



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 13 2015

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

RE: The Caring Place – PC
License #: 468690

Dear Ms. Galla:

As a result of the Department of Human Services' licensing inspection on January 29, 2015 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 March 2, 2015 to March 2, 2016 was issued on November 18, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones
Director *SH*

Enclosure
License Inspection Summary

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

PCH Name: THE CARING PLACE P C		License Number: 46869
Address: 103 NORTH 13TH STREET, FRANKLIN, PA 16323		County: Venango
Administrator: Maria Galla		Region: WEST
Legal Entity Name: GROVE MANOR		
Legal Entity Address: 103 NORTH 13TH STREET, FRANKLIN, PA 16323		RECEIVED
Certificate(s) of Occupancy C-1 07/21/1995 PA Dept. of Health		MAR 17 2015 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: N/A	Total Daily Staff: 32	Waking Staff: 24
Type of Inspection: Full	BHA Docket Number: N/A	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 01/29/2015: Rosol, Jennifer; Phillips, Joseph		
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 who:	
Number of Residents Served: 32	Receive Supplemental Security Income: 1	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 32	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 1	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 3		

MAR 17 2015

Violation Report: 48889 - 01/29/2015 - Rosol, Jennifer
PCH Name: THE CARING PLACE P.C.

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home

2a. DESCRIPTION OF VIOLATION

On 10/22/14, the following prescribed medications for resident #4 were discontinued; however, they were still stored in the medication cart:

- * Sucralfate 1 GM
- * Mapap 325 mg
- * Loperamide 2 mg

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 is currently attending In-services on Medication storage, Medication Record Policy and Medication Administration Training Policy. Please see attached. Medication carts will be audited quarterly by Med-Fast Pharmacy and quarterly by P.C.H. Administrator or designee and reviewed at the Quality Management meeting. Inservice will be completed on 3-17-15.

Resident #4's discontinued medications were discarded in the medical waste box at the time of inspection.

Within 30 days of receipt of the plan of correction, the administrator or a designated staff person qualified to administer medications will conduct an initial and monthly check of resident prescriptions, medications, and medication administration records to ensure discontinued medications are not present in the home or administered to residents.

Within 30 days of receipt of the plan of correction, all staff persons qualified to administer medications will be reeducated on the proper procedures for disposing of discontinued medications.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Maria Gallia

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

MARIA GALLIA P.C.H. Admin.

Date 3-16-15

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

The above plan of correction is approved as of

3-23-15
(Date)

Plan of correction implementation status as of

3-23-15
(Date)

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

The above plan of correction was approved by

SWP
(Initials)

MAR 17 2015

Violation Report: 46869 - 01/29/2015 - Rosol, Jennifer
PCH Name: THE CARING PLACE P C

WEST REGION FIELD OFFICE
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

On 1/28/15 at 8:00 p.m., staff person A administered 5 mg of Namenda to resident #1, however, he/she did not record their initials or date and time of administration on the resident's January 2015 medication administration record (MAR).

On 1/5/15 at 6:00 p.m., staff person B administered 20 mg of Simvastatin to resident #2; however, he/she did not record their initials or date and time of administration on the resident's January 2015 MAR.

On 1/9/15 at 8:00 p.m., staff person B administered 500 mg of Oyster Shell to resident # 3; however, he/she did not record their initials or date and time of administration on the resident's January 2015 MAR.

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 are attending In-services on Medication Record Policy, MAR signatures and Medication Administration Training Policy. PCH Administrator or designee will review MARs at end of month each month. The Review results will be discussed at the quarterly Quality Management Meeting. Inservice will be completed on 3-17-15.

Medications were confirmed as given and the MAR was updated to include the initials of the staff persons whom administered the medications. *gr*

Within 30 days of receipt of the plan of correction, a designated staff person qualified to administer medications will review all resident MARs at least weekly to ensure the proper documentation of medication administration at the time of administration. *u*

Within 30 days of receipt of the plan of correction, all staff persons qualified to administer medications will be reeducated on the proper procedures for medication administration, including documentation of medication administration at the time of administration *gr 2-23-15*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *MARIA GALLA PCH Administrator* Date *3-16-15*

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

The above plan of correction is approved as of <u>3-23-15</u> (Date)	Plan of correction implementation status as of <u>3-23-15</u> (Date)
The above plan of correction was approved by <u>gr</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>gr</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented