



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

DEC 1 2 2016

Ms. Mary Bennett, Administrator  
Grove Manor  
435 North Broad Street  
Grove City, Pennsylvania 16127

RE: Grove Manor I  
License #: 451310

Dear Ms. Bennett:

As a result of the Department of Human Services' annual licensing inspection on September 1, 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: GROVE MANOR I		License Number: 45131
Address: 435 NORTH BROAD STREET, GROVE CITY, PA 16127		County: Mercer
Administrator: Mary Bennett		Region: WEST
Legal Entity Name: GROVE MANOR		
Legal Entity Address: 435 NORTH BROAD STREET, GROVE CITY, PA 16127		
Certificate(s) of Occupancy C-2 LP 06/28/1999 L&I		<b>RECEIVED</b>  OCT 03 2016 WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 23	Working Staff: 17
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 09/01/2016: Eveges, Joseph; Knee, Donald		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 40	Number of Residents who:	
Number of Residents Served: 23	Receive Supplemental Security Income: 1	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 22	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 1	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 1	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 1		

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Violation Report: 46131 - 09/01/2016 - Eyegees, Joseph  
PCH Name: GROVE MANOR I

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 9/1/16 at 9:30 a.m. there was an orange three ring binder containing resident names, special dietary needs and medical diagnoses unlocked, unattended and accessible in the dining area kitchenette.

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

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

Resident records shall remain secure to ensure resident's confidentiality, On 9/1/2016 Dietary binder was secured in locked cabinet under the sink; in-service completed to notify staff.

Immediately: A designated staff person shall check the home on daily to ensure all resident records and documentation are maintained in a confidential manner in accordance with regulation 2600.17. 10-12-16

Within 30 days of receipt of the plan of correction: All staff persons shall be educated on the confidentiality of resident records and the procedures for maintaining resident records in a secure location, including the home's specific policy and procedures to comply with regulation 2600.17. Documentation of education shall be kept. 10-12-16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Mary K Bennett

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

MARY K Bennett

Date 9/26/2016

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

The above plan of correction is approved as of 10-12-16  
(Date)

Plan of correction implementation status as of 10-12-16  
(Date)

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

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

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Violation Report: 45131 - 09/01/2016 - Eveses, Joseph  
PCH Name: GROVE MANOR I

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.25(c)(2) - The contract shall specify a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services

2a. DESCRIPTION OF VIOLATION

Resident #2's contract, dated 1/4/16, does not state the amount the resident agrees to pay to the home for room, board and personal services per month.

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.

All new residents' contracts will be reviewed after signing to ensure fee schedule and actual amounts are listed on the contracts by Administrator or designee.

Resident #2 contract was corrected and reviewed with resident on 09/12/2016.

Within 30 days of receipt of the plan of correction: All staff persons involved with new admissions shall be educated on completing contracts including the monthly rates for room and board and the cost for a bed hold. Documentation of education shall be kept. 10-12-16

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

Signature of Legal Entity Representative (Required on EVERY Page) *Mary K Bennett*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) MARY K. Bennett      Date 9/26/2016

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The above plan of correction is approved as of 10-12-16 (Date)

Plan of correction implementation status as of 10-12-16 (Date)

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

The above plan of correction was approved by *MKB* (Initials)

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Page 4 of 16

Violation Report: 45131 - 09/01/2016 - Eweges, Joseph  
PCH Name: GROVE MANOR I

WEST REGION FIELD OFFICE  
Human Services Licensing

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

Staff person A started providing direct care services on [redacted] 16. However, there is no documentation that direct care staff person A meets the direct care staff qualifications including documentation of a diploma, GED or active registry on the PA nurse's aide registry.

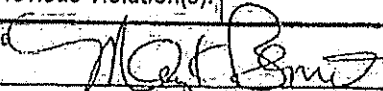
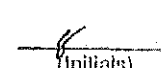
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*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.*

An audit was completed on 9/5/16 on all staff members for completion of direct care staff qualifications. Staff records were reorganized to correct any misfiling.

Designated staff member #A documentation was located.

