

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

April 25, 2025

[REDACTED], ADMINISTRATOR
COUNTRY ACRES PERSONAL CARE HOME INC
2017 MEADVILLE ROAD
TITUSVILLE, PA, 16354

RE: COUNTRY ACRES PERSONAL CARE
HOME
2017 MEADVILLE ROAD
TITUSVILLE, PA, 16354
LICENSE/COC#: 41177

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/04/2025 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 ACRES PERSONAL CARE HOME License #: 41177 License Expiration: 04/20/2026
 Address: 2017 MEADVILLE ROAD, TITUSVILLE, PA 16354
 County: VENANGO Region: WESTERN

Administrator

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

Legal Entity

Name: COUNTRY ACRES PERSONAL CARE HOME INC
 Address: 2017 MEADVILLE ROAD, TITUSVILLE, PA, 16354
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 04/14/2003 Issued By: Dept L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 28 Waking Staff: 21

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 04/04/2025

Inspection Dates and Department Representative

04/04/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 33 Residents Served: 24
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 4
 Number of Residents Who:
 Receive Supplemental Security Income: 3 Are 60 Years of Age or Older: 23
 Diagnosed with Mental Illness: 4 Diagnosed with Intellectual Disability: 5
 Have Mobility Need: 4 Have Physical Disability: 1

Inspections / Reviews

04/04/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/24/2025

04/15/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 04/24/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/22/2025

Inspections / Reviews *(continued)*

04/22/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/24/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 05/22/2025

04/25/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/24/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

88a - Surfaces

1. Requirements

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 approximately 10:24 a.m., the emergency exit door, labelled #2, does not self-close and remains open approximately 1/2 inch.

Plan of Correction

Accept () - 04/22/2025

On 4/16/2025 Administrator had maintenance [redacted] come and fix exit door #2 so that it automatically shuts after being opened. Administrator effective 4/16/2025 will start a work order sheet to utilize repairs needed for building and have maintenance fix repairs in a weeks' time of repair needed submitted. Effective 4/22/2025 Risk Management (all staff) will have meeting once a month to review maintenance log and ensure compliance is met.

Licensee's Proposed Overall Completion Date: 04/21/2025

Implemented () - 04/25/2025

100a - Exterior - Free of Hazards

2. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

At approximately 10:29 a.m., the wooden strip of wood, directly below the emergency exit door, labelled #3, was missing exposing two screws; posing a hazard.

Plan of Correction

Accept () - 04/22/2025

On 4/16/2025 administrator had maintenance [redacted] repaired exit door #3 wooden strip and removed the screws that were exposed. Administrator effective 4/16/2025 will start a work order sheet to utilize repairs needed for building and have maintenance fix repairs in same week as repair submitted. Effective 4/22/2025 Risk Management (all staff) will have meeting once a month to review maintenance log and ensure compliance is met.

Licensee's Proposed Overall Completion Date: 04/21/2025

Implemented () - 04/25/2025

187a - Medication Record

3. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.

187a - Medication Record (continued)

- 9. Administration times.
- 10. Duration of therapy, if applicable.
- 11. Special precautions, if applicable.
- 12. Diagnosis or purpose for the medication, including pro re nata (PRN).
- 13. Date and time of medication administration.
- 14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #1 is ordered Humalog Kwikpen 100/ml, inject units subcutaneously before meals if blood sugar: 151-200=2, 201-250=4, 251-300=6. Greater than 301=8 and Humalog Kwickpen 100/ml, inject 12 units subcutaneously twice daily(at breakfast and dinner). The communication log for 4/3/25, indicated a blood sugar level of 320 and that 20 units of insulin were administered; however, the medication administration record (MAR) indicated on 4/3/25 at 5:00 p.m., the residents blood glucose levels were recorded as 192 and that insulin was withheld per doctors orders. Both the staff and resident were able to confirm this resident received 20 units of insulin as resident #1's blood sugar level measured 320.

Plan of Correction

Accept ([REDACTED]) - 04/22/2025)

Effective 4/05/2025 all trained med staff started logging all blood sugar readings for resident #1 daily for finger prick readings and dexcom readings. On 4/21/2025 all trained med staff will be educated on administrating insulin properly based on doctors' orders as well as how to properly document readings by print out provided by administrative assistant [REDACTED]. Effective 4/22/2025 Risk Management (all staff) will have meeting once a month to review bs log's to ensure compliance is met.

Licensee's Proposed Overall Completion Date: 04/21/2025

Implemented ([REDACTED]) - 04/25/2025)

251b - Record Entries Legible

4. Requirements

- 2600.
- 251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Correction fluid was used on the dollar amount section of resident #2's contract, dated [REDACTED], and 600 was written over the correction fluid indicating at total charge of \$1,600.00 in the charges section.

Plan of Correction

Accept ([REDACTED]) - 04/22/2025)

On 4/21/2025 Administrator corrected front page of contract so there is no corrective liquid. Effective 4/15/2025 administrator will no longer use correction fluid on any documents when a mistake is made administrator will put a line threw mistake, initial, and date next to mistake. Effective 4/15/2025 Administrative Assistant [REDACTED] will look over contracts of new admissions once they are completed by administrator to ensure no corrective liquid was used.

Licensee's Proposed Overall Completion Date: 04/21/2025

Implemented ([REDACTED]) - 04/25/2025)