to monitor for compliance and staff in-serviced on 4/24/2024.

141a 1-10 Medical Evaluation Information (continued)

Licensee's Proposed Overall Completion Date: 04/26/2024

Implemented () - 05/06/2024)

224a - Preadmission Screen Form

3. 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 # 3, Pre-admission screening form dated () does not indicate if the facility can meet the needs of the resident.

Plan of Correction

Accept () - 05/06/2024)

This was fixed at time of inspection.

Going forward: PCHA/designee will ensure every item is marked on preadmission screening form, PCHA/designee to perform periodic chart audits to monitor compliance, will be reviewed at QA and staff were in-serviced on 4/24/2024.

Licensee's Proposed Overall Completion Date: 04/26/2024

Implemented () - 05/06/2024)

227d - Support Plan Medical/Dental

4. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident # 4 was identified as a resident that utilizes an enabler bar. The Resident Assessment and Support Plan dated 1-29-24 indicates Resident #4 utilizes an enabler bar. Upon inspection of the resident's room, it was noted the resident utilizes a hospital bed with 1/2 length retractable rails. The RASP does not indicate the resident utilizes a hospital bed or for what purpose.

Plan of Correction

Accept () - 05/06/2024)

Rasp was updated day of inspection.

Going forward: any resident utilizing a hospital bed/enabler, their Rasp will reflect the following: the specific need for device, the intended use, any risks associated with the device, the resident's ability to use the device safely for the intended purpose, identification of the specific device being used and if a cover is required to meet FDA guidelines. Will review at QA, PCHA/designee will perform periodic chart audits to monitor for compliance and staff in-serviced 4/24/2024.

Licensee's Proposed Overall Completion Date: 04/26/2024

Implemented () 05/06/2024)