

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

May 4, 2026

[REDACTED]
CVM PERSONAL CARE INC
[REDACTED]

RE: COUNTRY VIEW MANOR
12 FRIENDLY DRIVE
QUARRYVILLE, PA, 17566
LICENSE/COC#: 33427

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/09/2026 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 VIEW MANOR License #: 33427 License Expiration: 02/01/2027
 Address: 12 FRIENDLY DRIVE, QUARRYVILLE, PA 17566
 County: LANCASTER Region: CENTRAL

Administrator

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

Legal Entity

Name: CVM PERSONAL CARE INC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 03/05/2001 Issued By: Labor and Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 15 Waking Staff: 11

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 04/09/2026

Inspection Dates and Department Representative

04/09/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 24 Residents Served: 15
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 15
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

04/09/2026 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/04/2026

05/01/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 05/01/2026
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/08/2026

Inspections / Reviews *(continued)*

05/01/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/01/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/08/2026

05/04/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/01/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

54a - Direct Care Staff

2. 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

Staff Member A, hired on [REDACTED], does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept [REDACTED] - 05/01/2026)

Upon finding out that Staff Member A was missing a high school diploma, [REDACTED] was contacted and was able to get a copy of [REDACTED] high school transcript. Copy of the transcript was given to the Administrator on 4/13/2026.

During the exit interview on 4/9/2026 the Inspectors re-educated the Administrator on regulation 2600.54a.

Audit was completed 4/30/2026 of employee files to ensure staff had proper qualifications.

Effective 5/1/2026, the Administrator will make sure that a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry is given during the hiring process and before the individual starts work.

Licensee's Proposed Overall Completion Date: 05/01/2026

Implemented [REDACTED] 05/04/2026)

132e - Fire Drill Sleeping Hours

3. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The last fire drill conducted during sleeping hours was on [REDACTED] at 10:17 PM. The previous sleeping hours fire drill was conducted on [REDACTED] at 10:30 PM.

Plan of Correction

Accept [REDACTED] - 05/01/2026)

A night time fire has been completed on 4/16/2026 and was held at 2:30am. The next night time fire drill is tentatively scheduled for 9/15/2026 and will be conducted by the Administrator or manager.

During the exit interview on 4/9/2026 the Inspectors re-educated the Administrator on regulation 2600.132e.

Effective 4/16/2026, to ensure compliance, the facility will conduct a fire drill during sleeping hours every 5 months.

Reminders for night time fire drill have been added to the Administrative calendar at the start of every 5 months by the Administrator. Administrator will do audits of fire drill log every 6 months.

Licensee's Proposed Overall Completion Date: 05/01/2026

Implemented [REDACTED] - 05/04/2026)

141b1 - Annual Medical Evaluation

4. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident [redacted]'s most recent medical evaluation, dated [redacted] indicates the resident is Nursing Facility Clinically Eligible (NFCE) and the resident's needs cannot be met safely in a personal care home.

Plan of Correction

Accept [redacted] - 05/01/2026)

Resident [redacted] had an appointment with physician on 4/23/2026. A new DME was completed and [redacted] needs can be safely met in a Personal Care Home was checked by the physician.

During the exit interview on 4/9/2026 the Inspectors re-educated the Administrator on regulation 2600.141.b.1.

Administrator conducted audit of resident DME's on 4/30/2026 and all were completed correctly.

Effective 5/1/2026, the Administrator will review all DMEs within 72 hours of completion to ensure that they're completed correctly.

Licensee's Proposed Overall Completion Date: 05/01/2026

Implemented [redacted] - 05/04/2026)

187c Refusal of Medication

5. 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

On the following dates, Resident [redacted] refused ordered treatment of Gauze pads non-sterile 2x2 cover sore spots on right medial foot after bathing and paper first aid tape to secure 2x2 gauze to sores on right medial foot:

- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

The home did not notify the resident's physician until [redacted]

Resident [redacted] refused [redacted] in 4-8 oz liquid by mouth daily on [redacted] and from [redacted] - [redacted]. The home did not notify the resident's physician until [redacted]

187c - Refusal of Medication (continued)

Plan of Correction

Accept [redacted] - 05/01/2026)

The Administrator reached out to all physicians on 4/14/2026, for each resident, and now have orders to notify physicians after 3 consecutive days of medication or treatment refusals.

During the exit interview on 4/9/2026 the Inspectors re-educated the Administrator on regulation 2600.187.c.

Effective 4/15/2026 the Administrator, or manager, run a Refusal Report Audit on Wednesdays and Fridays to check on refusals and to make sure that doctors have been notified if applicable.

Licensee's Proposed Overall Completion Date: 05/01/2026

Implemented [redacted] 05/04/2026)

190c - Record of Training

6. Requirements

2600.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

The home's medication administration training record for Staff Member B does not include the following:

- If the staff requalified or failed to requalify on the staff's [redacted] Annual Practicum.
- If the staff passed or failed the medication record review on 3/25 and medication administration observation on [redacted] on the staff's [redacted] Annual Practicum.

The home's medication administration training record for Staff Member C did not include the following:

- If the staff requalified or failed to requalify on the staff's 2024 Annual Practicum.
- If the staff requalified or failed to requalify on the staff's 2025 Annual Practicum.
- The date the staff signed the 2025 Annual Practicum

Plan of Correction

Accept [redacted] - 05/01/2026)

The manager conducted audit of all employees files on 4/13/2026 and made sure that all staff are up to date.

During the exit interview on 4/9/2026 the Inspectors re-educated the Administrator on regulation 2600.190.c.

Effective 4/13/2026, the Administrator, or manager, will do quarterly checks of medication trainings to make sure that things are checked, dated, and signed. Next audit will be 7/1/2026.

Licensee's Proposed Overall Completion Date: 05/01/2026

Implemented [redacted] 05/04/2026)