

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to CHRISTIAN RESIDENTIAL OPPORTUNITIES & SOCIAL SERVICES, INC.
LEGAL ENTITY

To operate GRIFFITH HOUSE
NAME OF FACILITY OR AGENCY

Located at 1345 APPLE WAY, ST. THOMAS, PA 17252
(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 6
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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 September 28, 2012 until September 28, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 363350

Robert E. Robinson

ISSUING OFFICER

[Signature]

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



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

DEC 14 2012

Ms. Meredith Ankerbrand, Board of Directors
Christian Residential Opportunities & Social Services, Inc.
712 Pinola Road
Shippensburg, Pennsylvania 17257

RE: Griffith House
1345 Apple Way
St. Thomas, Pennsylvania 17252

Dear Ms. Ankerbrand:

As a result of the Department of Public Welfare's (Department) licensing inspection on August 2, 2012 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 Human Services 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 "Ronald Melusky", with a stylized flourish at the end.

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 36335 - 08/02/2012 - Riel, Becky

PCH Name: GRIFFITH HOUSE

1. REGULATION 55 Pa.Code §2600

2600.20(b)(8) - The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

2a. DESCRIPTION OF VIOLATION

The home is representative payee for Resident #1. The home sends a generalized quarterly financial statement to the resident's designated person which does not include the itemized transactions from the resident's checking account or from petty cash.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Starting with the 3rd Quarter of 2012, we will send each designated person a copy of their family member's petty cash record, a copy of their check register and a quarterly report which includes their room and board payment information.
 A copy of the itemized account will be kept in each resident's record. -JE

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative (Required on EVERY Page) *Jim Roberts*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jim Roberts* Date *Oct 4, 12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 11-16-12
(Date)

Plan of correction implementation status as of 11-16-12
(Date)

The above plan of correction was approved by JE
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 36335 - 08/02/2012 - Riel, Becky

PCH Name: GRIFFITH HOUSE

1. REGULATION 55 Pa.Code §2600

2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION

The home did not complete a Pennsylvania State Police Criminal Background Check for Staff Person A, hired 11/8/2011.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

1. Proper criminal background check has been done and is attached.
2. Staff has been instructed as to proper website to use to obtain criminal background checks.
3. The Administrator will develop & implement a system to ensure that hiring and retention of staff is done in accordance with the Older Adults Protective Services Act. -SE

Repeat Violation: No	Date(s) of Previous Violation(s):				
----------------------	-----------------------------------	--	--	--	--

Signature of Legal Entity Representative (Required on EVERY Page) *Jim Roberts*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jim Roberts* Date *Oct 4, 12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 11-16-12
(Date)

The above plan of correction was approved by *LR*
(Initials)

Plan of correction implementation status as of 11-16-12
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 36335 - 08/02/2012 - Riel, Becky

PCH Name: GRIFFITH HOUSE

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Staff Person A, whose first day of work was 10/11/2011, did not receive orientation in fire safety until 10/19/2011.

Staff Person B

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

We will have a staff training meeting on Oct. 24th to go over the training plan / checklist for new employees. We will make changes to plan to make sure that time frames of training fall within Dpw Regulations. Staff has been alerted to violation in case of a new hire in the meantime.

Documentation of training will be kept. -SE

Repeat Violation: No	Date(s) of Previous Violation(s):			
----------------------	-----------------------------------	--	--	--

Signature of Legal Entity Representative (Required on EVERY Page) *Jim Roberts*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jim Roberts* Date *Oct 4, 12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>11-16-12</u> (Date)	Plan of correction implementation status as of <u>11-16-12</u> (Date)
The above plan of correction was approved by <u>SE</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 36335 - 08/02/2012 - Riel, Becky
 PCH Name: GRIFFITH HOUSE

1. REGULATION 55 Pa.Code §2600

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.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

According to Staff Person C, the following staff persons provided direct care services prior to successfully completing and passing the Department-approved direct care training course:

- Staff Person A, hired on 11/8/2011, did not complete the Department-approved direct care training course until 12/6/2011
- Staff Person B, hired on 10/11/2011, did not complete the Department-approved direct care training course until 11/20/2011
- Staff Person D, hired on 3/15/2012, did not complete the Department-approved direct care training course until 4/5/2012

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

We will have a staff training meeting to go over training plan/checklist for new employees on Oct 24th to make sure everyone is aware of regulations. See POC on pg. 4.

