

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

August 15, 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 07/09/2024 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] Email: [REDACTED]

**Legal Entity**

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

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 07/22/1999 Issued By: L & I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 38 Waking Staff: 29

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
Reason: Incident Exit Conference Date: 07/09/2024

**Inspection Dates and Department Representative**

07/09/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

<b>General Information</b>			
License Capacity: 60	Residents Served: 38		
<b>Secured Dementia Care Unit</b>			
In Home: No	Area:	Capacity:	Residents Served:
<b>Hospice</b>			
Current Residents: 0			
<b>Number of Residents Who:</b>			
Receive Supplemental Security Income: 5	Are 60 Years of Age or Older: 38		
Diagnosed with Mental Illness: 0	Diagnosed with Intellectual Disability: 0		
Have Mobility Need: 0	Have Physical Disability: 0		

**Inspections / Reviews**

07/09/2024 Partial  
Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/09/2024

08/15/2024 - POC Submission  
Submitted By: [REDACTED] Date Submitted: 08/15/2024  
Reviewer: [REDACTED] Follow-Up Type: Bypass Document Submission

Inspections / Reviews *(continued)*

08/15/2024 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/15/2024

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

Resident #1 had a fall on [redacted] at [redacted], was sent to the emergency room and diagnosed with a [redacted] [redacted] The incident was reported to the department on [redacted] at 10am greater then 24 hours from when the incident occurred

Plan of Correction

Accept ([redacted] - 08/15/2024)

In response to the violation on 07/09/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/10/2024 by the Administrator to Fall policy & procedure was updated to add, contact admin or WC when a resident falls and gets sent to ER. Created a step list for when resident returns from ER/hospital.

To enhance the currently compliant operations, on 07/24/2024 the Administrator will Reviewed with all staff on 7/24/2024. Administrator and/or WC will review compliance when completing incident reports, with a completion date of 08/05/2024.

Effective 08/05/2024 the Administrator will perform every other month Will review at QA to ensure compliance through 11/30/2024 to maintain ongoing compliance with reporting an 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, and to follow the guidelines in § 2600.15 (relating to abuse reporting covered by law). Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/05/2024

Implemented ([redacted] - 08/15/2024)

182c Medication Administration

2. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

- 1. Identify the correct resident.

Description of Violation

Resident #2 does not have a current prescription for [redacted] however was administered [redacted] in error on [redacted] [redacted] by staff member A. The Med Tech did not verify the medication was the correct medication prior to dispensing it to the resident.

Plan of Correction

Accept ([redacted] - 08/15/2024)

In response to the violation on 07/09/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/10/2024 by the Wellness Coordinator to Remediation training was done with staff member. Medication review was also completed with the staff member. Medication Administration Policy was updated.

182c Medication Administration (continued)

To enhance the currently compliant operations, on 07/24/2024 the Administrator will Reviewed updated policy with all staff, with a completion date of 07/24/2024.

Effective 08/05/2024 the Administrator/Wellness Coordinator will perform every other month Will review at QA to monitor for compliance through 11/30/2024 to maintain ongoing compliance with ensuring medication administration includes the following activities, based on the needs of the resident. This includes, including identifying the correct resident. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/05/2024

Implemented [REDACTED] - 08/15/2024)

185a - Implement Storage Procedures

3. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #2 has a PRN prescription for [REDACTED]. The Inhaler was not available in the home at the time of the inspection.

Plan of Correction

Accept [REDACTED] - 08/15/2024)

Medication was ordered on day of visit.

Reviewed policy of reordering medication with all staff on 7/24/2024.

WC will conduct MAR to cart audit bi weekly for 12 weeks to ensure compliance. Med carts and Mar audit was done 7/11/2024.

Will discuss at QA to determine if audits need to continue or to be stopped.

See attached.

Licensee's Proposed Overall Completion Date: 10/04/2024

Implemented [REDACTED] - 08/15/2024)

187d - Follow Prescriber's Orders

4. Requirements

2600.

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

Description of Violation

While receiving evening medications on [REDACTED] Resident #2 was administered [REDACTED] belonging to another resident. The resident's primary care provider did not prescribe this medication.

Plan of Correction

Accept [REDACTED] - 08/15/2024)

Remediation training was done with staff member on 7/10/2024.

Medication review was also completed with staff member on 7/10/2024.

Medication error reporting policy was updated 7/10/2024 which includes area of med error that needs to be reviewed.

187d Follow Prescriber's Orders (continued)

Reviewed with all staff 7/24/2024.

Will review at QA for compliance and to monitor reasons for errors.

See attached.

Licensee's Proposed Overall Completion Date: 07/30/2024

Implemented ( ) - 08/15/2024)

227d - Support Plan Medical/Dental

5. 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 #1 is currently receiving physical and occupational therapy services after having multiple falls in the home. The resident's Resident Assessment Support Plan dated ( ) was not updated to reflect the resident's participation with physical and occupational therapy or how the home is going to meet the resident's current care needs regarding the resident's frequent falls.

Plan of Correction

Accept ( ) - 08/15/2024)

Rasp was updated on site.

Review was completed 7/11/2024 of other residents receiving therapy to be sure it is documented on Rasp.

Rasp policy was updated 7/10/2024 and was reviewed with all staff on 7/24/2024.

Will monitor for compliance when doing periodic chart audits.

Will review findings at QA.

See attached.

Licensee's Proposed Overall Completion Date: 07/30/2024

Implemented ( ) - 08/15/2024)