

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

November 4, 2024

[REDACTED]
COUNTRY MANOR PCH LP
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/11/2024, 04/19/2024 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]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: COUNTRY MANOR License #: 44629 License Expiration: 03/21/2025
 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: [Redacted]
 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: 31 Waking Staff: 23

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 04/19/2024

Inspection Dates and Department Representative

04/11/2024 On Site [Redacted]
 04/19/2024 On Site [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 50 Residents Served: 30

Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:

Hospice
 Current Residents: 1

Number of Residents Who:
 Receive Supplemental Security Income: 29 Are 60 Years of Age or Older: 26
 Diagnosed with Mental Illness: 13 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 1 Have Physical Disability: 1

Inspections / Reviews

04/11/2024 - Partial
 Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 05/20/2024

06/17/2024 - POC Submission
 Submitted By: [Redacted] Date Submitted: 07/16/2024
 Reviewer: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 06/20/2024

Inspections / Reviews *(continued)*

06/28/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/16/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 07/12/2024

11/04/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/16/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

15b - Supervisor Plan

1. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On [redacted] at approximately 5:00 pm., resident [redacted] approached staff person A in the dining room, screaming that [redacted] did not get [redacted] checked. Staff person A responded back to resident [redacted] stating "calm down, you are being [redacted]". Resident [redacted] became upset and left the table without eating and went to [redacted] bedroom. This incident was observed by multiple residents, including resident [redacted], who became upset and started screaming at staff person A to be respectful. This incident was reported to staff person B, the home's Administrator, on [redacted], by the local Area Agency on Aging's Ombudsman. The home did not immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged. Staff person A continued to work multiple days unsupervised, including as recent as 4/11/24, on the 6:00 am.- 6:00 pm. shift.

Plan of Correction

Accept [redacted] - 06/28/2024)

Staff persons A & B are no longer employed by the Facility. A training by Administrator for all Staff s scheduled for 5-24-2024. The training will include regulation, 2600.15 B if there is an allegation of abuse of a resident involving a home staff person, the home show immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident. In this case the person accused of abuse was terminated.On 5-24-2024, A binder was created by Regional Consultant to keep all reports in whether they are reportable or non-reportable. Reports of abuse will be kept there. All abuse allegations are mandatory reporting. The Administrator will note on report all actions taken including department approved suspension plan. Documentation kept at Facility

Licensee's Proposed Overall Completion Date: 06/20/2024

Implemented [redacted] - 10/28/2024)

16c - Written Incident Report

2. 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 5:00 pm., resident [redacted] approached staff person A in the dining room, screaming that [redacted] did not get [redacted] checked. Staff person A responded back to resident [redacted], stating "calm down, you are being [redacted]". Resident [redacted] became upset and left the table without eating and went to [redacted] bedroom. This incident was observed by multiple residents, including resident [redacted], who became upset and started screaming at staff person A to be respectful. This incident was reported to staff person B, the home's Administrator, on [redacted] by the local Area Agency on Aging's Ombudsman. The home did not report this incident to the Department.

Plan of Correction

Accept [redacted] - 06/28/2024)

On 4-11-2024 the Administrator reported incident with Inspector present. A training is scheduled for 5-24-2024 for

16c - Written Incident Report (continued)

all staff to include regulation 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). On 5-24-2024 A binder was created by regional consultant to keep all incident reports in whether they are reportable or non-reportable. Administrator or designee will note each report as to whether it reportable or not and note that it was reported. The binder will be kept at Facility for proof of documentation sent.

Licensee's Proposed Overall Completion Date: 06/20/2024

Implemented [redacted] - 10/28/2024)

42c Treatment of Residents

3. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [redacted] at approximately 5:00 pm., resident [redacted] approached staff person A in the dining room, screaming that [redacted] did not get [redacted] checked. Staff person A responded back to resident [redacted], stating "calm down, you are being [redacted]". Resident [redacted] became upset and left the table without eating and went to [redacted] bedroom. This incident was observed by multiple residents, including resident [redacted] who became upset and started screaming at staff person A to be respectful.

Repeat violation; 11/30/22, et all

Plan of Correction

Accept [redacted] - 06/28/2024)

Staff person A was terminated on [redacted]. A training by Administrator for all Staff is scheduled for 5-24-2024. The training will include regulation 2600. 42.c. A resident shall be treated with dignity and respect. The Administrator will be conducting private personal Resident interviews beginning on 6-1-2024, to finish by 6-30-2024. The questions will pertain to all aspects of how they feel in the Facility, including if they feel they are being treated with dignity and respect. Documentation will be kept at Facility.

Licensee's Proposed Overall Completion Date: 06/20/2024

Implemented [redacted] - 10/28/2024)

51 Criminal Background Check

4. Requirements

2600.

51. Criminal History Checks Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person C, hired [redacted], did not have a Pennsylvania Criminal Background Check completed.

