

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to GROVE MANOR

LEGAL ENTITY

To operate THE CARING PLACE - P.C.

NAME OF FACILITY OR AGENCY

Located at 103 NORTH 13TH STREET, FRANKLIN, PA 16323

(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 32  
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 March 2, 2012 until March 2, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 468690

*Robert E. Robinson*

ISSUING OFFICER

*R. C. King*

DIRECTOR

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 - 01/11



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

ADULT RESIDENTIAL LICENSING

MAR 06 2012

PHONE: (717) 783-3670

FAX: (717) 783-5662

Ms. Maria Galla, PCH Administrator  
Ms. Michelle Baker, NHA  
Grove Manor  
The Caring Place – P.C.  
103 North 13<sup>th</sup> Street  
Franklin, Pennsylvania 16323

Dear Ms. Galla and Ms. Baker:

As a result of the Department of Public Welfare's licensing inspection on January 26, 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.

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

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Melusky'.

Ronald Melusky  
Director

Enclosures  
License  
Violation Report

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

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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) 01/26/2012		REGIONAL REPRESENTATIVE D. McConnell, 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)			
SIGNATURE OF LEGAL ENTITY <i>Maria Geller</i>	DATE 2-8-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jane Wenzig</i>	DATE 2/8/12

THE CARING PLACE PC

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
85a Sanitary conditions shall be maintained.	<p>The table cloths and placemats in the dining room were stained and had food particles on them.</p> <p>The bedroom of resident #1, had excessive items laying about the room, hindering the home in properly cleaning the resident's room</p>	2-8-12	<p>New tablecloths &amp; napkins ordered. Staff have been inserviced on Dining Policy (attached) Administrator will monitor linen monthly (attached) and address in Quality Management Meeting.</p> <p>Resident &amp; family are disposing &amp; storing excessive belongings. Storage bins have been purchased. All foods are stored &amp; refrigerated as appropriate. Housekeeping &amp; Maintenance staff inserviced. (attached) Personal Aides will monitor daily &amp; report to PCH Adm. PCH Adm will monitor weekly -</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>2/8/12 <i>[Signature]</i> Date Initials (DPW)</p>

**RECEIVED**

FEB 9 2012

Western Field Office  
Adult Residential Licensing

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THE CARING PLACE PC

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SIGNATURE OF LEGAL ENTITY <i>Marie Gallo</i>	DATE 2-8-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Ch</i>	DATE 2/8/12

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FEB 9 2012

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