Immediately: The administrator shall develop and implement a system to ensure that all direct care staff meet the qualifications in accordance with regulation 2600.54(a) before providing any direct care services and the documentation is in the staff record. 10-12-16

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative <i>(Required on EVERY Page)</i> 		
Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i> MARY K. BENNETT		Date 9/26/2016
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>		
The above plan of correction is approved as of <u>10-12-16</u> (Date)	Plan of correction implementation status as of <u>10-12-16</u> (Date)	
The above plan of correction was approved by  (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	

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WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 45131 - 09/01/2016 - Eveges, Joseph  
PCH Name: GROVE MANOR I

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
  - (i) Safe management techniques.
  - (ii) ADLs and IADLs.
  - (iii) Personal hygiene.
  - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
  - (v) The normal aging cognitive, psychological and functional abilities of individuals who are older.
  - (vi) Implementation of the initial assessment, annual assessment and support plan.
  - (vii) Nutrition, food handling and sanitation.
  - (viii) Recreation, socialization, community resources, social services and activities in the community.
  - (ix) Gerontology.
  - (x) Staff person supervision, if applicable.
  - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
  - (xii) Safety management and hazard prevention.
  - (xiii) Universal precautions.
  - (xiv) The requirements of this chapter.
  - (xv) Infection control.
  - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A started providing unsupervised direct care services on [redacted] 16. However, there is no documentation that direct care staff person B completed the Department-approved direct care staff training course and passed the competency test.

Direct care staff person B started providing unsupervised direct care services on [redacted] 09. However, there is no documentation that direct care staff person B completed the Department-approved direct care staff training course and passed the competency test.

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.

Personal files for all staff have been audited and reorganized so that required records are easily found. To ensure that new direct care staff training is documented a form was developed to ensure all areas are covered during orientation.

Direct care staff person A and B documentation was located.

Immediately: The administrator shall develop and implement a policy and procedures to ensure all direct care staff persons have met all of the requirements of regulation 2600.65d prior to providing unsupervised direct care services and documentation is in the staff record. 10-12-16

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Mary K Bennett*

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

MARY K. Bennett

Date 9/26/2016

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The above plan of correction is approved as of 10-11-16  
(Date)

Plan of correction implementation status as of 10-11-16  
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress ✓
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- Not Implemented

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Violation Report: 45131 - 09/01/2016 - Eveges, Joseph  
PCH Name: GROVE MANOR I

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person B did not complete training on meeting the needs of the residents as described in the preadmission screening form, assessment tool and medical evaluation and support plan during the 2015 training year.

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.*

Annual Training for direct care staff person shall include all required training topics as outline in Regulations 55 Pa.code 2600 under section 2600.65. Personal Care Administrator will develop annual calendar to reflect regulations. The Direct care staff was in-service schedule on 10/12/16 on preadmission screening form, assessment tool and medical evaluation and support plan.

Immediately: The administrator or designee shall audit all staff current training and records to ensure all direct care staff has received the required training on all topics in accordance with regulation 2600.65(f) during the 2015 training year. The review will include interviewing all staff persons to measure which training topics were actually provided to each staff person. If any staff has not completed the required training topics in accordance with regulation 2600.65(f), the training will be completed within 30 days of receipt of the approved plan of correction. 10-12-16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Mark Bennett*

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

MARY K BENEH

Date

9/26/2016

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Violation Report: 45131 - 09/01/2016 - Eveges, Joseph  
PCH Name: GROVE MANOR I

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION

The most recent fire drill or fire safety inspection conducted by a fire safety expert was on 4/14/15.

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.

A fire safety inspection and fire drill conducted by a fire safety expert was completed on 9/22/2016 and shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept on file.