51 - Criminal Background Check (continued)

Repeat Violation; 11/30/22, et all

Plan of Correction

Accept [REDACTED] 06/28/2024)

Staff person A no longer works at the facility. All other criminal background checks were reviewed by regional consultant and assistant on 5-14-2024 for compliance. A training by Administrator for all staff is scheduled for 5-24-2024 to include this regulation 2600. 51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults). All Staff files are now in one extra large binder. All state required documents are in the binder kept in the Administrator office. Any employee file that is not finished will have a red flag until every item is finished. Administrator or Designee will audit Staff files monthly for compliance with audit sheet kept in with each file

Licensee's Proposed Overall Completion Date: 06/20/2024

Implemented [REDACTED] - 10/28/2024)

88a - Surfaces

5. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On [REDACTED], the carpet in bedroom [REDACTED] had food particles throughout the floor and the carpet was dirty and stained, causing shoes to stick when walked on.

On [REDACTED], there was 1 1/2-foot rip across the center of the carpet in the East hallway by bedrooms [REDACTED] and [REDACTED]. The center of the rip was lifting up and had frayed ends, presenting a potential trip fall hazard.

On [REDACTED], the carpet in bedroom [REDACTED] was dirty and stained, causing shoes to stick when walked.

Plan of Correction

Accept [REDACTED] 06/17/2024)

On 4-11 and 4-19, days of inspection, Housekeeping took care of cleaning the items cited and repairing the frayed carpet. A training for All Staff by Administrator is scheduled for 5-24-2024 to include this regulation 2600. 88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards. A new Housekeeper has been hired full time instead of part time. Administrator or Designee will do weekly walkthroughs of the Facility to check for any sanitary needs. A weekly dated checklist will serve as documentation

Licensee's Proposed Overall Completion Date: 05/24/2024

Implemented [REDACTED] - 10/28/2024)

95 - Furniture and Equipment

6. Requirements

95 - Furniture and Equipment (continued)

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On [redacted] and [redacted] there was no toilet set on the toilet in bedroom [redacted] causing residents to sit directly on the porcelain when using.

On [redacted], the wall mounted vent's cover in the dining area stuck out approximately 4 inches, causing a potential cutting hazard.

Plan of Correction

Accept [redacted] - 06/17/2024)

On [redacted] the newly hired Maintenance Man repaired the items in violation along with some other needs. A training for All Staff by Administrator is scheduled for 5-24-2024 to include this regulation 2600.95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards. Beginning 6-1-2024, Administrator or Designee will do weekly walkthroughs of the Facility to check for any items in need of repair. A weekly dated checklist will serve as documentation

Licensee's Proposed Overall Completion Date: 05/24/2024

Implemented [redacted] 10/28/2024)

141a - Medical Evaluation

7. 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 [redacted] was admitted on [redacted] There is no medical evaluation completed for resident [redacted].

Plan of Correction

Accept [redacted] - 06/28/2024)

All medical evaluations were reviewed for compliance by Administrative Assistant and completed on 5-20-2024. The medical evaluation for Resident [redacted] was completed on 3-1-2024, which was 8 days after she was admitted and in the regulated time frame. The DME was not in file, but was complete on tabula pro and was re-printed by Regional Consultant and added to Resident chart. A training by Administrator for all Office Staff is scheduled for 5-25-24 to include this regulation 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. Administration was instructed by Regional Director to always look for electronic forms on Tabula pro for all Residents and print them for the Resident charts. If a form is not found in charts for Inspectors, they now know to check electronically

Licensee's Proposed Overall Completion Date: 06/20/2024

Implemented [redacted] - 10/28/2024)

162c - Menus Posted

8. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

On [redacted], the home's menus posted were dated 3/4/24 3/10/24 and 3/11/24 3/17/24.

On [redacted], the home's menus posted were dated 3/4/24 3/10/24 and 3/11/24 3/17/24.

Plan of Correction

Accept [redacted] - 06/17/2024)

On 4-20-2024, 2 weeks of menus were posted by Administrator. A training by Administrator for all Staff is scheduled-5-24-2024 to include this regulation 162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home. The Regional Consultant is creating a rotating menu system to ensure there are always menus to post and use. Basically the menu would rotate every so many weeks as determined when making. The Administrative Assistant will do weekly checks to be sure menus are posted according to regulation. Documentation kept.

Licensee's Proposed Overall Completion Date: 05/24/2024

Implemented [redacted] 10/28/2024)

186a - Authorized Prescriber

9. Requirements

2600.

186.a. Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.

Description of Violation

On [redacted] the home did not have a written prescription for the prescribed medications [redacted] and [redacted], belonging to resident [redacted]

Plan of Correction

Accept [redacted] - 06/28/2024)

Administrator called physician to get orders for Resident [redacted] on [redacted]. A new Person was hired as lead med tech on 5 2 2024. [redacted] has been doing complete audits on all Residents to include Resident [redacted] A training was done between Regional Consultant and New lead med tech on 5-25 2024 to review this regulation 2600.186. a. Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current. Lead med Tech will do weekly audits beginning 6 1 2024 of all Residents and any new Residents will have a complete audit. Documentation kept at Facility

Licensee's Proposed Overall Completion Date: 06/20/2024

Implemented [redacted] - 10/28/2024)

187a - Medication Record

10. Requirements

2600.

