



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 3 0 2015

Ms. Sadie Williams, NHA
Trinity Living center, LP
400 Hillcrest Avenue
Grove City, Pennsylvania 16127

RE: Trinity Living Center Pavilion Suites
License #: 416680

Dear Ms. Williams:

As a result of the Department of Human Services' licensing inspection on April 9, 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 June 3, 2015 to June 3, 2016 was issued on March 9, 2015. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones
Director */s/*

Enclosure
License Inspection Summary

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

PCH Name: TRINITY LIVING CENTER PAVILION SUITES		License Number: 41668
Address: 400 HILLCREST AVENUE, GROVE CITY, PA 16127		County: Mercer
Administrator: Jonelle Haynie		Region: WEST
Legal Entity Name: TRINITY LIVING CENTER LP		
Legal Entity Address: 400 HILLCREST AVENUE, GROVE CITY, PA 16127		RECEIVED
Certificate(s) of Occupancy C-2 LP 06/04/2002 L&I		AUG 24 2015 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 12	Working Staff: 9
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 04/09/2015: Miller-Linhart, Alden; Marini, Michael		
Off-Site Inspection Dates and Inspectors, if Applicable <i>Final</i>		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 20	Number of Residents who:	
Number of Residents Served: 12	Receive Supplemental Security Income: 1	
Secured Dementia Care Unit In Home: No	Are 60 Years of Age or Older: 12	
Area:	Have Mental Illness: 1	
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: 0	Have a Physical Disability: 1	
Number of Hospice Residents in past year: 0		

RECEIVED

AUG 24 2015

Page 2 of 6

Violation Report: 41668 - 04/09/2015 - Miller-Linhart, Alden

PCH Name: TRINITY LIVING CENTER PAVILION SUITES

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired 6/12/12, did not receive training in medication self-administration during the 2014 training year. The home currently serves two residents who self-administer medications.

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 person A was in-serviced and received training in medication self administration on 07/13/2015. A mandatory Relias learning in-service was added to yearly training for all Personal Care Staff to ensure compliance of Regulation 2600.65(f). In addition Personal Care Administrator/ Practicum Observer will provide education yearly during medication observations. This will be submitted quarterly to the Quality Assurance meeting for review as staff is in-serviced.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Connelly Haemie

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

Jonelle M. Haynie Personal Care Administrator

Date

8/24/15

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

The above plan of correction is approved as of

9/1/15
(Date)

Plan of correction implementation status as of

9/1/15
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *J.M.*

Partially Implemented - Inadequate Progress

The above plan of correction was approved by

J.M.

RECEIVED

AUG 24 2015

WEST REGION FIELD OFFICE
Human Services Licensing

Page 3 of 6

Violation Report: 41668 - 04/09/2015 - Miller-Linhart, Alden
PCH Name: TRINITY LIVING CENTER PAVILION SUITES

1. REGULATION 55 Pa.Code §2600

2600.107(a) - The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located.

2a. DESCRIPTION OF VIOLATION

Staff person B, administrator, does not have a copy of the emergency preparedness plan for the local municipality.

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.

A copy of the Emergency Preparedness Plan for the local municipality was obtained April 16, 2015. Personal Care Administrator put a policy into place to ensure this is obtained yearly and will be available for review. This will be submitted to the Quality Assurance Meeting annually to ensure compliance with Regulation 2600.107(a).

Immediately - The administrator shall post a copy of the plan in a conspicuous & public place in the home in accordance with 2600.1236. g.w. 9/1/15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Janellay Haynie

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

Janelle M. Haynie Personal Care Administrator

Date

8/24/15

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

The above plan of correction is approved as of

9/1/15
(Date)

Plan of correction implementation status as of

9/1/15
(Date)

Fully Implemented

g.w.

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

The above plan of correction was approved by

g.w.
(Initials)

Violation Report: 4166B - 04/09/2015 - Miller-Linhart, Aiden
PCH Name: TRINITY LIVING CENTER PAVILION SUITES

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION

The most recent fire safety inspection and fire drill conducted by a fire safety expert was completed on 3/3/2014.

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.

A fire safety expert conducted a fire safety inspection and fire drill on 04/16/2015. A policy was put into place and will be monitored by Personal Care Administrator and maintenance Director. Maintenance Director and maintenance staff was in-serviced on 08/24/15 to ensure compliance of Regulation 2600.132(b). This will be submitted to our Quality Assurance meeting yearly to ensure compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Janell M. Hays

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

Janell M. Hays Personal Care Administrator

Date *8/24/15*

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

The above plan of correction is approved as of 9/1/15
(Date)

The above plan of correction was approved by JM
(Initials)

Plan of correction implementation status as of 9/1/15
(Date)

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

AUG 24 2015

Violation Report: 41668 - 04/09/2015 - Miller-Linhart, Alden
PCH Name: TRINITY LIVING CENTER PAVILION SUITES

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The fire drill logs for the following fire drills do not include evacuation times in minutes and seconds:

Drill date	Evacuation time
4/30/14	3 minutes
5/22/14	4 minutes
6/18/14	3 minutes
7/31/14	3 minutes
11/28/14	3 minutes
12/1/14	3 minutes
1/5/15	3 minutes

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.

Personal Care Administrator in-serviced maintenance department on 08/24/15 on Regulation 2600.132(c). Personal Care Administrator will monitor evacuation times monthly for one year to ensure Compliance. Findings will be submitted quarterly to the Quality Assurance Meeting for review. The last four Fire drill records were monitored and compliance was met.

Fire drills conducted on 4/6/15, 5/18/15, 6/4/15 & 7/15/15 all have evacuation times recorded in minutes & seconds on the most recent fire drill log. J.M. 9/1/15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Janet M. Haynie

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

Janet M. Haynie Personal Care Administrator

Date 8/24/15

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

The above plan of correction is approved as of 9/1/15
(Date)

The above plan of correction was approved by J.M.
(Initials)

Plan of correction implementation status as of 9/1/15
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *J.M.*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 41668 - 04/09/2015 - Miller-Linhart, Aiden
PCH Name: TRINITY LIVING CENTER PAVILION SUITES

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The home does not have a safe evacuation time designated in writing by a fire safety expert within the past 12 months.

The home's fire drills exceeded 2 minutes and 30 seconds as follows:

Drill date	Evacuation time
4/30/14	3 minutes
5/22/14	4 minutes
6/18/14	3 minutes
7/31/14	3 minutes
11/28/14	3 minutes
12/1/14	3 minutes
1/5/15	3 minutes

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.

A fire safety expert conducted a fire safety inspection on 04/16/15 and determined that a safe evacuation time for Personal Care is five minutes. A policy was put into place and will be monitored by Personal Care Administrator and Maintenance Director to ensure a fire safety expert conducts an annual inspection. The entire maintenance department was in-serviced on 08/24/15 as well. This will be submitted to our Quality Assurance meeting yearly for review.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Charley Karpis

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

Imelle M. Halpin Personal Care Administrator Date 8/24/15

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

The above plan of correction is approved as of

9/1/15
(Date)

Plan of correction implementation status as of

9/1/15
(Date)

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

The above plan of correction was approved by

PH
(Initials)