



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to MAYBROOK-C EVERGREEN OPCO LLC
LEGAL ENTITY

To operate THE GROVE AT HARMONY
NAME OF FACILITY OR AGENCY

Located at 191 EVERGREEN MILL ROAD, HARMONY, PA 16037
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 44
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from February 15, 2017 until February 15, 2018,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **447570**

Robert E. Robinson
ISSUING OFFICER

Jay Baul
DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

FEB 2 2 2017

Mr. Ephram Lahasky,
Member
Maybrook-C Evergreen OPCO, LLC
34 Lord Avenue
Lawrence, New York 11559

RE: The Grove at Harmony
191 Evergreen Mill Road
Harmony, Pennsylvania 16037
License #: 447570

Dear Mr. Lahasky:

As a result of the Department of Human Services' annual licensing inspection on December 6, 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

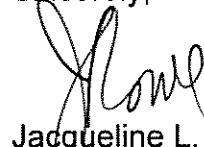
In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

Mr. Ephram Lahasky

2

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", written over a faint, illegible background.

Jacqueline L. Rowe
Director

Enclosures
License
License Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: THE GROVE AT HARMONY		License Number: 44757
Address: 191 EVERGREEN MILL ROAD, HARMONY, PA 16037		County: Butler
Administrator: CARRIE SPHAR		Region: WEST
Legal Entity Name: MAYBROOK C EVERGREEN OPCO LLC		
Legal Entity Address: 34 LORD AVENUE, LAWRENCE, NY 11579		RECEIVED
Certificate(s) of Occupancy C-2 LP 11/01/1988 Labor and Industry		DEC 8 2 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 10	Waking Staff: 8
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Provisional		
On-Site Inspections Dates and Department Representatives On-Site 12/06/2016: Bartlett, Patricia; Rahuba, Matt; Garvey, Jody		
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: 44	Number of Residents who:	
Number of Residents Served: 10	Receive Supplemental Security Income: 2	
Secured Dementia Care Unit In Home: No	Are 60 Years of Age or Older: 9	
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: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 0		

RECEIVED

Violation Report: 44757 - 12/06/2016 - Bartlett, Patricia
PCH Name: THE GROVE AT HARMONY

DEC 23 2016

WEST REGIONAL FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
The water temperature in the common bathroom sink, in the 1st floor East Hallway, measured 124.7 degrees farenheil at 10:00 a.m.
The water temperature in the common shower room, in the 1st floor West Hallway, measured 124.3 degrees farenheil at 11:03 a.m.
The water temperatu4e in the common bathroom sink, in the 1st floor West Hallway, measured 126.3 degrees farenheil at 11:15 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.
maintenance adjusted Hot water heater at time of survey for correct water temperature. maintenance is monitoring daily and adjusting if needed. maintenance will continue to monitor and keep daily log to ensure water temperature is at the appropriate temperature

Immediately: All staff persons shall be educated on safe water temperatures and the risk of unsafe water temperatures to residents. Documentation of education shall be kept 1-5-17

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Carrie Sphar LPN PCHA*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Carrie Sphar LPN PCHA* Date *12-20-2016*

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

The above plan of correction is approved as of 1-5-17
(Date)

Plan of correction implementation status as of 1-5-17
(Date)

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

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

RECEIVED

DEC 22 2016

Violation Report: 44757 - 12/06/2016 - Bartlett, Patricia
PCH Name: THE GROVE AT HARMONY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

The left side of the top drawer of the side table to the left of the couch, in the first floor sitting area of the West Hallway, is separated from the face of the drawer.

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 top drawer of the side table to left of couch in first floor sitting area of the west hallway was glued with wood glue and fixed. The left side of the top drawer is adhered to the face of the drawer

Within 30 days of receipt of the plan of correction: A designee shall check the home at least weekly to ensure furniture and equipment is in good repair, clean and free of hazards. Any hazards will be immediately corrected. If furniture or equipment is in disrepair and cannot be repaired immediately, it will be immediately removed from service.

1-5-17

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

Signature of Legal Entity Representative (Required on EVERY Page) *Carrie Schar LPN PCNA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Carrie Schar LPN PCNA* Date *12-20-2016*

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

The above plan of correction is approved as of 1-5-17 (Date)

Plan of correction implementation status as of 1-5-17 (Date)

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

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

RECEIVED

DEC 22 2016

Violation Report: 44757 - 12/08/2016 - Bartlett, Patricia
PCH Name: THE GROVE AT HARMONY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.131(c) - A fire extinguisher with a minimum 2A-10BC rating shall be located in each kitchen. The kitchen extinguisher meets the requirements for one floor as required in § 2600.131(a).

2a. DESCRIPTION OF VIOLATION
The first floor dining room has an electric range/stove; however, there was no fire extinguisher in the dining room.

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 extinguisher was placed in the dining room at time of survey.

Immediately: The administrator or designee shall check all kitchens monthly to ensure a fire extinguisher in accordance with regulation 2600.131(c) is located in each kitchen.

1-5-17g

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Carrie Sphar LPN PCNA*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Carrie Sphar LPN PCNA* Date *12-20-2016*

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

The above plan of correction is approved as of 1-5-17
(Date)

Plan of correction implementation status as of 1-5-17
(Date)

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

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