

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

September 3, 2024

[REDACTED], ADMINISTRATOR  
COUNTRY COMFORT ALTERNATIVE LIVING INC  
10546 RIVER ROAD  
NEW COLUMBIA, PA, 17856

RE: COUNTRY COMFORT ALTERNATIVE  
LIVING, INC.  
10546 RIVER ROAD  
NEW COLUMBIA, PA, 17856  
LICENSE/COC#: 20205

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/27/2024 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 COMFORT ALTERNATIVE LIVING, INC. License #: 20205 License Expiration: 05/26/2025  
 Address: 10546 RIVER ROAD, NEW COLUMBIA, PA 17856  
 County: UNION Region: NORTHEAST

**Administrator**

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

**Legal Entity**

Name: COUNTRY COMFORT ALTERNATIVE LIVING INC  
 Address: 10546 RIVER ROAD, NEW COLUMBIA, PA, 17856  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 05/31/1996 Issued By: L & I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 17 Waking Staff: 13

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 06/27/2024

**Inspection Dates and Department Representative**

06/27/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 20 Residents Served: 17  
 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: 17  
 Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 1  
 Have Mobility Need: 0 Have Physical Disability: 0

**Inspections / Reviews**

06/27/2024 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/29/2024

08/13/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 08/29/2024  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/20/2024

Inspections / Reviews *(continued)*

08/20/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/29/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 08/22/2024

09/03/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/29/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

51 - Criminal Background Check

1. 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 Member A began employment with the home on [REDACTED]. The staff member's criminal background check was not requested until [REDACTED]

Plan of Correction

Accept ([REDACTED] - 08/20/2024)

Staff Member A's criminal background check was not completed within the 30-day allowance period after hired. Solution - The administrator is responsible for fixing the problem. The administrator corrected the violation on [REDACTED] when a criminal background was completed on staff member A. The administrator audited all staff records on 07/08/2024 to make sure background checks were completed on the staff. A check off list of items that need to be completed on new employees has been created. A criminal background check is included on that list. The administrator is responsible for making sure this list is completed within the time specified in the regulations. The assistant to the administrator and the administrator will do monthly reviews to make sure the list is completed in the compliance time allowed.

Licensee's Proposed Overall Completion Date: 08/19/2024

Implemented ([REDACTED] - 09/03/2024)

85e - Trash Outside Home

2. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

The homes dumpster was overfilled with trash which did not allow the lid to close, and made the dumpster susceptible to infestation

Plan of Correction

Accept ([REDACTED] - 08/13/2024)

On 06/27/2024, the facility had contractors replacing the front door of the facility. The contractors were throwing their trash in the dumpster as they worked. Therefore, the lids were open. Violation was corrected on Thursday, 06/27/24 (day of inspection). When the contractors left, the trash was rearranged and pushed down. The lids were closed and on Friday, 06/28/2024 the dumpster was emptied as it is scheduled to be dumped every Friday. Solution - Administrator and Assistant to the Administrator will instruct any future contractors that the dumpster can only be open when someone is putting trash in it. Otherwise, the lids on the dumpster need to be closed.

Licensee's Proposed Overall Completion Date: 07/28/2024

Implemented ([REDACTED] - 09/03/2024)

91 - Telephone Numbers

3. Requirements

2600.

91 - Telephone Numbers (continued)

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

No emergency telephone numbers were posted near the landline telephone in resident room #4

Plan of Correction

Accept ( ) - 08/13/2024

Resident in Room #4 had lost the emergency numbers posted on the wall near phone. The violation was corrected while inspector was on site on 06/27/2024. Solution - Housekeeper will be responsible for checking to see that all residents with a phone have a poster with emergency phone numbers on their wall.

Licensee's Proposed Overall Completion Date: 07/28/2024

Implemented ( ) - 09/03/2024

103f - Refrigerator/Freezer Temps

4. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

The freezer located in the kitchen of the home did not contain a thermometer at the time of inspection.

Plan of Correction

Accept ( ) - 08/20/2024

Thermometers are required in refrigerators and freezers, so foods are kept at the proper temperature for safe consumption. Solution - The administrator corrected the violation on 06/27/2024 by putting a freezer thermometer in the freezer in the kitchen. The inspector was present at the time. As of 06/27/2024, all kitchen staff were instructed that they are responsible to make sure that the thermometer for each freezer is on the top of the food when the freezer lids are closed. They are also to make sure that the thermometer is hanging inside the refrigerator. The assistant to the administrator has the freezer and refrigerator checks on their monthly check list.

Licensee's Proposed Overall Completion Date: 08/19/2024

Implemented ( ) - 09/03/2024

132h - Designated Meeting Place

5. Requirements

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

The home conducted a fire drill on 2-19-24 during which there were 17 residents in the home, however only 16 were evacuated. As per staff interviews, 1 resident refused to evacuate during the fire drill.

Plan of Correction

Accept ( ) - 08/20/2024

The administrator or the assistant to the administrator, whichever ran the fire drill, is responsible for rerunning another fire drill until a successful one has been completed. The fire drill ran on 02/19/2024 was not considered completed because not all residents evacuated. The assistant to the administrator ran another drill on 02/26/2024 that was successful. The violation was corrected on 02/26/24, when another fire drill was run and completed

132h - Designated Meeting Place (continued)

successfully. The administrator on 02/19/2024 spoke to the resident who did not evacuate on 02/19/2024 to make sure [REDACTED] understands that evacuation is mandatory. The administrator spoke to all residents on 02/26/2024 and told them that regulations stated that all residents must evacuate the building during a fire drill.

Licensee's Proposed Overall Completion Date: 08/19/2024

Implemented ([REDACTED] - 09/03/2024)

141a - Medical Evaluation

6. 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 #1 was admitted to the home on [REDACTED]. The resident was evaluated and had a Documentation of Medical Evaluation completed on [REDACTED] greater than 30 days after admission to the home.

Plan of Correction

Accept ([REDACTED] - 08/20/2024)

The Administrator is responsible for fixing the problem. The administrator contacted resident #1's [REDACTED] on 04/08/2024 and explained we did not receive a complete medical evaluation for the resident. The resident's [REDACTED] was not able to get an appointment before [REDACTED]. A check off list has been completed on items that need to be completed for new residents. The administrator and assistant to the administrator will do weekly checks on this list until all items are completed.

Licensee's Proposed Overall Completion Date: 08/19/2024

Implemented ([REDACTED] - 09/03/2024)

224a - Preadmission Screen Form

7. 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 #1 was admitted to the home on [REDACTED]. The resident's preadmission screening was completed on [REDACTED] greater than 30 days prior to the resident's admission to the home.

Plan of Correction

Accept ([REDACTED] - 08/20/2024)

Resident #1 visited the facility on [REDACTED] and a preadmission screening was completed at that time with an admission date set for [REDACTED]. Resident #1's [REDACTED] had to delay the resident's admission until [REDACTED]. The administrator is responsible for fixing the problem. A new preadmission screening was complete on 06/28/2024. A check off list has been completed on items that need to be completed on new residents, The administrator and the assistant to the administrator will do weekly checks of this list until all items are completed.

Licensee's Proposed Overall Completion Date: 08/19/2024

Implemented ([REDACTED] - 09/03/2024)