



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 2 4 2014

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
License #: 442120

Dear Mr. Dulla:

As a result of the Department of Human Services' licensing inspection on September 15, 2014, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations 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.

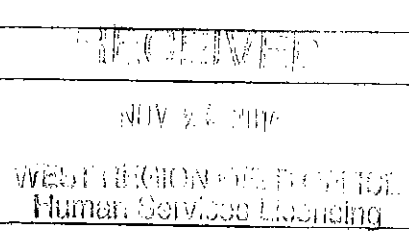
Your regular license for the period November 3, 2014 to November 3, 2015 was issued on July 21, 2014. Your regular license remains in good standing.

Sincerely,

Matthew J. Jones
Director

Enclosure
License Inspection Summary

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

PCH Name: WOODCREST SENIOR LIVING COMMUNITY		License Number: 44212
Address: 1 WOODCREST CIRCLE, SCOTTDAL, PA 15683		County: Westmoreland
Administrator: Robin Metzger		Region: WEST
Legal Entity Name: GROVE MANOR		
Legal Entity Address: 435 NORTH BROAD STREET, GROVE CITY, PA 16127		
Certificate(s) of Occupancy C-2 LP 07/26/1995 L&I		
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 09/15/2014: Miller-Linhart, Alden; Whitney, Diane		
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: 20 31 Number of Residents Served: 20 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: 3 Number of Hospice Residents in past year: 3		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 20 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 6 Have a Physical Disability: 0

Violation Report: 44212 - 09/15/2014 - Miller-Linhart, Aiden

PCH Name: WOODCREST SENIOR LIVING COMMUNITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 9/15/2014, at 4:45p.m., the medication administration record for resident #1 was unlocked and accessible on a shelf located outside of room #108.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

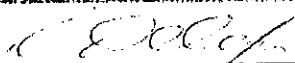
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The regulation protects the resident's privacy & ensures that homes comply & other applicable laws. The medication administration record was left outside the resident's room. A review was held with the staff regarding records & confidentiality. The staff was instructed that the records are to remain locked in the resident's drug box when not in use. The Administrator, or his designee, will do daily checks to assure records are kept locked.

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)

Robert Dwyer DR / R. ADM

Date

11-21-14

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

The above plan of correction is approved as of


12/1/14
(Date)

Plan of correction implementation status as of

12/1/14
(Date)

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

The above plan of correction was approved by


(Initials)

Violation Report: 44212 - 09/15/2014 - Miller-Linhart, Alden
 PCH Name: WOODCREST SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

WEST PENNSYLVANIA FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

There is a strong smell of urine in room #301. According to staff, the carpet may be the source.

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.

The regulation greatly minimizes the risk of resident illness & provides dignified living conditions for residents. A strong smell of urine was found in apt 301. The resident suffers from urinary incontinence & sometimes is unable to get to the bathroom in time. The source of the smell was noted to be in the hallway of the apartment. The maintenance dept has been tasked to quickly clean the carpet in apt 301. The RAs have been instructed to notify the administrator of any other issues related to odors in other apartments. The administrator, or his designee, will check apartments daily for odors (cleanliness).

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 Duffa JR / RA Admin

Date

11-21-14

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

The above plan of correction is approved as of

12/1/14
 (Date)

Plan of correction implementation status as of

12/1/14
 (Date)

The above plan of correction was approved by

[Handwritten Initials]
 (Initials)

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

NOV 23 2014

Violation Report: 44212 - 09/15/2014 - Miller-Linhardt, Aiden
PCH Name: WOODCREST SENIOR LIVING COMMUNITY

WEST REGION - HELLICAMP
Human Services Licensing

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

The bed in bedroom #301 does not have a source of light that can be turned on/off from bedside.

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.

