



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

APR 24 2014

Ms. Maria Galla, Administrator
Grove Manor
103 North 13th Street
Franklin, Pennsylvania 16323

RE: The Caring Place – P.C.
License #: 468690

Dear Ms. Galla:

As a result of the Department of Public Welfare's licensing inspection on November 21, 2013, of the above facility, the violation with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary was found.

The violation specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period March 2, 2014 to March 2, 2015 was issued on November 8, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones
Acting Director

Enclosure
License Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: THE CARING PLACE P C		License Number: 48869
Address: 103 NORTH 13TH STREET, FRANKLIN, PA 16323		County: Venango
Administrator: Maria Galla		Region: WEST
Legal Entity Name: GROVE MANOR		RECEIVED
Legal Entity Address: 103 NORTH 13TH STREET, FRANKLIN, PA 16323		JAN 17 2014
Certificate(s) of Occupancy C-1 07/21/1995 DOH		WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours Resident Support: 0 Total Daily Staff: 26 Waking Staff: 20		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 11/21/2013: Bacher, Mike; Culler, Jan		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 32 Number of Residents Served: 25 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served In Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents In past year: 2	Number of Residents who: Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 25 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 1 Have a Physical Disability: 0	

468690

RECEIVED

Violation Report: 46868 - 11/21/2013 - Bacher, Mike
PCH Name: THE CARING PLACE P.C. JAN 17 2014

1. REGULATION 56 Pa. Code §2600
2600.132(h) - Residents shall evacuate to a designated meeting place away from the building of which the fire-safe area during each fire drill.

WEST REGION FIELD OFFICE
Human Services Line

2a. DESCRIPTION OF VIOLATION
All residents do not evacuate into the fire safe areas or exit the building during fire drills that are held on days when the weather is bad.

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.

Fire Drill procedures for residents & staff have been edited, effective immediately. Staff have been inserviced to evacuate residents to the outside of the building and / or into the stairwells & then to the outdoors. The Maintenance Department will document areas of evacuation used for every fire drill. The PCH Administrator will review fire drill log after each drill & address at the Quality Management Meeting.

Residents were informed of fire drill procedure on December 19, 2013 & received written procedure on January 15, 2014 during the Resident Council Meeting. All residents were taken outside to the "meeting place". Fire drill held on 1-15-2014. Evacuation routes were Howard ST. stairwells, front entrance & the Dietary stairwells.

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 PCH Adm.* Date *2-21-14*

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

The above plan of correction is approved as of 2/20/14
(Date)

Plan of correction implementation status as of 2/20/14
(Date)

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

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