

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to GROVE MANOR

LEGAL ENTITY

To operate GROVE MANOR I

NAME OF FACILITY OR AGENCY

Located at 435 NORTH BROAD STREET, GROVE CITY, PA 16127

(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 40
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 26, 2013 until March 26, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 451310

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

MAR 26 2013

Ms. Angie Trowbridge, PCH 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 January 8, 2013, 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.

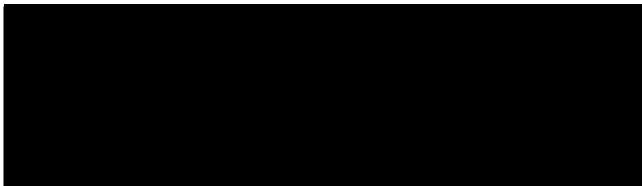
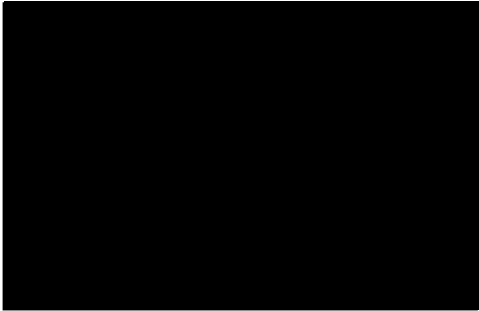
Sincerely,

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

Ronald Melusky
Director

Enclosures
License
Violation Report

VIOLATION REPORT - RECEIVED
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2606

PCH Name: GROVE MANOR I		License Number: 451310
Address: 435 NORTH BROAD STREET, GROVE CITY, PA 16127		FEB 22 2013 County: Mercer
Administrator: Angela Trowbridge		Region: WEST
Legal Entity Name: GROVE MANOR		Western Field Office Adult Residential Licensing
Legal Entity Address: 435 NORTH BROAD STREET, GROVE CITY, PA 16127		
Certificate(s) of Occupancy C-2 LP 06/28/1999 PA Dept L&I		
Staffing Hours Resident Support: 0 Total Daily Staff: 25 Waking Staff: 19		
Type of Inspection: Ind - Full BHA Docket Number: Notice: Unannounced		
Reason(s) for inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 01/08/2013: Orme, Melinda		
Off-Site Inspection Dates and inspectors, if Applicable		
Other Details Partial or Full Triggers: 224a; 225a Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 40 Number of Residents Served: 24 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: 		Number of Residents who: 

Violation Report: 45131 - 01/08/2013 - Orme, Melinda
PCH Name: GROVE MANOR I

FEB 22 2013

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Western Piedmont Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

A copy of 55 PA Code Chapter 2600 and the most recent violation report from 11/19/12 were not posted in a conspicuous and public place 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.

Violation report has been placed in the binder located in our lobby area. Binder is marked DPW Survey results and Emergency preparedness plan. PCH Admin & or Designee will audit binder after all violations are received at our facility to ensure they are posted, and continue to check at least monthly.

2/26/13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Angie Trowbridge

PCH Administrator

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

Angie Trowbridge

Date

2-22-13

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

The above plan of correction is approved as of

2/26/13
(Date)

Plan of correction implementation status as of

2/26/13
(Date)



Fully Implemented



Partially Implemented - Adequate Progress

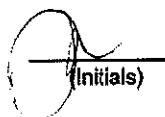


Partially Implemented - Inadequate Progress



Not Implemented

The above plan of correction was approved by


(Initials)

Violation Report: 45131 - 01/08/2013 - Orme, Melinda
PCH Name: GROVE MANOR I

FEB 22 2013

1. REGULATION 55 Pa.Code §2600

2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept ^{Western Field Office} _{Adult Residential Licensing}

2a. DESCRIPTION OF VIOLATION

The home's emergency procedures are not posted in a conspicuous and public place 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.

Emergency preparedness plan has been placed in a binder in our lobby area. Binder is marked DPW Survey results and Emergency preparedness plan.

Tracy Stahlitz - The administrator or designee will monitor the lobby area at least monthly to ensure emergency procedures remain posted.

Stahlitz

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

Signature of Legal Entity Representative (Required on EVERY Page) *Margie Troubridge*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Margie Troubridge PCH Administrator* Date *2-22-13*

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

The above plan of correction is approved as of *2/22/13* (Date)

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

Plan of correction implementation status as of *2/26/13* (Date)

- Fully Implemented *[Signature]*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 45131 - 01/08/2013 - Orme, Melinda
PCH Name: GROVE MANOR I

1. REGULATION 55 Pa.Code §2600

2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

There was a cardboard box approximately 2 1/2 feet by 3 1/2 feet within approximately 1 foot of the furnace and within approximately 2 feet of the hot water heater.

In the entrance hall closet, there was a furnace/air cooling unit with a label which indicates: Do not store chemicals, flammable, or combustibles near the furnace - may cause a fire. Inside the approximate 4 foot by 6 foot closet was a rotary carpet cleaner and a 1/2 full plastic bag of Morning Song sunflower seed leaning against the furnace unit, and a cleaning cart.

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.

1/8/13 - Cardboard box has been removed from furnace room. Maintenance Department will audit furnace room daily for 2 weeks, then weekly, to ensure that there are no combustible or flammable materials located near the furnace or hot water heater. See attached photos

Entrance hall closet has been cleaned out. Carpet cleaner and cleaning cart have been permanently relocated to another area for storage. Morning Song Sunflower Seed has also been removed from closet. PCH Admin; or Designee will audit closet daily x 2 weeks then weekly to ensure that combustibles flammables or chemicals are not being stored near furnace.