The regulation provides residents with sufficient light to move safely around their rooms in the dark, reducing the risk of falls & injury. The bedroom in apt 301 did not have a light source that could be turned on/off from the bedside. The resident was furnished with a bed-side lamp (picture attached). The staff was educated on the importance of bedside lamps & were instructed to notify the administrator of missing or inoperable bedside lights. The administrator or his designee will perform daily checks to assure compliance with the regulation.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

08/05/2013

Signature of Legal Entity Representative
(Required on EVERY Page)

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

ROBERT DULL JR / PC ADMIN

Date

11-21-14

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

The above plan of correction is approved as of

12/1/14
(Date)

Plan of correction implementation status as of

12/1/14
(Date)

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

The above plan of correction was approved by

(Initials)

Violation Report: 44212 - 09/15/2014 - Miller-Linhart, Alden
PCH Name: WOODCREST SENIOR LIVING COMMUNITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
At 10 a.m. and 4:40 p.m., the temperature of the commercial freezer in the kitchen measured 10 degrees Fahrenheit.

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.

The regulator ensures that foods are stored at a safe temperature. The commercial walk-in freezer was reading 10°F. After a discussion with the company that maintains the freezer (Demilio Inc) it was noted the thermostat was increased during service. The thermostat was read 4 is reading 0°F. (Photo attached). Invoice held re the dietary staff regarding temperatures. Sign attached to the freezer door (attached). The administrator or his designee will do daily checks of temperature readings of the refrigerators & freezers. The Dietary Dept will maintain temperature logs for refrigerators & freezers.

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 Dulla Jr / PC ADM. Date 11-21-14

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

The above plan of correction is approved as of 12/1/14 (Date)

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

Plan of correction implementation status as of 12/1/14 (Date)

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

NOV 22 2014

Violation Report: 44212 - 09/15/2014 - Miller-Linhart, Alden
PCH Name: WOODCREST SENIOR LIVING COMMUNITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION
Only the menu for the current week was posted in the home. The menu for the upcoming week was not posted.

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.

Having a menu that is prepared one-week in advance and is followed is beneficial for residents so they can plan their meals in advance. The current weeks menu was posted, missing the 1 week in advance. The 1 week in advance menu will be posted in the activity Room & the current menu (attached). The Dining Manager will check for compliance of the week in advance menu, and will also be followed by the Administrator.

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 Dulla Jr* Date *11-21-14*

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

The above plan of correction is approved as of 12/1/14
(Date)

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

Plan of correction implementation status as of 12/1/14
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *(D)*
- Partially Implemented - Inadequate Progress
- Not Implemented

NOV 26 2014

Violation Report: 44212 - 09/15/2014 - Miller-Linhart, Alden
PCH Name: WOODCREST SENIOR LIVING COMMUNITY

WEST REGION FIELD OFFICE
Human Services 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 is ordered Meclizine 25mg, take one tab every 8 hours as needed, Latanoprost Ophthalmic solution 0.005%, and Timolol Ophthalmic solution 0.5%, one drop of each solution in both eyes daily. These medications were 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.

Resident was missing 3 meds from his drug box during the inspection. The resident receives his medications from the VA. The medications were ordered 1 week prior to the completion of the meds. A program has been put into place with Garda Pharmacy to assure meds will be available, if there is a delay in receiving the meds from the VA. Garda will provide meds to cover the meds that are coming from the VA. The administrator will follow-up for compliance.

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)

Robert Della Jr

Date

11-21-14

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

The above plan of correction is approved as of

12/1/14
(Date)

Plan of correction implementation status as of

12/1/14
(Date)

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

The above plan of correction was approved by

(Initials)

Violation Report: 44212 - 09/15/2014 - Miller-Linhart, Alden
 PCH Name: WOODCREST SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600

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.

RECEIVED
 NOV 20 2014
 WEST BERGION HEALTH CARE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The September 2014 medication administration record for resident #1 does not include a diagnosis or purpose for the following medications:

- *Nitroglycerin 0.4 mg
- *Acetaminophen 325 mg
- *Lisinopril 10 mg.
- *Levothyroxine ,075 mcg
- *Aspirin 81 mg.
- *Simvastatin 20 mg.,
- *Memantine 10mg.
- *Meclizine 25 mg
- *Nitroglycerine 0.4 mg
- *Latanoprost Ophthalmic 0.005%
- *Timolol Ophthalmic sol 0.5 %

Resident #1 is ordered Nitroglycerin 0.4 mg, 1 tablet every 5 minutes up to 3 doses. If no relief, go to ER. However, the MAR indicates take 1 tablet sublingual as needed.

