

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

March 11, 2025

[REDACTED]  
[REDACTED]  
111 ALTMAYER DRIVE  
[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 12/27/2024 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 MANOR License #: 44629 License Expiration: 12/11/2024  
 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: 23 Waking Staff: 17

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Complaint Exit Conference Date: 12/27/2024

**Inspection Dates and Department Representative**

12/27/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 50 Residents Served: 20  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 0  
 Number of Residents Who:  
 Receive Supplemental Security Income: 12 Are 60 Years of Age or Older: 12  
 Diagnosed with Mental Illness: 10 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 3 Have Physical Disability: 0

**Inspections / Reviews**

12/27/2024 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/26/2025

01/31/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 02/28/2025  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 02/28/2025

Inspections / Reviews *(continued)*

03/11/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/28/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

5a1 - DHS Access

1. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

- 1. Agents of the Department.

Description of Violation

Resident [redacted] was prescribed [redacted] at [redacted]. This medication was not indicated on resident [redacted] December 2024, medication administration record. The prescribing physician's order was requested on [redacted], and [redacted]. However, the requested document was not submitted.

Resident [redacted] was prescribed [redacted] / ML [redacted] per sliding scale [redacted], greater than [redacted] and call MD and less than [redacted] begin [redacted] for [redacted]. The medication was discontinued. A discontinue order was requested [redacted] and [redacted]. However, the home failed to submit the requested document.

Plan of Correction

Accept [redacted] - 01/31/2025)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [redacted] by the Administrator to Immediate action was taken by administrator to locate the prescription orders by calling the pharmacy, and doctors of the residents on [redacted]

To enhance the currently compliant operations, on 01/27/2025 the Management/Med Tech will keep a medication log of all new medication orders, and/or discontinue orders starting 1/27/25, and follow up with pharmacy as needed to get make sure the MAR matches the orders. Administrator will have a staff meeting on 1/27/25 to train staff on regulation 2600.5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:2600.5.a.1. Agents of the Department. and what changes will be made within the facility to comply with said regulation, with a completion date of 02/28/2025.

Effective 01/27/2025 the Management/Med Tech will perform daily audits to the medication log through 02/28/2025 to maintain ongoing compliance with Management, or Med tech will provide, upon request, immediate access to the home, the residents and records to agents of the Department. Compliance monitoring activities will be implemented under the supervision of the Administrator/Administrator Assistant. Any deficiencies will be corrected immediately, and findings will be documented and submitted to the Administrator for further review and continuous improvement.

Documentation kept at facility.

Licensee's Proposed Overall Completion Date: 02/28/2025

Implemented [redacted] - 03/11/2025)

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 1:30 a.m., resident [redacted] struck [redacted] left mid-shin off of a bedframe's right bottom corner,

16c - Written Incident Report (continued)

causing a laceration several inches long that required the provision of outside medical services. Resident [REDACTED] was transported to ACMH Hospital where [REDACTED] received eleven sutures. However, the home failed to report the incident to the department.

REPEAT VIOLATION [REDACTED] et al

Plan of Correction

Accept [REDACTED] - 01/31/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [REDACTED] by the Administrator to Immediate action was taken by Administrator by meeting with Administrator Assistant on [REDACTED] by going through incident reports to make sure all reportable incident reports were reported.

To enhance the currently compliant operations, on 12/30/2024 the Administrator/Administrator Assistant will audit any incident reports to indicate whether they are reportable or not daily starting on 12/30/2024. Administrator will conduct a staff training on 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 1/27/25 and train all staff on what a reportable is, and how to report it, with a completion date of 01/31/2025.

Effective 12/30/2024 the Administrator will perform daily audits through 01/31/2025 to maintain ongoing compliance with Administrator and/or a designated person will follow regulations for 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). by auditing the incident report log daily. Compliance monitoring activities will be implemented under the supervision of the Administrator. Any deficiencies will be corrected immediately, and findings will be documented and submitted to the Administrator for further review and continuous improvement. documentation kept at facility.

