

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

June 24, 2025

[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 03/18/2025, 04/02/2025 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:** Dept. of Labor & Industry

**Staffing Hours**

**Resident Support Staff:** 0 **Total Daily Staff:** 24 **Waking Staff:** 18

**Inspection Information**

**Type:** Partial **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Complaint, Incident, Fine **Exit Conference Date:** 04/02/2025

**Inspection Dates and Department Representative**

03/18/2025 - On-Site: [REDACTED]  
04/02/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 50 **Residents Served:** 23

**Secured Dementia Care Unit**

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

**Hospice**

**Current Residents:** 1

**Number of Residents Who:**

**Receive Supplemental Security Income:** 14 **Are 60 Years of Age or Older:** 14  
**Diagnosed with Mental Illness:** 15 **Diagnosed with Intellectual Disability:** 1  
**Have Mobility Need:** 1 **Have Physical Disability:** 0

**Inspections / Reviews**

03/18/2025 Partial

**Lead Inspector:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 05/02/2025

05/13/2025 - POC Submission

**Submitted By:** [REDACTED] **Date Submitted:** 05/26/2025  
**Reviewer:** [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 06/05/2025

Inspections / Reviews *(continued)*

06/24/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/26/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

42c - Treatment of Residents

1. Requirements

2600.

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

Description of Violation

During the morning of [redacted] staff person A entered resident [redacted] bedroom to administer medication. Staff person A and resident [redacted] began to argue because the resident wanted the staff to leave the cup of pills on [redacted] table like [redacted] usually does. Staff person A argued [redacted] was not allowed to leave [redacted] pills in [redacted] room like that anymore. This argument was overheard by another staff, who indicated both staff person A and resident [redacted] were yelling back and forth at one another.

Plan of Correction

Accept [redacted] - 05/13/2025)

Staff person A and Resident [redacted] were both talked to by Administration. Staff person A is aware of the fact that arguing with a resident is unacceptable. The Resident has been talked to about [redacted] treatment of Staff Members many times in the past. [redacted] treatment of Staff has been addressed many times by Staff, Protective Services and DHS. Resident [redacted] has been defiant on all aspects of listening to Staff. A training by Administration for all Staff was done on 5-1-2025 with another one scheduled for May 8th to include regulation 42.c. A resident shall be treated with dignity and respect. Resident surveys are being created by Marketer/Administration to ask questions of Residents as to what they feel about Staff, with specific details included. Training is scheduled for 5-12-2025 by Administrator for all Staff and to pass out surveys to Residents.

This is being disputed due to the fact that staff person #1 was following [redacted] training, [redacted] has gotten in trouble for this before. The resident was screaming at [redacted] [redacted] would have made [redacted] more mad to just walk away and not explain why [redacted] wasn't giving [redacted] medication. [redacted] knows enough to know that [redacted] would get [redacted] in trouble for this. [redacted] was being defiant and not taking the medication and then baiting [redacted] to try to get [redacted] to yell at [redacted] [redacted] has gotten a 30 day notice several times.documentation kept at Facility

Licensee's Proposed Overall Completion Date: 05/08/2025

Implemented [redacted] - 06/24/2025)

56 - Admin 20 Hours/Week

2. Requirements

2600.

56. Administrator Staffing - The administrator shall be present in the home an average of 20 hours or more per week, in each calendar month.

Description of Violation

The home has not had an Administrator since [redacted]

Repeat Violation: [redacted]

Plan of Correction

Accept [redacted] - 05/13/2025)

A review was done with Owner by DHS Staff to be aware that a new Administrator is needed as soon as possible. A new Administrator was hired by Owner on 5-1-2025 to begin working as full time Administrator on May 8, 2025. Documentation kept at Facility

Licensee's Proposed Overall Completion Date: 05/05/2025

56 Admin 20 Hours/Week (continued)

Implemented (█ - 06/24/2025)

182c Medication Administration

3. Requirements

2600.

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

1. Identify the correct resident.
2. If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
3. Remove the medication from the original container.
4. Crush or split the medication as ordered by the prescriber.
5. Place the medication in a medication cup or other appropriate container, or in the resident's hand.
6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).
7. Complete documentation in accordance with § 2600.187 (relating to medication records).

Description of Violation

On the morning of █ staff person A entered the room of resident █ to administer medication. Staff person A and resident █ got in an argument because the resident wanted the staff to leave the cup of pills on █ table like █ usually does. Staff person A argued █ was not allowed to leave █ pills in █ room like that anymore. This argument was also overheard by another staff of the home and indicated both staff person A and resident █ were yelling back and forth at one another. Resident █ indicates staff person A would regularly leave █ medication on █ table in the morning if █ was sleeping.

