



**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE**

11 Stanwix Street
Room 230
Pittsburgh, Pennsylvania 15222

ADULT RESIDENTIAL LICENSING

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Mailing Date: JUL 17 2011

Ms. Maria Galla, Administrator
Grove Manor, Inc.
The Caring Place, PC
103 North 13th Street
Franklin, Pennsylvania 16323

Dear Ms. Galla:

As a result of the Department of Public Welfare's licensing inspection on May 25, 2011, 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.

Sincerely,

A handwritten signature in black ink that reads "Jon Kimberland".

Jon Kimberland
Regional Licensing Administrator

Enclosure(s)

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

NAME AND ADDRESS OF PERSONAL CARE HOME THE CARING PLACE P C, 103 NORTH 13TH STREET FRANKLIN, PA 16323		CURRENT LICENSE NUMBER 468690	
INSPECTION DATES (Include all dates of the inspection) 05/25/2011		REGIONAL REPRESENTATIVE Brenda McAfee	
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 PCH Adm</i>			
SIGNATURE OF LEGAL ENTITY <i>Maria Galla</i>	DATE <i>7-1-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jan B. Lambert (g)</i>	DATE <i>7-6-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
16c 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).	On 4/23/11, staff person A the administrator, received a report that staff person B borrowed money from resident #1 on three occasions totaling \$6,500. This incident was not reported to the department until 5/13/11. <p style="text-align: center; font-size: 1.2em;">Western Region</p> <p style="text-align: center;">JUL 5 2011</p> <p style="text-align: center;">Adult Residential Licensing</p>	<i>7-9-11</i>	<i>(Attachment Reg. 16c)</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>7-6-11</i> Date Initials (DPW) <i>U</i>

The Administrator & Office staff have reviewed Regulations 15 a – 18 (attachment #6) and have completed the OAPSA on-line course. (attachment #2)
The Adm. & Office staff will be responsible for assuring the completion & reporting of all incidents to the Dpt. within 24 hours of occurrence. This will be monitored by following the Incident/Accident Policy (attachment #7,7a,7b) and in the quarterly Quality Management Meeting. (attachment #5)

The Accident/Incident Policy has been revised to include *“Fax this form within 24 hours to the Dept. of Public Welfare”*. (attachment #7) Staff will complete In-service by July 9, 2011.

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INSPECTION DATES (Include all dates of the inspection) 05/25/2011		REGIONAL REPRESENTATIVE Brenda McAfee	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Maria Gella</i>	DATE 7-1-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 7-6-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
20b4 Resident funds and property shall only be used for the resident's benefit.	Staff person B borrowed money from resident #1. On September 9, 2010 and September 20, 2010 checks were written to staff person B from resident #1 totaling \$3,500. In addition, in October of 2010 another check was written to staff person B from resident #1 for \$3,000. Staff person B has not returned any of the money.	7-13-11	(Attachment Reg. 20b4)	Steps have been taken to correct violation; full compliance is not verifiable 7-6-11 <i>cl</i> Date Initials (DPW)
<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">Western Region</div> <div style="font-size: 18px; margin-bottom: 10px;">JUL 5 2011</div> <div style="font-size: 16px;">Adult Residential Licensing</div>				

Reg. 20 b 4 Violation Plan of correction

Resident Rights, Gift/Gratuity Policy, Regulation 20b (4), Financial exploitation & misappropriation of funds are part of the initial & annual training. These subjects will also be reviewed, quarterly, at Resident Council meetings.
(Training schedule attached) #1a, b, c

All staff have completed the on-line Older Adult Protective Services Act Course and this is also part of the initial training.
(In-service paper attached #2 & #3)

Background checks with complete dispositions are done on all new hires.

The Venango County Area Agency on Aging Administrator has completed an In-service for staff & has scheduled an In-service for residents on July 13' 2011.
(In-service attached #4)

The Administrator is responsible for initial and annual training and Resident Council Meetings.

These subjects will be monitored, quarterly, in the Quality Management Meeting under Training & Compliance issues.
(Plan attached #5)