Licensee's Proposed Overall Completion Date: 01/31/2025

Implemented [REDACTED] - 03/11/2025)

42b - Abuse

3. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED] at approximately 1:30 a.m., resident [REDACTED]s roommate's metal bedframe was missing the bedframe end cap from its bottom right corner, exposing a jagged edge, and presenting a significant skin tear hazard. When resident [REDACTED] attempted to traverse [REDACTED] semiprivate resident room to obtain an item off of [REDACTED] roommate's bed, [REDACTED] struck [REDACTED] mid left shin on [REDACTED] roommate's bedframe's exposed bottom right corner, causing a laceration to [REDACTED] left mid shin. The laceration was several inches long and caused a significant loss of blood that left multiple circular shaped blood stains on the room's carpeted floor that measured 2 or more feet in diameter. Resident [REDACTED] was subsequently transported to ACMH Hospital where [REDACTED] received eleven sutures before being discharged back to the home.

42b - Abuse (continued)

Plan of Correction

Accept [REDACTED] 01/31/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [REDACTED] by the Administrator by overseeing room checks to check for any equipment that could injure a resident.

To enhance the currently compliant operations, on 12/30/2024 the Personal Care Aide will The Personal Care Aides will check all rooms weekly to ensure the facility is complying with regulation 2600.42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way. A staff meeting is being conducted by Administrator on 1/27/25 to ensure all staff complies with said regulation, with a completion date of 01/31/2025.

Effective 12/30/2024 the Personal Care Aides will perform weekly checks through 01/31/2025, and as needed after, to maintain ongoing compliance with Staff will comply to regulation of not neglecting, intimidating, physically or verbally abusing, mistreating, subjecting to corporal punishment or disciplining residents in any way by doing weekly checks of all of the room in the facility to make sure all equipment is in working and functioning order. Compliance monitoring activities will be implemented under the supervision of the Administrator. Any deficiencies will be corrected immediately, and findings will be documented and submitted to the Administrator for further review and continuous improvement. documentation kept at facility.

Licensee's Proposed Overall Completion Date: 01/31/2025

Implemented [REDACTED] - 03/11/2025)

85a - Sanitary Conditions

4. Requirements

2600. 85.a. Sanitary conditions shall be maintained.

Description of Violation

At approximately 4:20 p.m., several large circular bloodstains 2 feet or more in diameter were on the carpeting of resident [REDACTED]'s semi-private resident room's floor to include a blood stain next to the window, and another blood stain towards the center of the room.

REPEAT VIOLATION [REDACTED] et al.,

Plan of Correction

Accept [REDACTED] 01/31/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [REDACTED] by the Administrator to Administrator took immediate action on [REDACTED] to comply with regulation 2600.85.a. Sanitary conditions shall be maintained by obtaining more hydrogen peroxide on 12/27/24 to get the stains out of the carpet. Staff scrubbed the carpet on night shift of 12/27/24. A staff meeting will be conducted on 1/27/25 on regulation 2600.85.a. Sanitary conditions shall be maintained.

To enhance the currently compliant operations, on 12/30/2024 the Personal Care Aides/Med Techs will check rooms, and rugs daily starting on 12/30/24 to ensure that regulation 2600.85.a. Sanitary conditions shall be maintained is being complied with, with a completion date of 02/28/2025.

85a - Sanitary Conditions (continued)

Effective 12/30/2024 the Personal Care Aide/Med Tech will perform daily inspections through 02/28/2025 to maintain ongoing compliance with Maintaining sanitary conditions will be monitored by Personal Care Aides, and Med Techs by inspecting daily for any conditions within the home to be addressed immediately to comply with said regulation. Compliance monitoring activities will be implemented under the supervision of the Administrator. Any deficiencies will be corrected immediately, and findings will be documented and submitted to the Administrator for further review and continuous improvement. Documentation kept at facility.

Licensee's Proposed Overall Completion Date: 02/28/2025

Implemented [redacted] - 03/11/2025)

85e - Trash Outside Home

5. 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

At 10:08 a.m., both lids of the right green dumpster located in the rear of the home were ajar. There was approximately 2-3 feet of space between the dumpster lids and the top of the dumpster. An overflow of trash prevented the dumpster's lids from properly closing.

Plan of Correction

Accepted [redacted] - 01/31/2025)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [redacted] by the Administrator to Immediate action was taken by Administrator by hanging a sign on the door to remind Staff to make sure trash bins were closed the whole way.

To enhance the currently compliant operations, on 12/30/2024 the Personal Care Aide/Med Tech will Administrator is conducting a staff meeting on 1/27/25 on regulation 2600.85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents. Staff is to do daily garbage checks starting 12/30/24 to continue to be in compliance with said regulation, with a completion date of 02/28/2025.

