



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

OCT 18 2016

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' annual licensing inspection on July 5, 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 blue ink that reads "J. Rowe".

Jacqueline L. Rowe  
Director

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 17252		County: Franklin
Administrator: Suzanne Diller		Region: CENTRAL
Legal Entity Name: CHRISTIAN RESIDENTIAL OPPORTUNITIES & SOCIAL SERVICES INC		
Legal Entity Address: 712 PINOLA ROAD, SHIPPENSBURG, PA 17257		
<b>Certificate(s) of Occupancy</b> C-3 SP 06/12/1997 Labor and Industry		
<b>Staffing Hours</b> Resident Support: 0                                  Total Daily Staff: 5                                  Waking Staff: 4		
Type of Inspection: Full                                  BHA Docket Number:                                  Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 07/05/2016: Gensil, Lori		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<p><b>RECEIVED</b> SEP 07 2016 CENTRAL REGION FIELD OFFICE 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: 5 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: 5 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 36335 - 07/05/2016 - Gensil, Lori  
 PCH Name: GRIFFITH HOUSE

1. REGULATION 55 Pa.Code §2600  
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION  
 The baseboard heater in the downstairs bathroom is rusted and has peeling paint.

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.

Baseboard heater will be sanded and repainted by 10/31/16.  
 In the future, heater covers will be monitored for rust by house parent.  
 It will also be added to our annual walk thru inspection check list.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Suzanne Diller*

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

Suzanne Diller - Admin

Date *9-1-16*

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

The above plan of correction is approved as of 9-16-16  
 (Date)

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

Plan of correction implementation status as of 9-16-16  
 (Date)

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

Violation Report: 36335 - 07/05/2016 - Gensil, Lori  
 PCH Name: GRIFFITH HOUSE

1. REGULATION 55 Pa.Code §2600  
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION  
 Resident #1's most current medical evaluation was completed on 5/31/16. The previous medical evaluation was completed on 5/13/15, more than 12 months prior.

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.

We will continue to work with Doctor Offices and inform them that we have dates we must comply with and that when they cancel and reschedule resident appointments it makes our home out of compliance.

The Administrator will audit remaining resident records to ensure that each resident has had a medical evaluation within the past year. Upcoming evaluations will be completed during required time frames. -SE

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Suzanne Diller*

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

Suzanne Diller - Admin

Date ~~10~~ - 9-1-16

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