

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

November 18, 2024

[REDACTED], OWNER  
RUSTIC PROPERTY HOLDINGS LLC  
[REDACTED]

RE: COUNTRYSIDE PERSONAL CARE  
HOME  
1841 STOYSTOWN ROAD  
FRIEDENS, PA, 15541  
LICENSE/COC#: 33527

Dear Justine Hay,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/31/2024 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:** COUNTRYSIDE PERSONAL CARE HOME      **License #:** 33527      **License Expiration:** 11/01/2024

**Address:** 1841 STOYSTOWN ROAD, FRIEDENS, PA 15541

**County:** SOMERSET      **Region:** CENTRAL

**Administrator**

**Name:** [REDACTED]

**Legal Entity**

**Name:** RUSTIC PROPERTY HOLDINGS LLC

**Address:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-2 LP      **Date:** 11/01/2021      **Issued By:** Labor and Industry

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 18      **Waking Staff:** 14

**Inspection Information**

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**

**Reason:** Renewal      **Exit Conference Date:** 10/31/2024

**Inspection Dates and Department Representative**

10/31/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 35      **Residents Served:** 17

**Secured Dementia Care Unit**

**In Home:** No      **Area:**      **Capacity:**      **Residents Served:**

**Hospice**

**Current Residents:** 5

**Number of Residents Who:**

**Receive Supplemental Security Income:** 5      **Are 60 Years of Age or Older:** 17

**Diagnosed with Mental Illness:** 3      **Diagnosed with Intellectual Disability:** 1

**Have Mobility Need:** 1      **Have Physical Disability:** 0

**Inspections / Reviews**

10/31/2024 Full

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 11/17/2024

11/15/2024 - POC Submission

**Submitted By:** [REDACTED]      **Date Submitted:** 11/18/2024

**Reviewer:** [REDACTED]      **Follow-Up Type:** Document Submission      **Follow-Up Date:** 11/25/2024

Inspections / Reviews *(continued)*

11/18/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/18/2024

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 B hired on [REDACTED] did not have a Pennsylvania State Police Criminal Background check completed at the time of the inspection.

Plan of Correction

Accept ([REDACTED] - 11/15/2024)

1. During our annual licensing inspection on 10/31/2024 for Countryside Personal Care Home (License No. 335270), it was identified that a criminal history check in accordance with the Older Adult Protective Services Act and 5 Pa. Code Chapter 15 was not completed for a newly hired employee (Staff Member B, hired on [REDACTED]). The omission was in violation of regulatory requirements and the facility's hiring policies.

a. After a thorough review, it was determined that our hiring process lacked a streamlined, standardized checklist to ensure that criminal history checks were consistently completed before an employee begins work.

i. The following actions have been implemented to immediately address the deficiency:

1. A criminal history check was immediately obtained and reviewed on [REDACTED]. Staff Member B had no criminal history (attached).

ii. To prevent recurrence, we are implementing the following long-term changes:

1. A compliance checklist was created on 11/4/24 and implemented immediately for all new hires, ensuring that criminal history checks are included and verified prior to an employee's start date.

2. Personal Care Home Administrator (PCHA) will oversee the implementation of these corrective actions and conduct quarterly audits to ensure that all new hires have completed criminal history checks prior to starting work. Findings will be documented and any new deficiencies will be promptly addressed by the PCHA.

3. All action items were implemented and completed on: 11/4/24.

Licensee's Proposed Overall Completion Date: 11/14/2024

Implemented ([REDACTED] 11/18/2024)

64c - Annual Training

2. Requirements

2600.

64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

Staff Member A, the home's administrator, did not complete any training hours of Department-approved training in training year 2023.

Plan of Correction

Accept ([REDACTED] - 11/15/2024)

During our annual licensing inspection on 10/31/2024 for Countryside Personal Care Home (License No. 335270), it was determined that according to 2600.64, an administrator shall have at least 24 hours of annual training relating to the job duties. However, staff member A did not complete any training hours of Department-approved training

**64c Annual Training (continued)**

in the training year 2023.

a. After a thorough review, it was determined that a standardized checklist to track annual training would ensure compliance with the 24 hours of required annual training. A checklist was generated and implemented immediately on 11/4/24. Personal Care Home Administrator will log each completed education and keep a running calculation on the hours for each education completed to meet the required 24 hours of annual education.

b. Personal Care Home Administrator (PCHA) will oversee the implementation the checklist and conduct quarterly audits to ensure that all required Continuing Education Units are met (24 hours) per calendar year. Findings will be documented and any new deficiencies will be promptly addressed by the PCHA.

c. All action items were implemented and completed on: 11/4/24

Licensee's Proposed Overall Completion Date: 11/14/2024

Implemented (█) - 11/18/2024

**81b - Resident Personal Equipment****3. Requirements**

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

**Description of Violation**

Room #10, utilized by resident #1, was observed having enabler bar with an uncovered opening measuring 20 inches long and 11.6 inches wide which was not secured properly to the bed creating a potential entrapment hazard for the resident.

**Plan of Correction**

Accept (█) - 11/15/2024

During out annual licensing inspection on 10/31/2024 for Countryside Personal Care Home (License No. 335270), it was determined that according to 2600.81.b., room #10, utilized by resident #1, was observed having enable bar with an uncovered opening measuring 20 inches long and 11.6 inches wide which was not secured properly to the bed creating a potential entrapment hazard for the resident.

a. The following actions have been implemented to immediately address the deficiency:

The unsecured enabler bar was immediately removed and replaced, with a properly secured, safe alternative without any potential entrapment hazards.

ii. A facility wide inspection was conducted to check all beds and assistive devices for compliance, ensuring no similar hazards exist.

iii. To prevent recurrence, we are implementing the following long term changes:

A protocol has been established requiring regular checks of enabler bars and assistive devices. All equipment will be inspected weekly by maintenance staff to confirm secure installation and adherence to safety standards.

v. Nursing and maintenance staff received training on 11/4/24of safe installation and regular inspection of enabler bars to recognize potential entrapment hazards and ensure compliance.

vi. Monthly audits of resident equipment will be conducted by Maintenance to ensure adherence to the updated safety protocols.