Effective 12/30/2024 the Personal Care Aide/Med Tech will perform daily checks through 02/28/2025 to maintain ongoing compliance with will conduct daily checks to comply with keeping trash outside the home in covered receptacles that prevent the penetration of insects and rodents. Compliance monitoring activities will be implemented under the supervision of the Administrator. Any deficiencies will be corrected immediately, and findings will be documented and submitted to the Administrator for further review and continuous improvement. Documentation kept at facility.

Licensee's Proposed Overall Completion Date: 02/28/2025

Implemented [redacted] - 03/11/2025)

88a - Surfaces

6. Requirements

88a Surfaces (continued)

2600.

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

Description of Violation

At 10:15 a.m., there was a tear approximately 12 by 12 inches in size in the linoleum flooring located in front of the shower in the shower room located next to the medication room.

Plan of Correction

Accept [redacted] - 01/31/2025)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [redacted] by the Administrator to Immediate action was taken by Administrator on [redacted] by hanging an out of order sign on the bathroom door with the affected floor, and contacting the owner, then maintenance to schedule when the repair could be made. Maintenance repaired floor on [redacted] by putting a new linoleum floor in.

To enhance the currently compliant operations, on 12/30/2024 the Personal Care Aid/MedTech will check rooms daily within the facility starting 12/30/24 to ensure the facility is in compliance with regulation 2600.88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards. Administrator will conduct a staff meeting on 1/27/25 on said regulation, with a completion date of 01/31/2025.

Effective 12/30/2024 the Personal Care Aide/Med tech will perform daily checks through 01/31/2025 to maintain ongoing compliance with Personal Care aide/Med Tech will do daily room checks ensuring floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards. Compliance monitoring activities will be implemented under the supervision of the Administrator. Any deficiencies will be corrected immediately, and findings will be documented and submitted to the Administrator for further review and continuous improvement. Documentation kept at facility.

Licensee's Proposed Overall Completion Date: 01/31/2025

Implemented [redacted] - 03/11/2025)

95 Furniture and Equipment

7. Requirements

2600.

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

Description of Violation

On [redacted] at approximately 1:30 a.m., resident [redacted]'s roommate's metal bedframe's bottom right corner was missing its end cap, exposing the bedframe's bottom right metal corner and presented a significant skin tear hazard.

REPEAT VIOOLATION [redacted] et al

Plan of Correction

Accept [redacted] - 01/31/2025)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [redacted] by the Administrator and a Personal Care Aide to get the furniture or equipment that was hazardous out of the resident's room on [redacted]

95 - Furniture and Equipment (continued)

To enhance the currently compliant operations, on 12/30/2024 the Personal Care Aide/ Med Tech will room checks are being conducted daily to by Personal care aide/Med Tech to ensure facility is in compliance with regulation 2600.95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards, with a completion date of 01/31/2025. Administrator is conducting a staff meeting on 1/27/25 on said regulation.

Effective 12/30/2024 the Personal Care Aide/Med Tech will perform daily checks through 01/31/2025 to maintain ongoing compliance with room checks are being done ensuring furniture and equipment is in good repair, clean and free of hazards. Compliance monitoring activities will be implemented under the supervision of the Administrator. Any deficiencies will be corrected immediately, and findings will be documented and submitted to the Administrator for further review and continuous improvement. Documentation kept at facility.

Licensee's Proposed Overall Completion Date: 01/31/2025

Implemented [redacted] - 03/11/2025)

103c - Food Protected

8. Requirements

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

At approximately 10:35 a.m., there was a partially unwrapped / uncovered stick of butter in the refrigerator located in the home's common dining area.

Plan of Correction

Accept [redacted] - 01/31/2025)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [redacted] by the Daylight cook to inspect all items within the kitchen and fixed, and is being checked daily, and fixed as needed daily.

To enhance the currently compliant operations, on 12/30/2024 the Daylight cook will do daily inspections. Administrator is conducting a staff meeting on 1/27/25 on regulation 2600.103.c. Food shall be protected from contamination while being stored, prepared, transported and served. Daylight cook has been doing daily inspection and fixing any issues since 12/30/24 and will be doing checks through 1/31/25 and on going after, with a completion date of 01/31/2025. Documentation kept at facility.

