



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SEP 16 2015

Mr. Jim Roberts, Director  
Christian Residential Opportunities & Social Services Inc.  
712 Pinola Road  
Shippensburg, Pennsylvania 17257

RE: Griffith House  
1345 Apple Way  
St. Thomas, Pennsylvania 17252  
License #: 363350

Dear Mr. Roberts:

As a result of the Department of Human Services' licensing inspection on July 2, 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 September 28, 2015 to September 28, 2016 was issued on June 15, 2015. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones  
Director<sub>s/d</sub>

Enclosure  
License Inspection Summary

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

PCH Name: GRIFFITH HOUSE		License Number: 36335
Address: 1345 APPLE WAY, ST. THOMAS, PA		County: Franklin
Administrator: Suzanne Diller		Region: CENTRAL
Legal Entity Name: CHRISTIAN RESIDENTIAL OPPORTUNITIES & SOCIAL SERVICES		
Legal Entity Address: 712 PINOLA ROAD, SHIPPENSBURG, PA 17257		
<b>Certificate(s) of Occupancy</b>		
C-3 SP 06/12/1997 Labor & Industry		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 6	Waking Staff: 5
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
07/02/2015: McCloskey, Jason		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<p><b>RECEIVED</b></p> <p>JUL 29 2015</p> <p><b>CENTRAL REGION FIELD OFFICE</b> Human Services Licensing</p>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 6 Number of Residents Served: 6 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: 0	<b>Number of Residents who:</b> Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 2 Have Mental Illness: 0 Have an Intellectual Disability: 6 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 36335 - 07/02/2015 - McCloskey, Jason  
 PCH Name: GRIFFITH HOUSE

**1. REGULATION 55 Pa.Code §2600**

2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

**2a. DESCRIPTION OF VIOLATION**

The home has a Graco baby monitor placed in the main hallway of the second floor. The receiving end of the monitor is located in the attached staff person living quarters. Per Staff Person A, the administrator, residents use the monitor to request assistance or to summon staff in an emergency during the overnight shift. The use of audio monitoring in any location on the grounds of the home is prohibited.

**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. We are currently checking into a wireless, intercom system to replace the baby monitors.

2. We plan to have a different ~~monitoring~~ communication system in place by 9-30-15.

BAS  
8/10/15

Audio Monitoring in any location of the home is prohibited.  
 The home shall discontinue the use of all audio monitoring devices.

BAS 8/10/15

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jim Roberts</i>	Date <i>7-27-15</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 8/10/15  
 (Date)

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

Plan of correction implementation status as of 8/10/15  
 (Date)

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

Violation Report: 36335 - 07/02/2015 - McCloskey, Jason  
 PCH Name: GRIFFITH HOUSE

1. REGULATION 55 Pa.Code §2600  
 2600.82(a) - Poisonous materials shall be stored in their original, labeled containers.

2a. DESCRIPTION OF VIOLATION

According to Staff Person A, the administrator, the liquid contained in the generic 32 oz. spray bottle located in the closet of the second floor bathroom is a mixture of bleach and water. This bottle was not in a container provided by the manufacturer or cleaning supply company and did not have the manufacturer's label on it. The product label for the bleach directs notification to a doctor immediately for cases of ingestion.

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. A bottle from the manufacturer has been purchased which has the appropriate labels.
2. The unlabeled bottle has been discarded.

The home shall only utilize manufacturer's containers for poisonous materials. Staff shall be inserviced regarding this regulation.

BAS 8/10/15

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Violation Report: 36335 - 07/02/2015 - McCloskey, Jason  
 PCH Name: GRIFFITH HOUSE

1. REGULATION 55 Pa.Code §2600  
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

The following medications for Resident 1 were present in the home and were expired:

- Select Allergy Medicine Antihistamine Liquid (expired 12-2011)
- Quality Choice Earwax Removal Drops (expired 7-2014)
- Childrens Pain Reliever, acetaminaphen (expired 5-2015)

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 Expired medications have been properly discarded.
- 2 Med coordinator will speak to the family member of the resident. Family member takes resident to DR appointments and is also a pharmacist. She makes frequent med changes and also brings OTC meds in frequently. Med coord will explain that all meds need to be in date + have proper prescriptions.

Repeat Violation: No	Date(s) of Previous Violation(s):				
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Violation Report: 36335 - 07/02/2015 - McCloskey, Jason  
 PCH Name: GRIFFITH HOUSE

**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**  
 On 6-4-15, the home discontinued *Escitalopram, 5 mg, 1 tablet by mouth daily*, for Resident 2. The home had not received a written order from an authorized prescriber for the change and does not have registered nurses authorized to receive verbal orders.

**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. Med coordinator has contacted doctor for a written order and is waiting for said prescription.

The home shall require and obtain a written order from the prescriber, or in the case of an emergency, an alternate prescriber, before discontinuing the use of any resident's medication. Staff capable of medication administration shall receive an inservice on this requirement.

*BAS 8/10/15*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Violation Report: 36335 - 07/02/2015 - McCloskey, Jason  
 PCH Name: GRIFFITH HOUSE

**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.

**2a. DESCRIPTION OF VIOLATION**

The medication administration record for Resident 1 does not include the diagnosis or purpose for the medication documented for *Meloxicam 7.5 mg, Saline Nasal Spray 0.65% and Cetirizine 10 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.

1. Med coord will meet with pharmacy and have diagnosis + purpose added to MAR by 7-31-15.
2. This will be for upcoming month.
3. Current MAR has been corrected.
3. Med coord will check MARs monthly to ensure that they are correct

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Jim Roberts*

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

Jim Roberts

Date 7-27-15

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8/5/15  
 (Date)

Plan of correction implementation status as of

8/5/15  
 (Date)

The above plan of correction was approved by

BRS  
 (Initials)

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Violation Report: 36335 - 07/02/2015 - McCloskey, Jason  
 PCH Name: GRIFFITH HOUSE

**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.

**2a. DESCRIPTION OF VIOLATION**

The most recent assessment for Resident 2 was completed on 5-12-14.

**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 RASPs have been completed and added to MAR and resident file.

The administrator shall use the Assessment and Support Plan tracking database to identify the upcoming annual assessments.

BAS  
8/10/15

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