Immediately: The administrator or designee shall develop and implement a process and procedure to ensure a fire drill and fire inspection is conducted by a fire safety expert at least annually. 10-12-16y

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Mary K. Bennett*

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

MARY K. Bennett

Date

9/26/2016

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(Date)

Plan of correction implementation status as of

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(Date)

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- Not Implemented

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*MKB*  
(Initials)

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Violation Report: 45131 - 09/01/2016 - Eweges, Joseph  
PCH Name: GROVE MANOR I

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The home does not have a fire safe evacuation time specified in writing by a fire safety expert within the past year. The home has conducted fire drills which exceed 2 minutes and 30 seconds as follows:

- \* 5/28/16 at 9:37 a.m. - 4 minutes and 40 seconds
- \* 6/14/16 at 9:12 p.m. - 4 minutes and 41 seconds
- \* 7/3/16 at 12:07 a.m. - 4 minutes and 22 seconds
- \* 8/30/16 at 11:35 a.m. - 4 minutes and 54 seconds

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.

A fire safety inspection and fire drill conducted by a fire safety expert was completed on 10/22/2016 and shall be completed annually. The facility will follow recommendation of fire safety expert as to safe area and evacuation times. Documentation of this fire drill and fire safety inspection shall be kept on file.

Immediately: The administrator shall monitor all fire drills and the fire drill record to ensure a fire drill is conducted at least once a month, a fire drill is conducted during sleeping hours every 6 months, all residents are evacuated to a public thoroughfare or to a fire-safe area within the time specified in writing by a fire safety expert within the past year, and documentation is kept for each fire drill in a record which includes all information required by 2600.132(c).

10-12-16g

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Mary K Bennett*

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

MARY K Bennett

Date 9/26/2016

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(Initials)

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- Not Implemented

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OCT 03 2016

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Violation Report: 45131 - 09/01/2016 - Evegas, Joseph  
PCH Name: GROVE MANOR I

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 56 Pa. Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident #4 was admitted to the home on [redacted] 16. However, the resident's initial medical evaluation was not completed until [redacted] /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.

A Medical Evaluation by a physician, physician's assistance, or register nurse practitioner will be completed with in 60 days prior to admission or within 30 days after admission. The Administrator or designee will audit all new admissions for completion and report any deficiency to Quality Assurance Committee.

Resident #4 Initial Medical Evaluation was not located in archives.

Immediately: The administrator or designee shall review all new resident documentation to ensure all new residents have an in-person medical evaluation completed within 60 days prior to admission or within 30 days after admission completed by a physician, physician's assistant or certified registered nurse practitioner. If a medical evaluation has not been completed an in-person medical evaluation shall be scheduled immediately. 10-12-16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Mary K. Bennett*

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

MARY K. Bennett

Date 9/26/2016

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Violation Report: 45131 - 09/01/2016 - Eveges, Joseph  
PCH Name: GROVE MANOR I

WEST REGION FIELD OFFICE  
Human Services Licensing

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 was admitted to the home on [redacted] 11. The resident had a medical evaluation completed on 5/16/16. However, there is no documentation of any previous medical evaluation. Therefore, it could not be determined if the 5/16/16 medical evaluation was completed timely.

Resident #3 was admitted to the home on [redacted] 08. The resident had a medical evaluation completed on 12/13/15. However, there is no documentation of any previous medical evaluation. Therefore, it could not be determined if the 12/13/15 medical evaluation was completed timely.

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 Initial Support Plan, the Current year and the previous year Support Plan will remain within the current resident's chart. Any significant changes will also remain in the current resident's chart. All current residents' charts will be audited for compliancy by administrator or designee by 10/15/16. Any discrepancy will be reported to the Quality Assurance Committee.

Resident # 1 2015 Support Plan was unable to be located in the residents' archives. The 2016 Support plan was updated. The 2017 Support Plan will be completed according the Initial Support Plan date.

Resident #3 Support Plan was located in the residents' archives and place in current resident's chart. Previous Medical Evaluation for 2014 was dated for 12/22/14 and the Medical Evaluation for 2015 was completed 12/03/15. These records have been placed in resident's current chart.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Mary K Bennett*

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

MARY K. Bennett

Date 9/26/2016

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(Date)

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(Initials)

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OCT 12 2016

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Violation Report: 46131 - 09/01/2016 - Eveses, Joseph  
PCH Name: GROVE MANOR I

WEST REGION FIELD OFFICE  
Human Services Licensing

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

Resident #2 had a preadmission screening completed on [redacted] 15. However the resident was not admitted to the home until [redacted] 16. Additionally, the preadmission screening does not address the resident's level of supervision, mobility needs or the resident's ability to self-administer medications. These sections were blank.