Effective 12/30/2024 the Daylight cook will perform daily inspections through 01/31/2025 to maintain ongoing compliance with is doing daily inspections ensuring food is protected from contamination while being stored, prepared, transported and served. Compliance monitoring activities will be implemented under the supervision of the Administrator. Any deficiencies will be corrected immediately, and findings will be documented and submitted to the Administrator for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 01/31/2025

Implemented [redacted] - 03/11/2025)

103f - Refrigerator/Freezer Temps

9. 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

At 10:37 a.m., the right freezer located in the home's bread room had a temperature of 10 degrees Fahrenheit. And at 1:58 p.m., the right freezer located in the home's bread room had a temperature of 7 degrees Fahrenheit.

At 10:37 a.m., the left freezer located in the home's bread room had a temperature of 12 degrees Fahrenheit. And at 1:58 p.m., the left freezer located in the home's bread room had a temperature of 15 degrees Fahrenheit.

Plan of Correction

Accept [redacted] 01/31/2025)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [redacted] by the Personal Care Aide/cook by defrosting any freezer that needed it, and daily temperature checks are being done by cook daily to keep track of temperatures.

To enhance the currently compliant operations, on 12/30/2024 the Personal Care Aide/cook will monitor freezer temperatures daily and defrost freezers at least once a year, or as needed, with a completion date of 01/31/2025. A staff meeting will be conducted by Administrator on 1/27/25 regarding regulation 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. Documentation kept at facility.

Effective 12/30/2024 the Personal Care Aide/cook will perform daily checks through 01/31/2025 to maintain ongoing compliance with ensuring food requiring refrigeration is stored at or below 40°F, and frozen food is kept at or below 0°F, and thermometers are present in refrigerators and freezers. Compliance monitoring activities will be implemented under the supervision of the Administrator. Any deficiencies will be corrected immediately, and findings will be documented and submitted to the Administrator for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 01/31/2025

Implemented [redacted] - 03/11/2025)

144c1 Smoking Area Guidelines

10. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

At 10:08 a.m., there were approximately 3 dozen cigarette butts on the ground in the designated smoking area in the rear of the home.

Plan of Correction

Accept [redacted] - 01/31/2025)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [redacted] by the Administrator to eliminate the cigarette butts on the ground and placing a sign on the door reminding residents to put the butts in the butt cans.

144c1 Smoking Area Guidelines (continued)

To enhance the currently compliant operations, on 01/27/2025 the Administrator will have a meeting with all residents, issuing them a 30 day new smoking policy indicating that smoking is a privilege, and throwing butts on the ground is not safe for the facility, therefore if they cannot be safe with their smoking then they will lose the privilege. Administrator will have a staff meeting on 1/27/25 to inform staff on this new upcoming policy, and in regards to regulation 2600.144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following: 2600.144.c.1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms, with a completion date of 02/28/2025. Documentation kept at facility.

Effective 02/27/2025 the Administrator will perform daily reviews through 03/31/2025 to maintain ongoing compliance with developing and implementing written fire safety policy and procedures that includes, including proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms. Administrator to review daily starting 2/27/25 if residents are not complying with the new smoking policy. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 02/28/2025

Implemented [redacted] - 03/11/2025)

181c - Self-administration Assessment

11. Requirements

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident [redacted] was prescribed [redacted] per actuation, [redacted] by mouth as needed for shortness of breath. The medication was on resident [redacted]'s bed side dresser at approximately 4:30 p.m. However, resident [redacted] was not assessed to self administer the medication.

Resident [redacted] was prescribed [redacted] in each nostril at bedtime shake well prior to use. At approximately 4:27 p.m., the medication was observed on resident [redacted] bedside nightstand. However, resident [redacted] was not assessed to self administer the medication.

181c - Self-administration Assessment (continued)

Plan of Correction

Accept [REDACTED] - 01/31/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [REDACTED] by the Med Tech to comply with regulation 2600.181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders by putting all medications that were left out for residents who do are not able to self administer.

To enhance the currently compliant operations, Starting 01/27/2025 the Administrator will do 3 random checks a week to make sure there are no medications out, if there is medication left out staff who is responsible will be wrote up. Administrator will conduct a staff meeting on 1-27-25 regarding 2600.181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders. Documentation kept at facility, with a completion date of 03/31/2025.