Repeat Violation: No	Date(s) of Previous Violation(s):			
----------------------	-----------------------------------	--	--	--

Signature of Legal Entity Representative: Jim Roberts
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative: Jim Roberts
 (Required on EVERY Page) Date Oct 4, 12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 11-16-12
 (Date)

The above plan of correction was approved by JR
 (Initials)

Plan of correction implementation status as of 11-16-12
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 36335 - 08/02/2012 - Riel, Becky

PCH Name: GRIFFITH HOUSE

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Staff Person E did not receive training in emergency preparedness procedures during training year 2011.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

1. House parents and administrators will review Staff training records during Annual Quality Management meeting to ensure that all trainings are complete. It has been added to 2012 Quality management plan as attached.
2. The Staff person E has been trained in emergency preparedness as of August 17, 2012.

Repeat Violation: No	Date(s) of Previous Violation(s):			
----------------------	-----------------------------------	--	--	--

Signature of Legal Entity Representative (Required on EVERY Page) *Jim Roberts*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jim Roberts* Date *Oct 4, 12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

<p>The above plan of correction is approved as of <u>11-16-12</u> (Date)</p> <p>The above plan of correction was approved by <u><i>JR</i></u> (Initials)</p>	<p>Plan of correction implementation status as of <u>11-16-12</u> (Date)</p> <p><input type="checkbox"/> Fully Implemented</p> <p><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress</p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
--	---

Violation Report: 36335 - 08/02/2012 - Riel, Becky
 PCH Name: GRIFFITH HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.125(b) - Combustible materials shall be inaccessible to residents.

2a. DESCRIPTION OF VIOLATION
 On 8/2/2012, two propane tanks for an outdoor grill were unlocked and accessible to residents on the deck of the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

1. Extra propane will be removed and stored in another location, away from the gas grill.
2. Residents have been assessed and will sign off that they understand not to tamper with flammable items.

Repeat Violation: No	Date(s) of Previous Violation(s):			
----------------------	-----------------------------------	--	--	--

Signature of Legal Entity Representative
 (Required on EVERY Page) Jim Roberts

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Jim Roberts</u>	Date <u>Oct 4, 12</u>
--	-----------------------

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>11-16-12</u> (Date)	Plan of correction implementation status as of <u>11-16-12</u> (Date)
The above plan of correction was approved by <u>JR</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 36335 - 08/02/2012 - Riel, Becky
 PCH Name: GRIFFITH HOUSE

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The fire drill record does not include the exact amount of time it took for residents to evacuate the home. Staff Person C reported that a stop watch is not used and time is estimated according to a cell phone.

- 1/31/12 @ 6pm 1 minute
- 2/16/12 @ 7:30am 1 minute, 30 seconds
- 3/27/12 @ 6:10pm 2 minutes
- 4/16/12 @ 6am 2 minutes
- 5/23/12 @ 8pm 1 minute
- 6/29/12 @ 7:15am 1 minute, 30 seconds
- 7/31/12 @ 6:30am 1 minute, 30 seconds

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

1. Staff has been instructed to time and record fire drills down to the second, to capture amount of time it takes for evacuation. *SR*

Repeat Violation: No	Date(s) of Previous Violation(s):				
----------------------	-----------------------------------	--	--	--	--

Signature of Legal Entity Representative *Jimi Roberts*
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>J. M. Roberts</i>	Date <i>Oct 4, 12</i>
--	-----------------------

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 11-16-12
 (Date)

Plan of correction implementation status as of 11-16-12
 (Date)

The above plan of correction was approved by *SR*
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented