

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

June 25, 2026

[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 03/30/2026 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]

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:** 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:** 04/30/2026

Inspection Dates and Department Representative

03/30/2026 - 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: 5

Number of Residents Who:

Receive Supplemental Security Income: 5 **Are 60 Years of Age or Older:** 21
Diagnosed with Mental Illness: 5 **Diagnosed with Intellectual Disability:** 5
Have Mobility Need: 4 **Have Physical Disability:** 1

Inspections / Reviews

03/30/2026 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/27/2026

05/14/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 05/28/2026
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 05/19/2026

Inspections / Reviews *(continued)*

05/20/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/28/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/10/2026

06/25/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/28/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c - Written Incident Report

1. 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 3/8/26, resident # 1 fell in the home and had a mobile x-ray completed on 3/9/26 which indicated a fractured right shoulder. The home did not report this incident to the Department.

Plan of Correction

Directed () - 05/20/2026)

On 5/15/2026 administrator reviewed and printed out RCG reg list for injuries that require 24 hour reporting and will use this list when doing reportable as guidance. Effective 5/15/2026 administrator will review reportable RCG list within 24 hours of reportable needing submitting and ensuring report is sent in within 24 hours of incident.

Proposed Overall Completion Date: 05/15/2026

Directed Plan:

Within 15 days of receipt of the plan of correction: All staff persons shall be educated on the reporting requirements of regulation 2600.16c and the home's policy and procedure of ensuring reportable incidents are reported to the Department timely. Documentation of the education shall be kept.

Directed Completion Date: 05/15/2026

Implemented () - 06/25/2026)

25b - Contract Signatures

2. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident’s designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated (), for resident #3 was not signed by the resident.

Plan of Correction

Accept () - 05/14/2026)

Administrator assistant () had resident #3 sign and correct contract on 3/30/26. Administrator assistant reviewed contracts for all residents on 4/24/26 to ensure they are complete with signature by all parties. Upon admission effective 4/24/26 admin and admin assistant will review together contract after 24 hours after admission to ensure all signatures are complete on contract.

Licensee's Proposed Overall Completion Date: 04/24/2026

Implemented () - 06/25/2026)

25c2 - Fee Schedule

3. Requirements

2600.

25c2 - Fee Schedule (continued)

25.c. At a minimum, the contract must specify the following:

- 2. A fee schedule that lists the specify the following: actual amount of allowable resident charges for each of the home's available services.

Description of Violation

The resident-home contract, dated [REDACTED] for resident #4 does not include a fee schedule of actual amounts charged for available services.

Plan of Correction

Accept ([REDACTED] - 05/14/2026)

Administrator assistant had resident #4 initial next to rent amount on contract on 4/24/26. Administrator assistant reviewed contracts for all resident's on 4/24/26 to ensure rent amounts were listed on contract. Upon admission effective 4/24/26 admin and admin assist will review together within 24 hours of admission to ensure amounts are on contract and complete.

Licensee's Proposed Overall Completion Date: 04/24/2026

Implemented ([REDACTED] - 06/25/2026)

51 - Criminal Background Check

4. 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 A's first day of work was [REDACTED] however, a criminal background check was not completed until [REDACTED]

Staff Member B's first day of work was [REDACTED] however, a criminal background check was not completed until [REDACTED]

Plan of Correction

Accept ([REDACTED] - 05/14/2026)

Administrator on 3/30/26 ran staff member a and staff member b background checks. Administrator assistant reviewed all current employees on 3/30/26 to ensure all background checks were completed for all employees prior to start date. Effective 4/24/26 administrator assistant within 24 hours of hiring staff will run background checks on employees prior to giving them a start date once background check is back and complete then giving staff start date.

Licensee's Proposed Overall Completion Date: 04/24/2026

Implemented ([REDACTED] - 06/25/2026)

54a - Direct Care Staff

5. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff member B, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

54a - Direct Care Staff (continued)

Plan of Correction

Accept () - 05/14/2026

Administrator on 3/30/26 received high school diploma from staff member b. Administrator assistant on 4/24/26 reviewed all current employees for high school diploma or transcripts to ensure all staff had one in employee file. Effective 4/24/26 within 24 hours of hiring staff admin will receive diploma or transcripts then receive a start date.

Licensee's Proposed Overall Completion Date: 04/24/2026

Implemented () - 06/25/2026

65d - Initial Direct Care Training

6. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 1. Training that includes a demonstration of job duties, followed by supervised practice.
- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- 3. Initial direct care staff person training to include the following:
 - i. Safe management techniques.
 - ii. ADLs and IADLs

Description of Violation

Direct care staff member B, hired on () began providing unsupervised ADL services on () However, the staff person did not complete the initial direct care staff person training.

Plan of Correction

Accept () - 05/14/2026

On 3/30/26 administrator received direct care competency test from staff b. Administrator assistant on 4/24/26 reviewed all employee files to ensure all staff has direct care competency test completed. Effective 4/24/26 within 24 hours of hiring staff administrator will have direct care test completed before receiving a start date.

Licensee's Proposed Overall Completion Date: 04/24/2026

Implemented () - 06/25/2026

89b - Hot Water Temperature

7. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

At 9:46 AM, the hot water temperature in the kitchen sink measured 123.6 degrees Fahrenheit. At 2:02 PM, it measured 22.1 degrees Fahrenheit.

Plan of Correction

Accept () - 05/14/2026

On 4/24/26 administrator turned hot water tank on east 2wing down 5 degrees. Effective 4/24/26 kitchen staff will check the 2 kitchen sink temps on the 20th of every month and document to ensure temp doesn't exceed 120 degrees F.

Licensee's Proposed Overall Completion Date: 04/24/2026

Implemented () - 06/25/2026

225c - Additional Assessment

8. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.

Description of Violation

Resident #4's most recent assessment, dated [REDACTED] does not include the diagnoses of [REDACTED] as indicated on the resident's recent medical evaluation, dated [REDACTED]

Plan of Correction

Accept ([REDACTED] - 05/14/2026)

On 4/24/26 administrator added diagnosis to support plan that were missing from med eval listed. On 4/24/26 admin received all support plans and med evals to ensure diagnosis were not missing. Effective 4/24/26 within 24 hours of receiving med eval admin and admin assist will review support plan and med eval to ensure no diagnosis are not missing from support plan and med eval.

Licensee's Proposed Overall Completion Date: 04/24/2026

Implemented ([REDACTED] - 06/25/2026)

227d - Support Plan Medical/Dental

9. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #1's support plan, dated [REDACTED] does not include hospice services which the resident began receiving on [REDACTED]

Plan of Correction

Accept ([REDACTED] - 05/14/2026)

On 4/24/26 administrator assistant added resident #1 hospice services to page #1 and page # 11. Effective 4/24/26 upon admission to hospice services administrator within 24 hours of admission will ensure hospice services are included on new status change on support plan.

Licensee's Proposed Overall Completion Date: 04/24/2026

Implemented ([REDACTED] - 06/25/2026)