Effective 01/27/2025 the Administrator will perform weekly audits through 03/31/2025 to maintain ongoing compliance with ensuring the resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders. Med Techs will review that all meds are in the med cart during shift changes to ensure no meds are left out. Administrator will do 3 random weekly checks to make sure no meds are left out. Compliance monitoring activities will be implemented under the supervision of the Administrator. Any deficiencies will be corrected immediately, and findings will be documented and submitted to the Administrator for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 03/31/2025

Implemented [REDACTED] 03/11/2025)

185a - Implement Storage Procedures

12. 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 [REDACTED] was prescribed [REDACTED] perform glucometer readings four times daily before meals and bedtime. On [REDACTED], at 7:30 a.m., resident [REDACTED] had a blood glucose reading of [REDACTED]. However, resident [REDACTED]'s December 2024, medication administration record indicated a blood glucometer reading of [REDACTED], for the corresponding date / time.

REPEAT VIOLATION [REDACTED], et al.,

185a Implement Storage Procedures (continued)

Plan of Correction

Accept ( [redacted] 01/31/2025)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [redacted] by the Administrator to comply with regulation 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 by having a meeting with the med techs regarding this regulation and the importance of accurate documentation on [redacted]

To enhance the currently compliant operations, on 01/27/2025 the Med Tech will audit each diabetic residents blood sugars weekly to make sure they match with documentation to ensure accuracy of documentation. Administrator will have a staff meeting on 1 27 25 regarding 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, with a completion date of 02/28/2025. Documentation kept at facility.

Effective 01/27/2025 the Med Tech will perform weekly audits through 02/28/2025 to maintain ongoing compliance with ensuring the home will develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons by weekly blood sugar audits. Compliance monitoring activities will be implemented under the supervision of the Administrator. Any deficiencies will be corrected immediately, and findings will be documented and submitted to the Administrator for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 02/28/2025

Implemented [redacted] 03/11/2025)

187a - Medication Record

13. Requirements

2600.

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] indicated [redacted] was prescribed [redacted] at [redacted]. This medication was not indicated on resident [redacted]'s December 2024, medication administration record.

Resident [redacted]'s December 2024, medication administration record did not indicate multiple administrations of medications on multiple dates / times that were administered to include, Resident [redacted] was prescribed [redacted] tablet take one tablet by mouth twice daily. The resident was administered this medication on [redacted] at 2:00 p.m. However, the medication administration record's corresponding field for that date / time were blank.

Resident [redacted] was prescribed [redacted] sub q per scale with meals, less than 70 begin [redacted] protocol [redacted] units, greater than [redacted] units and call MD. The medication was administered on [redacted] and [redacted]. At 12:00 p.m. However, the medication administration record's corresponding fields for those dates / times were blank.

Resident [redacted] was prescribed [redacted] perform [redacted] readings four times a day before meals and bedtime. The medication was administered on [redacted] at 7:30 a.m., [redacted] 7:30 a.m., and [redacted], at 11:00

187a - Medication Record (continued)

a.m. However, the medication administration record's corresponding fields for those dates / times were blank.

REPEAT VIOLATION [REDACTED] et al., [REDACTED], et. al.

Plan of Correction

Accept [REDACTED] - 01/31/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [REDACTED] by the Administrator to by having a med tech staff meeting on 12-30-25 regarding 2600.187.a. A medication record shall be kept to include the following for each resident for whom medications are administered.

To enhance the currently compliant operations, on 12/30/2024 the Administration will conduct five weekly random MAR audits to ensure regulation 2600.187.a. A medication record shall be kept to include the following for each resident for whom medications are administered is being complied with, with a completion date of 02/28/2025. Administrator will conduct a staff meeting regarding said regulation for all staff on 1-27-25. documentation will be kept at facility.

Effective 12/30/2024 the Administration will perform weekly audits through 02/28/2025 to maintain ongoing compliance with auditing five random medication records that includes all of the resident's medications. Compliance monitoring activities will be implemented under the supervision of the Administration. Any deficiencies will be corrected immediately, and findings will be documented and submitted to the Administration for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 02/28/2025

Implemented [REDACTED] - 03/11/2025)

187c - Refusal of Medication

14. Requirements

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

Resident [REDACTED] was prescribed [REDACTED] instill one drop in the left eye four times a day for [REDACTED]. The resident refused the administration of this medication on multiple dates to include [REDACTED], and [REDACTED], at 4:00 p.m. However, the home failed to notify the prescribing physician.

Resident [REDACTED] was prescribed [REDACTED] sub-q per sliding scale, less than 70 begin [REDACTED] units, [REDACTED], greater than [REDACTED] units and call MD for [REDACTED]. The resident refused the administration of this medication on [REDACTED] at 12:00 p.m. However, the home failed to notify the prescribing physician.