187a - Medication Record (continued)

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident [redacted] is prescribed, [redacted], [redacted] every 4 hours as needed. On 4/19/24, this medication was not included on resident [redacted] April 2024 medication administration record (MAR).

Resident [redacted] is prescribed, [redacted], 1 tab daily for blood pressure and [redacted], 2 sprays each nostril daily. On [redacted], these medications were not included on resident [redacted] April 2024 MAR.

Resident [redacted] is prescribed, [redacted], (10mcg/400 units), 1 tab every day. On [redacted], the April 2024 MAR for resident [redacted], indicates, [redacted], [redacted], 2 tabs (+200 units), once daily.

Repeat violation; 11/30/22, et all

Plan of Correction

Accepted [redacted] - 06/17/2024)

Administrator called Pharmacy on 4-20-2024 to have all the required medications added to MAR. A new Person was hired as lead med tech on 5-2-2024. [redacted] has been doing complete audits on all Residents to include Residents [redacted] & 4. A training was done between Regional Consultant and New lead med tech on 5-25-2024 to review this regulation 2600.187.a. A medication record shall be kept to include the following for each resident for whom medications are administered: Lead med Tech will do weekly audits beginning 6-1-2024 of all Residents and any new Residents will have a complete audit. Documentation kept at Facility

Licensee's Proposed Overall Completion Date: 05/24/2024

Implemented [redacted] 10/28/2024)

187b - Date/Time of Medication Admin.

11. Requirements

2600.

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

Description of Violation

On [redacted] at 8:30 am., staff person D administered multiple medications, including [redacted], and [redacted] to resident [redacted]. However, staff person A signed resident [redacted] April 2024 MAR as the staff person who administered the medications.

Repeat Violation; 11/30/22, et all

Plan of Correction

Accepted [redacted] - 06/28/2024)

Staff persons A was terminated on [redacted] & Staff person D on 5-1-24. All other med techs will be re-trained on this regulation by Regional Consultant on 5-23-2024. 2600.187 b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered. The new lead med tech will be doing complete monthly audits beginning 6-1-2024 with documentation

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

Proposed Overall Completion Date: 06/20/2024

DIRECTED PLAN:

The medication audits shall include the medication administration records. Documentation of the medication audits shall be kept.

Licensee's Proposed Overall Completion Date: 06/20/2024

Implemented [redacted] - 10/28/2024)

190a - Completion Medication Course

12. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person A, who has not successfully completed the Department-approved annual practicum since 3/7/23, administered medications to residents to include the following:

- On [redacted], at 8:30 am., resident [redacted]
- On [redacted], 8:00 pm., resident [redacted]

Staff person E, who has not successfully completed the Department-approved medication-administration course, administered medications to residents to include the following:

- On [redacted], at 8:30 am., resident [redacted]
- On [redacted], at 9:99 pm., resident [redacted]

Repeat violation; 11/30/22, et all

Plan of Correction

Accept [redacted] - 06/28/2024)

Staff person A was terminated on [redacted] & Staff person E on 4-25-24. All other med tech files were reviewed for accuracy by Regional Consultant on 5-8-2024. A training by Regional Consultant for all Med techs is scheduled for 5-23-2024 with documentation kept at Facility. 2600.190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and [redacted] for insect bites or other allergies. Beginning 6-1-2024 Lead med tech will audit all med tech files bi-weekly and as hired to be sure they are in regulation.

Licensee's Proposed Overall Completion Date: 06/20/2024

Implemented [redacted] 10/28/2024)

190b - Insulin Injections

13. Requirements

2600.

190b - Insulin Injections (continued)

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

On multiple days, including [redacted] and [redacted], at 9:00pm., staff person C, who has not completed a Department-approved diabetes patient education program within the past 12 months, administered insulin to resident [redacted]

Repeat violation; 11/30/22, et all

Plan of Correction

Accept [redacted] - 06/28/2024)

Staff person C ended employment with Facility on 4-24-2024. Administrator reviewed all other diabetic trained staff for accuracy on 4-15-2024. On 5-23-2024 A training is scheduled by regional consultant with all med techs. 2600.190b a staff person is permitted to administer insulin injections following successful completion of a department approved medication administration course that includes the passing of a us, as well as successful completion of a department, approved, diabetes, patient education program within the past 12 months. Lead med tech will be doing bi-weekly audits of med techs and diabetic training will be reviewed for accuracy at that time also.

Licensee's Proposed Overall Completion Date: 06/20/2024

Implemented [redacted] - 10/28/2024)