

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to GROVE MANOR

LEGAL ENTITY

To operate GROVE MANOR I

NAME OF FACILITY OR AGENCY

Located at 435 NORTH BROAD STREET, GROVE CITY, PA 16127

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 40
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P. L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from May 24, 2010 until May 24, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 451310

Robert E. Robinson

ISSUING OFFICER

Kevin T. Casey

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

MAY 21 2010

PHONE: (717) 783-3670
FAX: (717) 783-5662

Ms. Nancy landimarino, Administrator
Grove Manor, Inc.
Grove Manor I
435 North Broad Street
Grove City, Pennsylvania 16127

Dear Ms. landimarino:

As a result of the Department of Public Welfare's licensing inspection on April 30, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

Western Region

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MAY 17 2010

NAME AND ADDRESS OF PERSONAL CARE HOME Grove Manor I 435 N. Broad St. Grove City, PA 16127		CURRENT LICENSE NUMBER Adult Residential Licensing 451310	
INSPECTION DATE(S) (Include all dates of the inspection) April 30, 2010		REGIONAL REPRESENTATIVE B. McAfee and M. Orme	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) MARIA GALLA PCH Adm.			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Maria Galla</i>	DATE 5-13-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 5-17-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
25b 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.	The contract for resident #1 dated, 12/22/09 was not signed by the resident. REPEAT VIOLATION 2/12/09	5/17/10	Contract signed by resident All contracts reviewed by PCH Administrators for signatures. Contracts to be monitored by Administrator during Quality Management Meeting Admission checklist was initiated 3/23/10 (Attached)	Steps have been taken to correct violation; full compliance is not verifiable 5-17-10 Date Initials (DPW) S/

0002

GROVE MANOR

05/13/2010 12:02 FAX 724 458 6122

05/13/2010 THU 10:46 [TX/RX NO 9808] 002

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa. Code Chapter 2600

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003

NAME AND ADDRESS OF PERSONAL CARE HOME Grove Manor I 435 N. Broad St. Grove City, PA 16127		CURRENT LICENSE NUMBER Adult Residential Licensing 451310	
INSPECTION DATE(S) (Include all dates of the inspection) April 30, 2010		REGIONAL REPRESENTATIVE B. McAfee and M. Orme	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) MARIA GALLA PCU Adm.			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Maria Galla</i>	DATE 5-13-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 5-17-10

GROVE MANOR

05/13/2010 12:03 FAX 724 458 6122

1 REGULATION 55 Pa. Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
25c1 The contract shall specify that each resident shall retain, at a minimum, the current personal needs allowance as the resident's own funds for personal expenditure.	The contract for resident #1 has not been updated to reflect the current personal needs allowance of \$85.	5/17/10	PNA adjusted on contracts Addendum provided to current residents. (Attached) This will be monitored by Administrator during Quality Management Meeting.	5-17-10 <i>g</i>

05/13/2010 THU 10:46 [TX/RX NO 8808] 003

Western Region

VIOLATION REPORT PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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004

NAME AND ADDRESS OF PERSONAL CARE HOME Grove Manor I 435 N. Broad St. Grove City, PA 16127		Adult Residential Licensing	CURRENT LICENSE NUMBER 451310
INSPECTION DATE(S) (include all dates of the inspection) April 30, 2010		REGIONAL REPRESENTATIVE B. McAfee and M. Orme	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) MARIA GALIA PCH Adm.			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Maria Galia</i>	DATE 5-13-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 5-17-10

GROVE MANOR

05/13/2010 12:03 FAX 724 458 6122

1 REGULATION 55 Pa.Cods § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
103g Food shall be stored in closed or sealed containers.	The refrigerator in the home's kitchenette had an open package of bacon that was not sealed. There was an open box of golden grahams cereal in the kitchenette cabinet. The main kitchen had an open container of egg substitute that was not sealed.	5/17/10 4-30-10	Staff In-serviced on food storage. Administrator will monitor daily food storage compliance to be reviewed at Quality Management Meeting. All unsealed food items were disposed of 5-17-10	Steps have been taken to correct violation; full compliance is not verifiable 5-17-10 Date Initials (DPW)

05/13/2010 THU 10:46 [TX/RX NO 9808] 004

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2800

NAME AND ADDRESS OF PERSONAL CARE HOME Grove Manor I 435 N. Broad St. Grove City, PA 16127		ADULT RESIDENTS _____	CURRENT LICENSE NUMBER 451310
INSPECTION DATE(S) (Include all dates of the inspection) April 30, 2010		REGIONAL REPRESENTATIVE B. McAfee and M. Orme	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Nancy I Andimarino, Administrator			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Nancy I Andimarino</i>		DATE 4/30/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION _____
			DATE 5-17-10

1 REGULATION 55 Pa.Code § 2800.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DFW
132h Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.	The fire drill record indicates there were 30 residents in the home on 12/16/09 during a fire drill; however, 0 residents evacuated. The fire drill record indicates 23 residents in the home on 3/28/10 during the fire drill; however, only 20 evacuated during the drill.	5/17/10	Evacuations will be completed during sleeping hours once every 6 months. A fire drill local fire Dept is now a drill team staff and will be conducting fire drills + evacuations. All residents and staff families will be educated at future fire drills, resident council, family meetings, towners and the participation of their skills and requirements of their participation for blue one drills. Director of Environmental Services assigned will monitor monthly fire drills + evacuations. A written warning will be issued by RACM in the design of fire drill participation in evacuation.	Steps have been taken to correct violation; full compliance is not verified 5-17-10 Date Initials (DFW)

5-17-10
5-17-10

All residents will be escorted for each fire drill. 5-17-10
 The Administrator will monitor the fire drill record and fire drills monthly to ensure all residents evacuated and the fire drill record is accurate 5-17-10

