



pennsylvania
DEPARTMENT OF HUMAN SERVICES

FEB 21 2017

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

RE: Trinity Living Center
License #: 416680

Dear Ms. Williams:

As a result of the Department of Human Services' annual licensing inspection on August 31, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

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: TRINITY LIVING CENTER		License Number: 41688
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 08/04/2002 PA L&I		NOV 29 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 16	Waking Staff: 12
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 08/31/2016: Knee, Donald; Evages, Joseph		
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: 20 Number of Residents Served: 16 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: 1		Number of Residents who: Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 16 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 1

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NOV 29 2016

Violation Report: 41668 - 08/31/2016 - Knee, Donald
PCH Name: TRINITY LIVING CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

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
Both doors to the shared bathroom between bedroom E, occupied by resident #2 and resident #3, and bedroom I, occupied by resident #4, did not have any type of locking mechanism to afford resident privacy.

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.

Push button locks were ordered and will be installed no later than 11/30/16 to all shared bathroom doors to ensure resident privacy and compliance with Regulation 2600.42(s)

Immediately - The administrator or a designated staff person will check the home at least twice per month to ensure bathroom doors and locks are operable and afford resident privacy in accordance with Chapter 2600.42(s). BB 12/8/16

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

Signature of Legal Entity Representative (Required on EVERY Page) *Janelle M. Haynie*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Janelle M. Haynie, LMS, Personal Care Administrator* Date *11/29/16*

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

The above plan of correction is approved as of 12/8/16 (Date)

Plan of correction implementation status as of 12/8/16 (Date)

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

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

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NOV 29 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 41668 - 08/31/2016 - Knee, Donald
PCH Name: TRINITY LIVING CENTER

1. REGULATION 55 Pa.Code §2600

2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION

Staff person A, hired [redacted] 15, did not have a criminal background check completed until 8/2/16.

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's Criminal background check was completed upon hire [redacted] 15. Due to change in HR Director original was misplaced/misfiled. Employee files were audited 8/2/16 and it was noted that the original was not present. Background check was immediately completed. HR Director was inserviced on Regulation 2600.51. Personal Care Administrator will monitor that all new hires criminal background checks are completed upon hire and immediately filed into employee chart to prevent being misplaced/misfiled. This will be monitored monthly for six months and submitted to Quality Assurance meeting quarterly for review

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

Signature of Legal Entity Representative (Required on EVERY Page) *Janelle M. Haynie*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Janelle M. Haynie LCN, Personal Care Administrator* Date *11/29/16*

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

The above plan of correction is approved as of 12/8/16 (Date)

Plan of correction implementation status as of 12/8/16 (Date)

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

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

Violation Report: 41668 - 08/31/2016 - Knee, Donald
 PCH Name: TRINITY LIVING CENTER

1. REGULATION 55 Pa.Code §2600
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
 The preadmission screening form for resident #1, dated [redacted] 14, does not indicate that the needs of the resident can be met by the services provided by the home. This section of the preadmission screening was blank.

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.

The Section of the pre admission screen that was blank was verified that the needs are being met and the form completed to indicate this. All pre admission screens completed will be monitored by Personal Care Administrator and Senior Staff aide to ensure forms are completed to ensure compliance of Regulation 2600.224(a) and Submitted to quarterly Quality Assurance meeting for review. This will be monitored monthly for six months

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Janelle M. Layman LNA, Personal Care Administrator</i>	Date <i>11/29/16</i>
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The above plan of correction is approved as of <u>12/8/16</u> (Date)	Plan of correction implementation status as of <u>12/8/16</u> (Date)
The above plan of correction was approved by <u>BS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>BS</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented