



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SEP 14 2016

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' annual licensing inspection on April 20, 2016 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.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 44212 - 04/20/2016 - Gillespie, Denise  
 PCH Name: Woodcrest Senior Living Community

**1. REGULATION 55 Pa.Code §2600**

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

**2a. DESCRIPTION OF VIOLATION**

Direct Care Staff Person A does not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry.

**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.

Ensured that direct care staff have the education & ability required to perform job duties specified by the law including ADL's. Staff person A did not have a high school diploma. Staff person A is enrolled in a GED program (Attached). Review of all other staff files revealed no other missing high school diplomas. All new staff hires must be signed off by the PC ADM.

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 DULLA OR ROBIN METZGER

Date 7-11-16

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

The above plan of correction is approved as of 8-10-16  
 (Date)

Plan of correction implementation status as of 8-10-16  
 (Date)

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

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

Violation Report: 44212 - 04/20/2016 - Gillespie, Denise  
 PCH Name: Woodcrest Senior Living Community

**1. REGULATION 55 Pa. Code §2600**

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

**2a. DESCRIPTION OF VIOLATION**

On the following dates, the home had no staff present who were certified in first aid and CPR:

- 4/15/16 - 3:00 P.M. to 11:00 P.M.
- 4/16/16 - 3:00 P.M. to 11:00 P.M. and 11:00 P.M. to 7:00 A.M.
- 4/17/16 - 3:00 P.M. to 11:00 P.M. and 11:00 P.M. to 7:00 A.M.
- 4/18/16 - 11:00 P.M. to 7:00 A.M.
- 4/19/16 - 11:00 P.M. to 7:00 A.M.

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

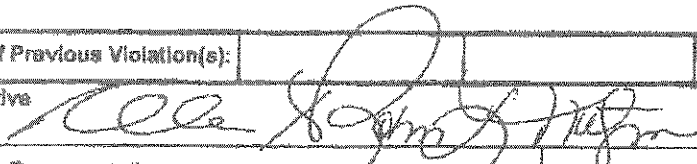
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Ensures that staff are appropriately trained to respond to an emergency & that there are sufficient numbers of qualified staff to respond to emergency situations. On the above dates, no staff person was on duty trained in CPR. All care staff have been trained in CPR. A list of staff will be maintained by the PCAOM on recertification dates. (Attached) The PCAOM will be responsible for recertification & certification of new employees scheduling.

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 Dull Sr. Robin Metzger

Date 7-11-16

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The above plan of correction is approved as of 5-10-16  
 (Date)

Plan of correction implementation status as of 5-10-16  
 (Date)

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

- Fully Implemented
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Violation Report: 44212 - 04/20/2016 - Gillespie, Denise  
 PCH Name: Woodcrest Senior Living Community

1. REGULATION 55 Pa.Code §2600

2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION

On 4/20/16, there was an accumulation of lint in the lint trap of the Whirlpool Dryer in the laundry room, across from resident bedrooms 105 and 107.

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.

will greatly reduce the chance of fire in the home. Lint was found in the 100 wing dryer. Additional signs have been placed on the dryers to remind staff & residents to clean the lint traps. Staff & resident meetings held to review the importance of cleaning the lint traps after every use. The PC ADM will be responsible for monitoring compliance during daily walk-throughs.

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 Dulla, Jr / Robin Metzger*      Date *7-11-16*

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The above plan of correction is approved as of 8-10-16 (Date)

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

Plan of correction implementation status as of 8-10-16 (Date)

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

Violation Report: 44212 - 04/20/2016 - Gillespie, Denise  
 PCH Name: Woodcrest Senior Living Community

1. REGULATION 55 Pa.Code §2600  
 2600.127(a) - Portable space heaters are prohibited.

2a. DESCRIPTION OF VIOLATION  
 On 4/20/16, a portable space heater was located in Resident bedroom # 203.

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.

Portable space heaters are a frequent cause of fire & cause of burns to residents who come in contact with them. A space heater was placed in a resident room, when the heating unit failed. The heater was promptly removed. One other space heater was found in the Maintenance Dept & Both heaters were removed from the property. The PC ADM & RA staff will monitor for any heaters that may be brought in by family.

Repeat Violation: No      Date(s) of Previous Violation(s):

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 (Required on EVERY Page)

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

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 (Initials)

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 (Date)

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Violation Report: 44212 - 04/20/2016 - Gillespie, Denise  
 PCH Name: Woodcrest Senior Living Community

1. REGULATION 55 Pa.Code §2900  
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION  
 The records for Resident #1, #2, #3 and #4 do not include eye color, hair color, and identifying marks.

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 complete medical record for each resident gives the home the best possible picture of who the resident is, what the history is & services needed by the resident. The transfer sheet was missing eye color, hair color & identifying marks. The information was added to all Personal Care residents' records (attached) The PC ADM will monitor for compliance, for all new residents, upon admission.

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 Dulla Sr / ROBIN METZGER*      Date *7-11-16*

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Plan of correction implementation status as of *8-10-16* (Date)

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