Western Region

VIOLATION REPORT PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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NAME AND ADDRESS OF PERSONAL CARE HOME Grove Manor I 435 N. Broad St. Grove City, PA 16127		CURRENT LICENSE NUMBER Adult Residential Licensing 451310
INSPECTION DATE(S) (include all dates of the inspection) April 30, 2010	REGIONAL REPRESENTATIVE B. McAfee and M. Orme	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>MARIA GALLA PCN Adm.</i>		
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Maria Galla</i>	DATE 5-13-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>OK</i>
		DATE 5-17-10

GROVE MANOR

05/13/2010 12:03 FAX 724 458 6122

1 REGULATION 55 Pa.Code § 2608.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
141a-2 The medical evaluation shall include the following: (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.	The medical evaluation for resident #2 dated 5/19/09 indicates see attached for medications; however, there were no attachments. REPEAT VIOLATION 2/12/09	5/17/10	All current medical Evols reviewed for compliance. Resident #2 current med. eval is in compliance. Medical Evaluations to be monitored by Administrator and reviewed at Quality Management Meeting.	Steps have been taken... correct violation; full compliance is not verifiable Date: 5-17-10 Initials (DPW): <i>SI</i>

05/13/2010 THU 10:46 [YL/RX NO 9808] 0000

Western Region

VIOLATION REPORT PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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007

NAME AND ADDRESS OF PERSONAL CARE HOME Grove Manor I 435 N. Broad St. Grove City, PA 18127		CURRENT LICENSE NUMBER Adult Residential Licensing 451310
INSPECTION DATE(S) (Include all dates of the inspection) April 30, 2010	REGIONAL REPRESENTATIVE E. McAfee and M. Orme	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) MARIA GALLA PCH Adm.		
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Maria Galla</i>	DATE 5-13-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>
		DATE 5-17-10

GROVE MANOR

05/13/2010 12:04 FAX 724 458 6122

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
171b5 If staff persons or volunteers of the home provide transportation for the residents, the vehicle shall have a first aid kit with the contents in 96.	The first aid kit for the home's van did not include a breathing shield.	4/30/10	Breathing shield added to 1st Aid Kit. Activity staff are responsible for required contents. Weekly checklist initiated. Will be monitored in Quality Management Meeting. Staff will be responsible for weekly checks inside the Home. This will be reviewed in the Quality Management Meeting.	5-17-10 <i>[Signature]</i>

05/13/2010 THU 10:46 FAX/RI NO 88081 007

Western Region

VIOLATION REPORT PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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NAME AND ADDRESS OF PERSONAL CARE HOME Grove Manor I 435 N. Broad St. Grove City, PA 16127		Adult Residential Licensing CURRENT LICENSE NUMBER 451310	
INSPECTION DATE(S) (include all dates of the inspection) April 30, 2010		REGIONAL REPRESENTATIVE B. McAfee and M. Orme	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) MARIA GALLA PCH Adm.			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Maria Galla</i>	DATE 5-13-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 5-17-10

05/13/2010 THU 10:46 [TX/RX NO 9806] 0008

GROVE MANOR

05/13/2010 12:04 FAX 724 458 6122

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
187a 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.	The following medications were in the medication cart for resident #3, however the medications were not indicated on the medication administration record: <ul style="list-style-type: none"> • Docusate/Colace 100 mg. • Tylenol 500 mg. • Alprazolam 2mg. 	5/17/10	Medication carts will be monitored monthly by Administrator and at the Quality Management Meeting. All new medications will be reviewed with the MAR by the Administrator. Staff will follow Pa. DPW Medication Administration policies. This will be monitored at quarterly audits by the Medication Administration Trainer and the Administrator.	Steps have been taken to correct violation; full compliance is not verifiable 5-17-10 / Date Initials (DPW)

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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NAME AND ADDRESS OF PERSONAL CARE HOME Grove Manor I 435 N. Broad St. Grove City, PA 16127		CURRENT LICENSE NUMBER Adult Residential Licensing 451310	
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) MARIA GALLA PCH Adm.			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Maria Galla</i>		DATE 5-13-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION [Signature]
			DATE 5-17-10

GROVE MANOR

05/13/2010 12:04 FAX 724 458 6122

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
(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				

05/13/2010 THU 10:46 [TX/RX NO 98081] 009

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600 MAY 17 2010 Page 2 of 8

05/13/2010 02:12 7244584844
 010 [19088 ON FR/XX] 04:01 CRT 0102/RT/90

NAME AND ADDRESS OF PERSONAL CARE HOME Grove Manor I 435 N. Broad St. Grove City, PA 16127		CURRENT LICENSE NUMBER Adult Residential Licensing 451310	
INSPECTION DATE(S) (Include all dates of the inspection) April 30, 2010		REGIONAL REPRESENTATIVE B. McAfee and M. Orme	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Nancy IANDIMARINO, ADMINISTRATOR</i>			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Nancy Iandimarino</i>		DATE <i>4/30/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION _____
			DATE <i>5-17-10</i>

1 REGULATION 55 Pa.Code §2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
226a The resident shall be assessed for mobility needs as part of the resident's assessment.	Resident #1's medical evaluation dated 12/22/09 indicates; independently ambulates however; the resident's assessment dated 1/6/10, indicates walks with assistance.	5/17/10	Resident 1's Mobility needs have been updated. All residents mobility will be updated with resident assessments. Education on how to accurately complete forms for medical evaluation was completed. The Administrator/designee will monitor all assessments for accuracy and review all new assessments including mobility needs.	5-17-10 g

NANCY IANDIMARINO