Resident [REDACTED] was prescribed [REDACTED] applied four grams topically to right shoulder twice daily in the morning and evening. The resident refused the administration of this medication on multiple dates to include

187c - Refusal of Medication (continued)

██████████ and ██████████. However, the home failed to notify the prescribing physician.

Plan of Correction

Accept (██████████ - 01/31/2025)

In response to the violation on ██████████ by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on ██████████ by the Administrator to Administrator had a staff meeting with all med techs regarding 2600.187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

To enhance the currently compliant operations, on 01/13/2025 the Administrator will talk to resident's PCP regarding the past multiple refusals. PCP moved routine refusals to as needed prescriptions. Administrator will conduct a staff meeting regarding 2600.187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber on 1-27-25, with a completion date of 03/31/2025.

Effective 01/27/2025 the Med techs will perform daily checks through 03/31/2025 to maintain ongoing compliance with ensuring that if a resident refuses to take a prescribed medication, the refusal must be documented in the resident's record and on the medication record. The refusal must be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication must be reported as required by the prescriber. Med Techs will use the refusal check list to maintain compliance with this regulation. Compliance monitoring activities will be implemented under the supervision of the Administrator. Any deficiencies will be corrected immediately, and findings will be documented and submitted to the Administrator for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 03/31/2025

Implemented (██████████ - 03/11/2025)

187d - Follow Prescriber's Orders

15. Requirements

2600.  
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident ██████████ was using ██████████ when needed prior to the date of 1/██████████. However, there was no valid prescriber's order for the ██████████ use.

Resident ██████████ was prescribed ██████████ units for slash MLF pen per sliding scale ██████████, greater than ██████████ and call MD and less than 70 begin ██████████ for ██████████. The medication was administered on multiple dates to include ██████████, and ██████████, at 8:00 a.m. However, the medication was reportedly discontinued prior to the indicated administrations on an unknown date.

On ██████████ multiple residents were not administered multiple medications due to the medications not being

**187d - Follow Prescriber's Orders (continued)**

available in the home to include,

Resident [REDACTED] was prescribed [REDACTED] tab take one tablet by mouth once a day. However, on [REDACTED], at 8:30 a.m. the medication was not administered. Resident [REDACTED] was prescribed [REDACTED] tablet take one tablet by mouth once a day. However, on [REDACTED], at 8:30 a.m. the medication was not administered. And resident [REDACTED] was prescribed [REDACTED] take by mouth one capsule once daily along with [REDACTED] capsule to equal [REDACTED]. However, on [REDACTED], at 8:30 a.m. the medication was not administered. The medications were not available in the home.

Resident [REDACTED] was prescribed [REDACTED] tablet take one tablet by mouth once a day for [REDACTED]. However, on 12/25/24, at 8:30 a.m. the medication was not administered. Resident [REDACTED] was prescribed [REDACTED] tablet take by mouth 1 tablet once daily. However, on [REDACTED] at 8:30 a.m., resident [REDACTED] was not administered the medication. The medications were not available in the home.

Resident [REDACTED] was prescribed amlodipine 10 mg tablet take one tablet by mouth once a day. However, on [REDACTED] the medication was not administered. Resident [REDACTED] was prescribed [REDACTED] tablet take one tablet by mouth once a day. However, on [REDACTED], the medication was not administered. The medications were not available in the home.

**Plan of Correction****Accept [REDACTED] - 01/31/2025)**

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [REDACTED] by the med tech to comply with 2600.187.d. The home shall follow the directions of the prescriber by doing med audits, and follow medication orders on MAR.

To enhance the currently compliant operations, on 12/30/2024 the Administrator will Administrator is conducted a med tech staff meeting on 12-30-24, and is conducting a staff meeting for all staff, on 1-27-25 regarding 2600.187.d. The home shall follow the directions of the prescriber, with a completion date of 02/28/2025.

Effective 12/27/2024 the Med Tech will perform daily review through 03/31/2025 to maintain ongoing compliance with to ensure the home must follow the directions of the prescriber by reviewing the MAR/prescriber orders before administering any medication. Med Tech is to use medication log when re-ordering medication and follow up to ensure medication was delivered promptly. Compliance monitoring activities will be implemented under the supervision of the Administrator. Any deficiencies will be corrected immediately, and findings will be documented and submitted to the Administrator for further review and continuous improvement. documentation kept at facility.

Licensee's Proposed Overall Completion Date: 02/28/2025

**Implemented [REDACTED] - 03/11/2025)**