



Mailing Date: **JAN 11 2013**

Ms. Angela Trowbridge, LPN, Personal Care Administrator
Grove Manor
Grove Manor I
435 North Broad Street
Grove City, Pennsylvania 16127

Dear Ms. Trowbridge:

As a result of the Department of Public Welfare's (Department) licensing inspection on November 19, 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Janine Wenzig".

Janine Wenzig
Regional Licensing Administrator

Enclosure(s)

Violation Report: 45131 - 11/19/2012 - Orme, Melinda

JAN 4 2013

PCH Name: GROVE MANOR I

1. REGULATION 55 Pa.Code §2600

Western Field Office

2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

On 11/11/12 at approximately 6:00 AM, staff person A did not provide privacy to resident #1 during a change of resident's brief. Resident was assisted in bedroom with roommate in next bed.

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 Residents will have privacy provided to them during any assistance with bathing, dressing, changing and any medical procedures. Staff have be re-oriented on Resident Rights including Privacy Dec. 20 2012. All Staff will receive additional training on proper procedures of providing privacy to residents during care. All Staff to be trained by 1-18-13. Doors are to be shut and window blinds closed during any care. Any Resident with a roommate will either be assisted in their restroom or at a time when there is no one else in the room. PCH Admin to do weekly audits on all shifts to assure privacy is being provided to all residents.

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

Signature of Legal Entity Representative (Required on EVERY Page) Angie Trowbridge

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Angie Trowbridge PCHA Date 1-4-13

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

The above plan of correction is approved as of 1/9/13 (Date)

Plan of correction implementation status as of 1/9/13 (Date)

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

The above plan of correction was approved by (Initials)

Violation Report: 45131 - 11/19/2012 - Orme, Melinda
PCH Name: GROVE MANOR I

JAN 4 2013

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows Western Field Office
Adult Residential Licensing

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

The assessment for resident #1, dated 2/12/12, does not address the 10/17/12 and 11/11/12 incidents of aggression toward staff during brief changes.

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.

Residents assessment and support plan was updated on 11-19-12. All staff will be inserviced on changes that would require an update to be made on the assessments. Staff to be inserviced by 1-18-13. Staff to report all changes to PCHA so paperwork can be updated. PCHA to update assessments. PCHA to review resident notes in charts and compare to assessments monthly. Changes/updates will be made as needed.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Angie Tronbridge*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Angie Tronbridge PCHA* Date *1-4-13*

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The above plan of correction is approved as of 1/9/13
(Date)

Plan of correction implementation status as of 1/9/13
(Date)

The above plan of correction was approved by *[Signature]*
(Initials)

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