



pennsylvania
DEPARTMENT OF HUMAN SERVICES

FEB 08 2017

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

RE: The Caring Place – P.C.
License #: 468690

Dear Ms. Galla:

As a result of the Department of Human Services' annual licensing inspection on August 18, 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
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: Allegheny <i>Younge County</i>
Administrator: Maria Galla		Region: WEST
Legal Entity Name: GROVE MANOR		
Legal Entity Address: 103 NORTH 13TH STREET, FRANKLIN, PA 16323		
Certificate(s) of Occupancy C-1 07/21/1995 Dept of Health		RECEIVED OCT 22 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 30	Waking Staff: 23
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 08/18/2016: Barry, Courtney; Rahuba, Matt		
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 Served: 29 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: 1 Number of Hospice Residents in past year: 3		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 29 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 1 Have a Physical Disability: 0

Violation Report: 46869 - 08/18/2016 - Barry, Courtney
PCH Name: THE CARING PLACE P C

OCT 22 2016

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2600.101(j)(5) - Each resident shall have the following in the bedroom: A bedside table or a shelf.

2a. DESCRIPTION OF VIOLATION

On 8/18/16, the bed belonging to Resident #1 does not have a bedside table or shelf.

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.

Resident agreed to have bedside table in room. Facility provided table and placed next to bed to assure the resident can reach the table without getting out of bed. (Attached) Environmental audits will be done on all rooms by housekeeping staff weekly and reviewed by administrator weekly. (Attached) Audits will be reviewed and addressed at the Quality Management Meetings.

Repeat Violation: No

Date(s) of Previous Violation(s):

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 Adm.

Date

10-21-16

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

The above plan of correction is approved as of

11/21/16
(Date)

Plan of correction implementation status as of

11/28/16
(Date)

The above plan of correction was approved by

D
(Initials)

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

Violation Report: 46869 - 08/18/2016 - Barry, Courtney
PCH Name: THE CARING PLACE P C

OCT 22 2016

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #2 is ordered Voltaren gel 1%, apply topically 4gms to right knee four times daily for pain; however, the medication label indicates Voltaren gel 1%, apply topically to right knee daily.

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.

Violation corrected immediately on 8/18/16 by placing "Directions have changed - Refer to chart" stickers on Voltaren gel package. Confirmed that medication has been applied and ordered. Staff re-educated on MAR and pharmacy label regulations. (Attached) Medication administration record, physician orders and prescriptions were audited on 8/22/16 and monthly by administrators to ensure all physician orders and/or changes in prescription orders are properly documented and followed. This violation subject will be monitored & addressed during Quality Management Meetings quarterly.

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 Adm. Date 10-14-16

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

The above plan of correction is approved as of <u>11/28/16</u> (Date)	Plan of correction implementation status as of <u>11/28/16</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 46869 - 08/18/2016 - Barry, Courtney
 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
 The medication administration record for Resident #3 was not initialed by staff for Risperdal 0.5mg, take 1 tablet by mouth daily, on 8/5/16 and 8/13/16 at 8:00 p.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.

*Medications were confirmed as given and the MAR was updated to include the initials of the staff person that administered the medication. Staff has been re-educated about medication documentation (Attached)
 MAR's were audited weekly for 2 months by administrator/designated staff.
 Audits performed twice monthly presently by administrator or qualified designee.
 Audits will be monitored and reviewed at Quarterly Quality Management meetings.*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/29/2015		
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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 Adm.	Date 10-14-16
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