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

SEE ATTACHED PAGE 8A

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/05/2013	09/13/2012
-----------------------	-----------------------------------	------------	------------

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

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

Date 11-21-14

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

The above plan of correction is approved as of <u>12/1/14</u> (Date)	Plan of correction implementation status as of <u>12/1/14</u> (Date)
<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>[Signature]</i>	

The residents MAR did not include a diagnosis or purpose of the medications. The MAR need to reflect the diagnosis so the staff understands why a medication is being given. The MAR will be completed through GARDA Pharmacy, to reflect all aspects of the regulation. The administrator will be responsible for getting the information to GARDA Pharmacy in a timely fashion to avoid incomplete records or missing orders. The administrator will review all MARs on a monthly basis for compliance, to ensure all required information is on the MAR, and that medication labels and the MAR match.

[Signature]
12/1/14

RECEIVED

NOV 27 2014

WEST VIRGINIA UNIVERSITY
Human Services Licensing

[Signature]
12/1/14

Violation Report: 44212 - 09/15/2014 - Miller-Linhart, Alden
PCH Name: WOODCREST SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

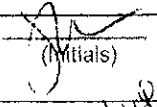
- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) 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.

5000-1000-10

NOV 24 2014

West Chester Area Council
Human Services Licensing

The above plan of correction was approved by


(Initials)

Partially Implemented - Inadequate Progress

Not Implemented

12/1/14

RECEIVED

Violation Report: 44212 - 09/15/2014 - Miller-Linhart, Alden

NOV 21 2014

PCH Name: WOODCREST SENIOR LIVING COMMUNITY

WEST VIRGINIA DEPARTMENT OF
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

Resident #1 is ordered Humalog 100 ml insulin on a sliding scale as follows:

Blood glucose level	Units of insulin
201-250	3
251-300	5
301-350	6

However, staff did not document the number of units of insulin administered from 9/1/14 - 9/14/14, including the following dates:

Date	Blood glucose level
9/1/14 at 8 p.m.	310
9/2/14 at 8 p.m.	311
9/3/14 at 8 p.m.	313
9/4/14 at 8 p.m.	343

On these dates, the resident was administered 6 units of insulin.

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.

The regulation is to ensure the resident receives the appropriate medication as per physician order & document appropriately. The amount of sliding scale insulin was not documented; an inservice was held. The staff on appropriate documentation for sliding scale insulin to include date, time, medication, dose, reason for the med, results & initials. (continued)

Repeat Violation: No

Date(s) of Previous Violation(s):

See Page 10A of 11

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

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

Robert Dotta Jr / PC 1011

Date

11-21-14

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

The above plan of correction is approved as of

12/1/14
(Date)

Plan of correction implementation status as of

12/1/14
(Date)

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

The above plan of correction was approved by

[Handwritten Initials]
(Initials)

The administrator or his designee will review charts daily for correct documentation, monthly reviews will be conducted by the administrator for documentation compliance. (Attachment)

✓
12/1/14

RECEIVED
NOV 24 2014
WEST VIRGINIA STATE COLLEGE
HUMAN SERVICES LICENSING

Violation Report: 44212 - 09/15/2014 - Miller-Linhart, Aiden
 PCH Name: WOODCREST SENIOR LIVING COMMUNITY

RECEIVED

NOV 21 2014

1. REGULATION 55 Pa.Code §2600

2600.252 - Each resident's record must include the following information: (1) through (26)

WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The home's resident records do not include a personal inventory for any of the current residents.

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

The personnel inventory provides a list of Residents personal items & safeguards the home & resident from missing items. Resident record did not include a personal inventory.

The admission packet will contain the Inventory of Personal Items sheet & will be completed during the admission process.

The administrator will review all documents for completion at the time of admission.

By 12/31/14 the administrator will have each current resident complete an inventory of personal items. The inventories will be placed in each resident's record.

[Signature]
 12/1/14

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

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

The above plan of correction is approved as of 12/1/14
 (Date)

Plan of correction implementation status as of 12/1/14
 (Date)

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

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