

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to GROVE MANOR

LEGAL ENTITY

To operate WOODCREST SENIOR LIVING COMMUNITY

NAME OF FACILITY OR AGENCY

Located at 1 WOODCREST CIRCLE, SCOTTDALE, PA 15683

(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 31
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 November 3, 2012 until November 3, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 442120

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



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

OCT 11 2012

Mr. Robert Dulla, Jr., Executive Director
Grove Manor
435 North Broad Street
Grove City, Pennsylvania 16127

RE: Woodcrest Senior Living Community
1 Woodcrest Circle
Scottsdale, Pennsylvania 15683

Dear Mr. Dulla:

As a result of the Department of Public Welfare's (Department) licensing inspection on September 13, 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 "R. Melusky", with a long horizontal stroke extending to the right.

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 44212 - 09/13/2012 - Gearhard, Nancy
PCH Name: WOODCREST SENIOR LIVING COMMUNITY

Western Field Office
Adult Residential Licensing

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

Resident #2 has not been assessed capable of safely using or avoiding poisonous materials. However, the following products with a manufacturer's label indicating, "If swallowed, get medical help or contact a poison control center right away", were unlocked and accessible on the bathroom sink in resident #2's private bedroom:

- * 2 bottles of Convatec skin conditioner
- * 1 tube of aloe vera
- * 1 tube of zinc oxide barrier cream

Resident #1 has not been assessed capable of safely using or avoiding poisonous materials. However, the following products with a manufacturer's label indicating, "If swallowed, get medical help or contact a poison control center right away", were unlocked and accessible on the bathroom sink of resident #1's bedroom:

- * 1 bottle of Equate lotion
- * 1 bottle of antiseptic oral cleanser
- * 1 jar of Equate medicated chest rub
- * 1 tube of aloe vera skin protectant
- * 1 tube of securo protective ointment

Also, there was a tube of preparation H cream with a poisonous material label behind the commode in resident #1's bathroom.

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. All poisonous materials will be locked, as identified on the support plans. Routine checks will be conducted by the administrator.

2. Item will be added to the Task sheet, to inspect designated residents apartments for Poisonous materials daily.

(ATTACHMENT 1)

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

Signature of Legal Entity Representative (Required on EVERY Page) *R. Decker*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>ROBERT DULLA JR</i>	Date <i>9-25-12</i>
---	---------------------

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

The above plan of correction is approved as of <u>10/1/12</u> (Date)	Plan of correction implementation status as of <u>10/1/12</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>MS</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44212 - 09/13/2012 - Gearhard, Nancy
PCH Name: WOODCREST SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600
2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
There was no light source accessible from the bed in bedroom #300.

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. Bedside lamps will be placed next to the bed & will be controlled remotely by the resident.

2. Resident in apt 300 is able to control [redacted] lighting in [redacted] apt & remote control, as [redacted] suffers from Parkinson's Disease. (ATTACHMENT #2)

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

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Robert Dullit Jr* Date *9-25-12.*

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

The above plan of correction is approved as of <u>10/1/12</u> (Date)	Plan of correction implementation status as of <u>10/1/12</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented MS <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44212 - 09/13/2012 - Gearhard, Nancy
PCH Name: WOODCREST SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600

Western Field Office
Adult Residential Licensing

2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION

There was an area of lint, measuring approximately 8" x 3' and 1/8 inch thick, on the floor behind the second washer in the laundry room of the 200 wing. Also, there was an accumulation of lint, measuring approximately 1/4 inch in the lint trap of the first dryer on the left.

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. areas behind the washing machines & dryers, will be inspected on a daily basis, by housekeeping & cleaned weekly or as needed.

2. Lint Traps will be inspected on each shift, by the resident assistants, to ensure they have been cleaned.

Staff received training 9/25/12 regarding cleaning of the lint trap and ductwork
ms 10/1/12

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

ROBERT DULLA JR.

Date

9-25-12

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

The above plan of correction is approved as of

10/1/12
(Date)

Plan of correction implementation status as of

10/1/12
(Date)

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

The above plan of correction was approved by

ms
(Initials)