See attached photos
By 3/15/13 - all staff will be educated to keep items away from the furnace and water heater

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Angie Torobridge

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

Angie Torobridge PCH Administrator

Date

2-22-13

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The above plan of correction is approved as of

2/26/13
(Date)

Plan of correction implementation status as of

2/26/13
(Date)

The above plan of correction was approved by

at
(Initials)

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

Violation Report: 45131 - 01/08/2013 - Orme, Melinda
PCH Name: GROVE MANOR I

FFB 2 2 2013

1. REGULATION 55 Pa.Code §2600

2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)
Western Field Office
Adult Protective Services Licensing

2a. DESCRIPTION OF VIOLATION

The 5/20/12 medical evaluation for resident #1 does not include a mobility assessment.

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.

Resident #1 medical evaluation has been updated to include mobility assessment. Physician has also signed & initialed the update. PCH Admin & or Designee will audit all medical evaluations after they have been completed to ensure they are completed entirely.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Angie Troubridge PCH Administrator* Date *2-22-13*

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

The above plan of correction is approved as of *2/26/13* (Date)

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

Plan of correction implementation status as of *2/26/13* (Date)

- Fully Implemented *[initials]*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 45131 - 01/08/2013 - Orme, Melinda
PCH Name: GROVE MANOR I

FEB 22 2013

1. REGULATION 55 Pa.Code §2600

2600.186(c) - Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

2a. DESCRIPTION OF VIOLATION

The medication administration record for resident #2 indicates: Tramadol HCL tab 50 mg, take 1 table^T2 times daily. The pharmacy label indicates: Tramadol HCL 50 mg, 1 tab every 8 hours as needed for pain.

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.

1/8/13 - Tramadol bottle now has a change of direction sticker on it. Resident's MAR does show the correct directions. Pharmacy has been made aware of the change to ensure when the medication is refilled it will have the correct directions on the label. MAR and medications will be audited weekly by PCH Admin or Designee to ensure MAR & medication labels have the same directions.

By 3/15/13 - All staff who administer medications will be reeducated on comparing prescription label to the MAR, and to bring any discrepancies to the attention of management staff or supervisor.

Or
2/26/13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Angie Troubridge

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

Angie Troubridge PCH Administrator

Date 2-22-13

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

The above plan of correction is approved as of

2/26/13
(Date)

Plan of correction implementation status as of

2/26/13
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

Violation Report: 45131 - 01/08/2013 - Orme, Melinda
PCH Name: GROVE MANOR I

FEB 22 2013

1. REGULATION 55 Pa.Code §2600

Western Field Office

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

The preadmission screen for resident #1 was not dated when it was completed.

The preadmission screen for resident #2 was not dated when it was completed.

The 8/5/12 preadmission screen for resident #3 does not indicate whether the home can meet the resident's service needs.

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.

Preadmission screen for Resident #1 has been updated with the correct completion date.

Please check Resident #2 Preadmission screen it did have the completion date already marked on it when completed.

Resident #3 Pre admission screen has been updated to show that the home can meet the resident's needs.

All pre admission screens will be audited after completion by PCH Admin & or Designee to ensure they are completed correctly & entirely.

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 PCH Administrator* Date *2-22-13*

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The above plan of correction is approved as of *2/26/13* (Date)

Plan of correction implementation status as of *2/26/13* (Date)

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

- Fully Implemented *2*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

RECEIVED

FEB 22 2013

Violation Report: 45131 - 01/08/2013 - Orme, Melinda
PCH Name: GROVE MANOR I

1. REGULATION 55 Pa.Code §2600
2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Western Field Office

2a. DESCRIPTION OF VIOLATION
The 7/25/12 assessment for resident #1 does not include a diagnosis of bipolar depression which is indicated on the 5/22/12 medical evaluation.

Resident #3 was admitted to the home on 8/2/12. An assessment was not completed for the resident until 8/25/12.

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.

Resident #1 assessment has been updated to show the diagnosis of Depression as shown on medical evaluation, not listed as Bipolar Depression.

Resident # 3 assessment has been updated to show the correct date of completion it was dated 8-25-12 in error that was the date it had been signed that Support Plan was completed.

All assessments will be audited by PCH Admin or Designee after completion to ensure they have been completed correct & entirely. New forms will also be used from OPW website.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Angie Trumbidge PCH Administrator* Date *2-22-13*

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Plan of correction implementation status as of 2/26/13 (Date)

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

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

Violation Report: 45131 - 01/08/2013 - Orme, Melinda
PCH Name: GROVE MANOR I

FEB 22 2013

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (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.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

The 4/2/12 assessment does not address resident #2's need for glasses and dentures.

Resident #4 is diagnosed with scoliosis, lumbar stenosis, and chronic low back pain. The resident's 7/13/12 assessment does not address the resident's need for a walker and a wheelchair for long distances.

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.

Resident #2 assessment has been updated to show Resident is independent with use & care for dentures and eye glasses.

Resident #4 assessment has been updated with Residents need to use walker independently and wheel chair for long distances independently.

All assessments will be audited by PCH Admin & or Designee to ensure that they are correct & have been completed entirely.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Angie Trumbidge PCH Administrator* Date *2-22-13*

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Plan of correction implementation status as of 2/26/13 (Date)

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- Not Implemented

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