

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, 2013 until March 2, 2014
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



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

FEB 05 2013

Ms. Maria Galla, PCH Administrator
Grove Manor
The Caring Place – P.C.
103 North 13th Street
Franklin, Pennsylvania 16323

Dear Ms. Galla:

As a result of the Department of Public Welfare's (Department) licensing inspection on November 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 "R. Melusky".

Ronald Melusky
Director

Enclosures
License
Violation Report

RECEIVED

JAN 17 2013

Violation Report: 46869 - 11/02/2012 - Phillips, Joseph
 PCH Name: THE CARING PLACE P C

1. REGULATION 55 Pa.Code §2600

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

On 11/2/12 the first floor stairway emergency exit and second floor stairway emergency exit doors were magnetically locked prohibiting any egress.

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.

Staff are being inserviced on Regulation 2600.121a. (Attachment #1)
 1st & 2nd floor stairway doors are monitored on the staff's Daily Check List to assure doors are alarmed but unlocked at all times. (Attachment #3)
 Maintenance department will monitor doors daily for 30 days, then every other week for 30 days, then once monthly. Maintenance has also disconnected the mag-lock wires for Personal Care doors from the control panel.
 Administration will randomly check during business office hours.
 Compliance will be monitored quarterly at the Quality Management Meeting.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Maria Galla PCH Adm*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *MARIA GALLA PCH Adm.* Date *1-4-13*

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

The above plan of correction is approved as of <u>1-8-13</u> (Date)	Plan of correction implementation status as of <u>1-8-13</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>1-8-13</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 46869 - 11/02/2012 - Phillips, Joseph

PCH Name: THE CARING PLACE P C

JAN 07 2013

1. REGULATION 55 Pa.Code §2600

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

On 11/2/12, Lantis100 units belonging to resident #2 was unlocked and accessible to residents in refrigerator located in nursing office on the first floor.

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.

All staff have been inserviced on Regulation 2600.183b. (Attachment #1)
 The Medication Policy has been revised to include "the medication refrigerator is to be locked at all times" (Attachment #2) ;
 The Daily Check list includes checking for locked medication cart & refrigerator.(Attachment#3)
 The refrigerators have been posted "Lock at all times"
 Administrative staff will check randomly during business hours.
 Compliance will be monitored quarterly in the Quality Management Plan.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Maria Galla PCH Adm

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

MARIA GALLA

Date

1-4-13

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The above plan of correction is approved as of

1-8-13
 (Date)

Plan of correction implementation status as of

1-8-13
 (Date)

The above plan of correction was approved by

MG
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *1-8-13*
- Partially Implemented - Inadequate Progress
- Not Implemented