Resident #4 was admitted to the home on [redacted] 16. However, there is no documentation of a preadmission screening completed for the resident.

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 Preadmission Screening will not be completed not more than 30 days prior to admission of a resident; all new residents admitted to the facility will have Preadmission Screening checked by Administrator or designee for compliance prior to admittance. Preadmission Screening will be completed fully to ensure that residents needs will be safely meet. Audit of current resident chart for preadmission screening will be completed by Administrator or designee by 10/15/16; archives will be search for any missing screening. Preadmission Screening will be maintained on residents' charts. Any discrepancies will be reported to the Quality Assurance Committee.

Resident #2 prescreening was located in archives and placed on current chart. The prescreening does address the resident's level of supervision; mobility need and the ability to self administer medication. Resident #4 prescreening was located in archives and placed on current chart.

Within 30 days of receipt of the plan of correction: The administrator or designee shall create and implement a system to ensure all residents being admitted to the home have a preadmission screening completed in its entirety, to include an indication the home can meet the resident's needs. 10-12-16

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

Signature of Legal Entity Representative (Required on EVERY Page) *Mary K Bennett*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *MARY K. Bennett*      Date *9/26/2016*

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Plan of correction implementation status as of 10-12-16 (Date)

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Violation Report: 45131 - 09/01/2016 - Eveges, Joseph  
PCH Name: GROVE MANOR I

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident #2 was admitted to the home on [redacted] 16. However, the resident's initial assessment was not completed until 6/20/16.

Resident #4 was admitted to the home on [redacted] 16. However, the resident's initial assessment was not completed until 7/13/16.

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.

A Support Plan will be developed and implemented within 30 days of admission to the facility. Administrator or designee will audit all new admissions for completion. Any discrepancies will be reported to the Quality Assurance Committee.

Resident #2 Initial Support Plan was not located within the archives.  
Resident #4 Initial Support Plan was not located within the archives.

Immediately: The administrator or designee shall review all new resident documentation to ensure a current assessment is completed and present in each resident's record. 10-12-16

Immediately: The administrator shall develop and implement a policy and procedures to ensure all residents have an assessment completed within 15 days of admission. 10-12-16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Mary K Bennett*

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

MARY K. Bennett

Date

9/26/16

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The above plan of correction is approved as of 10-12-16  
(Date)

Plan of correction implementation status as of 10-12-16  
(Date)

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

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

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OCT 03 2016

Violation Report: 45131 - 09/01/2016 - Eveges, Joseph  
PCH Name: GROVE MANOR I

WEST REGION FIELD OFFICE  
Human Services Licensing

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

Resident #1's assessment, dated [redacted] 16, does not address the resident's need for a low sodium diet indicated on the resident's medical evaluation dated 5/6/16. This section was blank.

Resident #3 was admitted to the home on [redacted] 08. The resident had an annual assessment completed on 7/13/16. However, there is no documentation of any previous assessment. Therefore, it could not be determined if the 7/13/16 assessment was completed timely.

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 Assessment will be completed annually, if the condition of the resident significantly changes prior to the annual and at the request of the Department upon cause to believe that an update is required.

Resident #1 assessment was updated to include the resident's need for a low sodium diet that was indicated on the resident's medical evaluation dated 5/6/16.

Resident #3 Assessment for 2014 and 2015 was located in archives and placed on resident current chart.

Immediately: The administrator or designee shall develop and implement a system to ensure all resident assessments are immediately updated as resident care needs change. All direct care staff shall be educated on the new system. Documentation of education shall be kept in the staff records. 10-12-16 g

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Mary K Bennett*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) MARY K Bennett Date 9/26/16

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

The above plan of correction is approved as of 10-11-16 (Date)

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

Plan of correction implementation status as of 10-12-16 (Date)

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

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OCT 03 2016

Page 14 of 16

Violation Report: 45131 - 09/01/2016 - Eveses, Joseph  
PCH Name: GROVE MANOR I

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION

Resident #2 was admitted to the home on [redacted] 16. However, the resident's initial support plan was not completed until 6/20/16.