Violation Report: 44212 - 09/13/2012 - Gearhard, Nancy PCH Name: WOODCREST SENIOR LIVING COMMUNITY		Western Field Office Adult Residential Licensing	
1. REGULATION 55 Pa.Code §2600 2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.			
2a. DESCRIPTION OF VIOLATION There is no documentation from a fire safety expert specifying a safe evacuation time within the past year. Evacuation times exceeded 2 1/2 minutes on the following fire drills:			
	Date	Time	Evacuation Time
	3/14/2012	11:00 PM	2 min. 35 sec.
	5/17/2012	6:00 AM	2 min. 35 sec.
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>			
<p>1. Letter attached (Attachment 3) from fire safety expert to justify the evacuation times.</p> <p>The home received a letter, dated 9/17/12, from a fire safety expert indicating a maximum safe evacuation time of 5 minutes. MS 10/1/12</p>			
Repeat Violation: No		Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		<i>R. Deleff</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	
<i>Robert Dulla Jr.</i>		9-25-12	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>10/1/12</u> (Date)		Plan of correction implementation status as of <u>10/1/12</u> (Date)	
The above plan of correction was approved by <u>MS</u> (Initials)		<input checked="" type="checkbox"/> Fully Implemented WS <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

SEP 25 2012

Violation Report: 44212 - 09/13/2012 - Gearhard, Nancy
PCH Name: WOODCREST SENIOR LIVING COMMUNITY

Western Field Office
Adult Residential Licensing

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Resident #1's September 2012 medication administration record (MAR) includes; Prochlorperazine 5 mg. - 1 tab every 2 hours as needed. However, this medication was not available in 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. Medications will be properly described on the MAR
& review for such documentation will be conducted by the administrator.

2. Attachment 4

Resident #1's Prochlorperazine was discontinued 9/15/12.
ms 10/1/12

Repeat Violation: Yes Date(s) of Previous Violation(s): 10/11/2011

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Robert Dulha JR Date 9-25-12

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

The above plan of correction is approved as of 10/1/12 (Date)

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

Plan of correction implementation status as of 10/1/12 (Date)

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

Violation Report: 44212 - 09/13/2012 - Gearhard, Nancy
PCH Name: WOODCREST SENIOR LIVING COMMUNITY

SEP 25 2012

1. REGULATION 55 Pa.Code §2500

Western Field Office

2600.187(a) - 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.
- (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.

2a. DESCRIPTION OF VIOLATION

Resident #1's September 2012 MAR does not include the dosage for Lonox tab - take 2 tabs by mouth every 24 hours as needed.

Resident #4's September 2012 MAR does not include the following over-the-counter medications which were in the resident's medication box:

- * 2 bottles of Docusate sodium, 50 mg - no directions for administration
- * 1 bottle of vitamin D-3, 5000 IU - take 1 cap daily
- * 2 bottles of Natures Bounty vitamins 2000 mg - take 1 tab 2-3 times daily
- * 1 bottle of Melatonin, 10 mg. - take 1 cap at bedtime

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. MAR will contain the dosage of the medication. The administrator will evaluate for compliance. (Attachment 5)
- 2. OTC meds will be listed on the MAR. (Attachment 6)
Attached is a copy of the MAR for OTC meds. The OTC's are prescribed by family, thus they are on a different MAR.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
Robert Dvila JR			9-25-12

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

The above plan of correction is approved as of <u>10/1/12</u> (Date)	Plan of correction implementation status as of <u>10/1/12</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented MS <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44212 - 09/13/2012 - Gearhard, Nancy
 PCH Name: WOODCREST SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

Western Field Office
 Medical Center Licensing

2a. DESCRIPTION OF VIOLATION
 Resident #2 is receiving hospice services; however, the resident's support plan, dated 1/17/12, does not identify the services hospice is providing or the frequency of the services.

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. The Resident Support Plan will reflect all outside services provided to the resident.

2. The Resident Support Plan will be updated to reflect Hospice Services. The administrator will be responsible for updating the support plan.

A support plan was completed on 9/25/12 for resident #2 to include hospice services.
 ms 10/1/12

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
Robert Polk Sr.			9-25-12

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

The above plan of correction is approved as of <u>10/1/12</u> (Date)	Plan of correction implementation status as of <u>10/1/12</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <i>MS</i> <input type="checkbox"/> Not Implemented

Violation Report: 44212 - 09/13/2012 - Gearhard, Nancy
PCH Name: WOODCREST SENIOR LIVING COMMUNITY

SEP 25 2012

1. REGULATION 55 Pa.Code §2600

2600.252 - Each resident's record must include the following information: (1) through (20) Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

The records of residents #2, #3 and #4 do not include a photograph of the resident.

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. Photographs will be attached to the resident's folder, that is kept in their apartment. The administrator will review to assure pictures are present.

2. Attachment 7, 8, 9.

Repeat Violation: Yes

Date(s) of Previous Violation(s): 10/11/2011

Signature of Legal Entity Representative
(Required on EVERY Page)

R. Della Jr.

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Robert Della Jr

Date 9-25-12

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

The above plan of correction is approved as of 10/1/12
(Date)

Plan of correction implementation status as of 10/1/12
(Date)

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

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