Plan of Correction

Accept █ - 05/13/2025)

Staff person A and Resident █ were both talked to by Administration. Staff person A is aware of the fact that arguing with a resident is unacceptable. The Resident has been talked to about █ treatment of Staff Members many times in the past. █ treatment of Staff has been addressed many times by Staff, Protective Services and DHS. Resident █ has been defiant on all aspects of listening to Staff. A training by Administration for all Staff was done on 5-1-2025 with another one scheduled for May 8th to include regulation Administration 3. Requirements 2600. 182.c. Medication administration includes the following activities, based on the needs of the resident:

1. Identify the correct resident.
2. If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
3. Remove the medication from the original container.
4. Crush or split the medication as ordered by the prescriber.
5. Place the medication in a medication cup or other appropriate container, or in the resident's hand.
6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).
7. Complete documentation in accordance with § 2600.187 (relating to medication records). Resident surveys are being created by Marketer/Administration to ask questions of Residents as to what they feel about Staff, with specific details included. Training is scheduled for 5-12-2025 by Administrator for all Staff and pass out to Residents. This is being disputed due to the fact that the resident deliberately refused █ pills to bait staff person an into a confrontation. Staff person a knows that █ is not to leave any pills anywhere that █ has to watch the resident take them. █ has decided that █ wants █ own rules . █ has had a 30 day notice several times and is in a current one now. The facility has been written up for this before. It would not be fair to site us on this when █ refused the

182c - Medication Administration (continued)

medication. all of the above criteria were met.Documentation kept at Facility

Licensee's Proposed Overall Completion Date: 05/12/2025

Implemented [REDACTED] - 06/24/2025)

183b - Meds and Syringes Locked

4. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On [REDACTED] at 9:12am the medication cart located directly outside the medication room was unlocked, unattended and accessible in the hallway adjacent to the dining room. Numerous resident's medications were sitting on top of the cart including medication for resident's [REDACTED] and [REDACTED]. Additionally, numerous medications were stored in the unlocked medication cart drawers to include medication for resident's [REDACTED] and [REDACTED] Staff person B was found inside the medication room with the door locked.

Repeat Violation: [REDACTED]

Plan of Correction

Accept [REDACTED] 05/13/2025)

2 trainings will be utilized for this violation. One was held by Marketing Director on 5-1-2025 for all Staff. The second will be held by new Administrator on 5-8-2025 for all Staff. Training to include regulation 2600. 183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room. Staff person B was re-educated on 3-19-2025 by Regional Assistant on the importance of keeping everything locked up. This is being disputed due to the fact that The facility had just changed pharmacies and all of the carts from both pharmacies were there at the same time. There was no room for the carts in the med room. Med Tech stepped inside med room to get something else and was a few feet away from cart.

Licensee's Proposed Overall Completion Date: 05/08/2025

Implemented [REDACTED] - 06/24/2025)

187d - Follow Prescriber's Orders

5. Requirements

2600.

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

Description of Violation

Resident [REDACTED] is prescribed the following medications which staff person D did not administer on the morning of [REDACTED]:

[REDACTED]

187d - Follow Prescriber's Orders (continued)

[REDACTED]

Resident [REDACTED] is prescribed [REDACTED], take 2 tablets by mouth nightly for Insomnia, however, this medication was not administered to the resident on [REDACTED] because it was not available in the home.

Resident [REDACTED] is prescribed [REDACTED], take 1 tablet by mouth twice daily for Mood, however, this medication was not administered to the resident on [REDACTED] p.m. dose, [REDACTED] both a.m. and p.m. doses, [REDACTED] p.m. dose, [REDACTED] p.m. dose, [REDACTED] p.m. dose, [REDACTED] p.m. dose and [REDACTED] both a.m. and p.m. doses because it was not available in the home.

Resident [REDACTED] is prescribed [REDACTED] capsule, take 6 capsules by mouth nightly for Seizure Disorder, however, this medication was not administered to the resident on [REDACTED] because it was not available in the home.

Repeat Violation: [REDACTED]

**Plan of Correction**

Accept [REDACTED] - 05/13/2025)

A training for all Staff was done by Marketing Director on 5-1-2025. Another training by Administrator scheduled for all Staff on 5-8-2025 to include regulation 2600.

187.d. The home shall follow the directions of the prescriber. The reason for these errors were on the fault of the Pharmacy, which makes the home bear the burden. The Facility had just made a change in pharmacies. Facility was told that the first week could be tricky with transferring everything over. On 3-22-2025, the new Pharmacy was into the Facility to do a complete med cart audit. Documentation kept. Monthly med cart audits beginning May 12 will be done by Administrator or Designee with documentation kept.

Licensee's Proposed Overall Completion Date: 05/12/2025

Implemented [REDACTED] 06/24/2025)