Resident #4 was admitted to the home on [redacted] 16. However, the resident's initial support plan was not completed until 7/13/16.

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.

A Support Plan will be developed and implemented within 30 days of admission to the facility.  
Administrator or designee will audit all new admissions for completion. Any discrepancies will be reported to the Quality Assurance Committee.

Resident # 2 Support Plan was updated on 09/12/2016 as a significant change to correspond to Medical Evaluation. Original Support Plan was not located within the archives.

Resident #4 Initial Support Plan was not located within the archives.

Immediately: The administrator or designee shall review all resident records to ensure all residents have a current support plan completed. 10-12-16

Immediately: The administrator shall develop and implement a policy and procedure to ensure all residents have a support plan completed within 30 days of admission. 10-12-16

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Mary K Bennett*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) MARY K. Bennett      Date 9/26/2016

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(Date)

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(Date)

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(Initials)

- Fully Implemented
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- Not Implemented

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OCT 08 2016

Page 15 of 16

Violation Report: 45131 - 09/01/2016 - Evages, Joseph  
PCH Name: GROVE MANOR I

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services. If the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #2's support plan, dated 6/20/16, does not indicate the care and services the home will provide to meet the resident's problem with agitation identified in the resident's assessment dated 6/20/16. This section 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.

Support Plans will be developed to assure they meet the needs of the residents. Updates will be provided on an as needed basis. Support Plans will be reviewed on quarterly basis to ensure they are updated according to the resident's need for services.

Resident # 2 Support Plan was updated on 09/12/2016 as a significant change to include approaches and intervention to behavior issues to meet his/her needs.

Within 30 days of receipt of the plan of correction: The administrator or designee shall develop and implement a system to ensure all resident support plans are immediately updated as resident care needs change. All direct care staff shall be educated on the new system. Documentation of education shall be kept. 10-12-16y

Within 30 days of receipt of the plan of correction: The administrator or designee shall review all current completed support plans for accuracy and completion including the care and services the home and any other agency will provide. 10-12-16y

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Mary K Bennett*

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

MARY K. Bennett

Date 9/26/2016

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(Date)

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

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- Partially Implemented - Inadequate Progress
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OCT 03 2016

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 45131 - 09/01/2016 - Evegas, Joseph  
PCH Name: GROVE MANOR I

1. REGULATION 55 Pa.Code §2600  
2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION

Resident #2 had a preadmission screening completed on [redacted] 15. However the resident was not admitted to the home until [redacted] 16. Additionally, the preadmission screening does not address the resident's level of supervision, mobility needs or the resident's ability to self-administer medications. These sections were blank.

Resident #4 was admitted to the home on [redacted] /16. However, there is no documentation of a preadmission screening completed for the resident.

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 Preadmission Screening will not be completed not more than 30 days prior to admission of a resident; all new residents admitted to the facility will have Preadmission Screening checked by Administrator or designee for compliance prior to admittance. Preadmission Screening will be completed fully to ensure that residents needs will be safely meet. Audit of current resident chart for preadmission screening will be completed by Administrator or designee by 10/15/16; archives will be search for any missing screening. Preadmission Screening will be maintained on residents' charts. Any discrepancies will be reported to the Quality Assurance Committee.

Resident #2 prescreening was located in archives and placed on current chart.

Resident #4 prescreening was located in archives and placed on current chart.

Immediately: The administrator or designated staff person shall review all residents' records to ensure the required contents of resident records are in accordance with regulation 2600.252. 10-12-16

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

Signature of Legal Entity Representative (Required on EVERY Page) *Mary K Bennett*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) MARY K. BENNETT      Date 9/26/16

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

The above plan of correction is approved as of <u>10-12-16</u> (Date)	Plan of correction implementation status as of <u>10-12-16</u> (Date)
The above plan of correction was approved by <u>[initials]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>y</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented