

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

June 2, 2026

[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 03/24/2026 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]
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: COUNTRY TERRACE License #: 23501 License Expiration: 03/26/2027
 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]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 07/13/1999 Issued By: DLI

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 43 Waking Staff: 32

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 03/24/2026

Inspection Dates and Department Representative

03/24/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 60 Residents Served: 42
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 1
 Number of Residents Who:
 Receive Supplemental Security Income: 3 Are 60 Years of Age or Older: 42
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 1 Have Physical Disability: 0

Inspections / Reviews

03/24/2026 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/24/2026

05/04/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 05/14/2026
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 05/30/2026

Inspections / Reviews *(continued)*

06/02/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/14/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

60a - Staff/Support Plan

1. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

The home routinely has 2 -3 staff persons on the overnight shift. On 3/7/26 and 3/8/26, the facility had 37 residents present in the building, one of which requires the assistance of one staff person to evacuate. One staff person worked from 12:00 a.m. to 4:00 a.m. The facility is 2 stories and has 2 hallways that run in opposite directions. The home could not meet the needs of the residents from 12:00 a.m. to 4:00 a.m. in the event of an emergency.

Plan of Correction

Accept ([redacted]) - 05/04/2026

On the particular schedule a full-time overnight staff had resigned from their position. Administrator was in the interviewing phase to replace the full-time position. The position was filled on [redacted] There are now 2-3 overnight staff on a daily basis.

Administrator/Designee will be sure there is always the 2 staff to cover the overnight hours so in event of emergency, the needs of the residents can be met.

This was reviewed with staff at mandatory meeting on 4/15/2026.

Will review & monitor for compliance during QA meetings.

Licensee's Proposed Overall Completion Date: 04/15/2026

Implemented ([redacted]) - 06/02/2026

132g - Fire Drills Days/Times

2. Requirements

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home has not conducted an overnight sleeping hours fire drill when only third shift staff persons are present in the building. 3rd shift is from 12:00 a.m. to 8:30 am and 12:30 a.m. to 9:00 a.m. The homes most recent sleeping hours fire drills were conducted on 1/10/26 at 10:00 p.m. and 7/24/25 at 6:30 a.m. The home routinely has 2-3 staff persons working 3rd shift.

Plan of Correction

Accept ([redacted]) - 05/04/2026

Going forward, Administrator/Designee/Maintenance will perform a sleeping hour fire drill with strictly the overnight shift.

Administrator will keep a log to track the fire drills to maintain compliance for: different days of the week, different times of the day & night and will also track the shift that participated in the drill.

Our last drill was conducted 1/10/2026. Administrator and Maintenance will conduct a drill, with the overnight shift in the month of May.

This was reviewed with staff at mandatory meeting on 4/15/2026.

This will be reviewed for compliance at QA meetings.

Licensee's Proposed Overall Completion Date: 05/30/2026

132g - Fire Drills Days/Times (continued)

Implemented () - 06/02/2026

181c - Self-administration Assessment

3. 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 #4's medical evaluation dated [redacted] indicates that the resident cannot self-administer medications or have medications at bedside. At 1:25 p.m., there was a bag of honey lemon cough drops, CVS Allergy Nasal Spray, and a box of Coricidin chest congestion & cough liquid capsules stored on a table next to the bathroom sink. The resident has not been assessed to self-administer medications.

Plan of Correction

Accept () - 05/04/2026

Medication was removed from residents bathroom on site, 3/24.

[redacted] was made aware of med removal from bathroom as well.

Reviewed policy with residents at resident council meeting of medications in room on 3/26.

Pca to complete weekly audit of all rooms to monitor compliance .

Administrator will send out a memo to all residents as well as families to remind them that they cannot have medications in room without proper documentation. This will be sent out with the monthly bills at the end of the month.

Reviewed with staff at mandatory staff meeting on 4/15/2026.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented () - 06/02/2026

182c - Medication Administration

4. Requirements

2600.

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

- 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).

Description of Violation

At 2:00 p.m. the home did not watch the Resident #1 take their medication. The medication cup was given to the resident then the staff walked away to go get the resident requested PRN medications, before watching the resident take the initial cup of medications. Resident #1 requires assistance with taking all medications.

Plan of Correction

Accept () - 05/04/2026

Reviewed at Resident council meeting with residents on 3/26. Did explain to residents that the staff have to watch

182c Medication Administration (continued)

them take their medications and not ask them to leave it for them to take later. Medication review was completed with staff member on 4/16/2026 by the WC. Administrator created a memo for all residents and will be handed out to them by 4/30/2026. Reviewed with staff at staff meeting on 4/15/2026. Will review for compliance during QA meetings.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented () - 06/02/2026)

185a - Implement Storage Procedures

5. 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's blood glucose on 3/19/26 at 7:41 a.m. was 159. 156 was recorded on the Medication Administration Record.

Plan of Correction

Accept () - 05/04/2026)

Wellness Coordinator will conduct weekly glucometer checks and let administrator be aware of discrepancies. Reviewed with staff the importance of double checking bs number prior to entering in the system. reviewed with staff at meeting on 4/15/2026. Will review for compliance at QA meetings.

Licensee's Proposed Overall Completion Date: 04/15/2026

Implemented () - 06/02/2026)

187b - Date/Time of Medication Admin.

6. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

While observing the 2:00 p.m. medication pass, Staff A administered Resident #1's medications, including a PRN narcotic. Once completed, the staff walked to the next resident's room to administer medication without indicating on the Administration Record what was administered to Resident #1.

Plan of Correction

Accept () - 05/04/2026)

Medication review was completed with staff member on 4/16/2026 by Wellness Coordinator. Reviewed at mandatory staff meeting on 4/15/2026.

Will review for compliance at QA meetings.

Licensee's Proposed Overall Completion Date: 04/16/2026

187b - Date/Time of Medication Admin. *(continued)*

Implemented ([REDACTED] - 06/02/2026)