**81b - Resident Personal Equipment (continued)**

vii. All action items were implemented and completed on: 11/7/24

Licensee's Proposed Overall Completion Date: 11/14/2024

Implemented (█) - 11/18/2024)

**94b - Non-Skid Surface****4. Requirements**

2600.

94.b. Interior stairs, exterior steps and ramps must have nonskid surfaces.

**Description of Violation**

The exterior staircase exiting from the second floor was constructed of pressure treated lumber and did not have any form of nonskid surface on the stair treads.

**Plan of Correction**

Accept (█) - 11/15/2024)

During our annual licensing inspection on 10/31/2024 for Countryside Personal Care Home (License No. 335270), it was determined that in accordance to 2600.94.b. the exterior staircase exiting from the second floor did not have a nonskid surface on the stair treads.

a. After a thorough review, it was determined that nonskid surfaces were not listed on the monthly maintenance checklist.

i. The following actions have been implemented to immediately address the deficiency:

1. Nonskid adhesive stair treads were purchased on 11/14/24.

2. Nonskid adhesive treads will be installed as weather permits. Installation was scheduled, but due to precipitation, cannot be installed to the surface until the surface is dry.

ii. To prevent recurrence, we are implementing the following long-term changes:

1. Stair treads will be inspected weekly to ensure good adhesion to the substrate by maintenance.

2. Maintenance will continue to inspect the nonskid surface and any repairs will be noted and addressed as needed.

3. Maintenance will now check surfaces that need nonskid to avoid slips/falls and also ensure the nonskid surfaces are in good condition on a monthly basis.

4. All action items were implemented and completed on: 11/14/24

Licensee's Proposed Overall Completion Date: 11/14/2024

Implemented (█) - 11/18/2024)

**102i - Soap Dispenser****5. Requirements**

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

**Description of Violation**

2 unlabeled used bars of soap were observed in the bathroom shared by residents residing in rooms #3 and #4 and in the bathroom shared by residents residing in rooms #5 and #6.

## 102i Soap Dispenser (continued)

**Plan of Correction**

Accept (█ - 11/15/2024)

During our annual licensing inspection on 10/31/2024 for Countryside Personal Care Home (License No. 335270), it was determined that in accordance to 2600.102.i., a dispenser with soap was not clearly labeled in shared rooms #3 and #4 and in rooms #5 and #6.

a. The following actions have been implemented to immediately address the deficiency:

i. A thorough inspection was completed with all residents that share a room/bathroom. Any used bars of soap not in a plastic soap container were immediately discarded and replaced with new bars of soap and placed in plastic containers, clearly labeled with resident's name.

b. To prevent recurrence, we are implementing the following long term changes:

i. Nightshift staff will conduct a weekly audit of all shared resident's rooms to ensure all hygiene products are clearly marked with the owner's name, including bars and bottled soap containers.

ii. During weekly inspection, any bars of used soap, not clearly in a soap container, will be immediately disposed of and replaced with a new bar of soap and placed in the resident's container. Ensuring resident's name is clearly marked.

iii. Family member's, bringing in hygiene items during admission and thereafter, will be notified to ensure items are clearly marked with resident's name.

iv. All action items were implemented and completed on: 11/14/24

Licensee's Proposed Overall Completion Date: 11/14/2024

Implemented (█ - 11/18/2024)

## 103f - Refrigerator/Freezer Temps

**6. 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**

On 10/31/24 the freezer section of the refrigerator/freezer located in the dining room was observed having a temperature of 10 degrees at 2:00 PM and 15 degrees at 3:00 PM. The freezer section of refrigerator/freezer located in the kitchen was observed having a temperature of 22 degrees at 2:00 PM and 12 degrees at 3:00 PM.

**Plan of Correction**

Accept (█ - 11/15/2024)

During our annual licensing inspection on 10/31/2024 for Countryside Personal Care Home (License No. 335270), it was determined that the freezer section of the refrigerator/freezer located in the dining room was observed having a temperature of 10 degrees at 2 pm and 15 degrees at 3 pm. The freezer section of refrigerator/freezer located in the kitchen was observed having a temperature of 22 degrees at 2 pm and 12 degrees at 3 pm. Regulation 2600.103f states food requiring refrigeration shall be stored at or below 40 degrees. Frozen food shall be kept or below 0 degrees.

a. The following actions have been implemented to immediately address the deficiency:

i. The refrigerator/freezer were being housed right beside the stove/ovens in a confined area. The refrigerator/freezer was moved away from the heat source (stoves) and repositioned outside of kitchen area.

ii. Staff checks refrigerator/freezer temperatures per shift and since refrigerator has been moved, the refrigerator/freezer temperatures have maintained the specified temperatures per

**103f - Refrigerator/Freezer Temps (continued)**

regulation 2600.103f.

b. To prevent recurrence, we are implementing the following long-term changes:

- i. Staff, per shift, will continue to monitor refrigerator/freezer temperatures to ensure regulatory compliance.
- ii. Any temperature outside of the regulatory standard listed in 2600.103f will be immediately reported to maintenance.
- iii. All action items were implemented and completed on: 11/14/24

**Licensee's Proposed Overall Completion Date: 11/14/2024**

**Implemented (█ - 11/18/2024)**