



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 13 2017

Mr. David E. Boland,
President
Safe and Sound, Inc.
P.O. Box 8825
Lancaster, Pennsylvania 17604

RE: The Groves
103 West Main Street
Ephrata, Pennsylvania 17522
License #: 322270

Dear Mr. Boland:

As a result of the Department of Human Services' annual licensing inspection on April 27, 2017 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: THE GROVES		License Number: 32227
Address: 103 W MAIN STREET EPHRATA, PA 17522		County: Lancaster
Administrator: David Boland		Region: CENTRAL
Legal Entity Name: SAFE AND SOUND INC		
Legal Entity Address: P.O. BOX 8875, LANCASTER, PA 17604		
Certificate(s) of Occupancy		
C-2 LP	R-3	
01/25/1993	04/23/2007	
Labor & Industry	Borough of Ephrata	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 14	Waking Staff: 11
Type of Inspection: Full	BHA Docket Number: -	Notice: Unannounced
Reason(s) for inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
04/27/2017: McCloskey, Jason		
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: 15	Number of Residents who:	
Number of Residents Served: 14	Receive Supplemental Security Income: 1	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 14	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
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		

Violation Report: 32227 - 04/27/2017 - McCloskey, Jason
 PCH Name: THE GROVES

1. REGULATION 55 Pa. Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The master signature key for the medication administration records does not include the full, printed name of staff who administer medications.

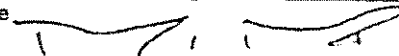
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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 new master signature key for the Medication Administration Records has been made including Staff Initials, Printed Name and Signature. The change was implemented by the Administrator and put in place on April 28, 2017. The home's staff has been educated on this new procedure.

Regulation 187a.14 states to have the name and initials of the staff person administering the medications. The Home did have the name and initials of the staff person on a master key as per regulation 1871.14 and as per the medication training course. The Home felt it was in compliance with the regulation, but not as per the compliance guide that requires the printed name. The home feels this should have been a technical assistance rather than a violation as the home has a limited number of employees making it easy to identify the person associated with the initials on the MAR.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) David Beland, President-Admin	Date 5-16-17
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>5/17/17</u> (Date)	Plan of correction implementation status as of <u>5/17/17</u> (Date)
The above plan of correction was approved by <u>BAS</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 32227 - 04/27/2017 - McCloskey, Jason

PCH Name: THE GROVES

1. REGULATION 55 Pa.Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

The home's medication trainer's certification expired 12-31-2015. Staff administering medication, including staff A, B and C, do not have current training as evidenced by annual 2016 and 2017 reviews and observations that were supervised by the home's medication trainer.

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 Home's Medication Trainer is being recertified. The Home's Trainer completed and passed the online course on May 13, 2017. The Trainer will be attending the classroom training on May 30, 2017.

The home will have two trainers to avoid this happening in the future. The second Trainer has completed the online courses and is waiting availability for the classroom training as the classrooms are currently full. The second trainer will be certified as soon as a class is available. Staff A, B and C will be recertified by the Medication Trainer as soon as the Medication Trainer is recertified. Expected date of completion is June 15, 2017.

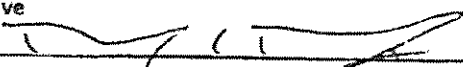
The home will review the medication administration train the trainer certificates on, at minimum, an annual basis to assure that proper certification is maintained.

BAS 5/17/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)



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

David B. Baland President

Date

5-16-17

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(Date)

Plan of correction implementation status as of 5/17/17
(Date)

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

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

Violation Report: 32227 - 04/27/2017 - McCloskey, Jason
 PCH Name: THE GROVES

1. REGULATION 55 Pa.Code §2600

2600.252 - Each resident's record must include the following information. (1) through (26)

2a. DESCRIPTION OF VIOLATION

The records for residents 1 and 2 do not include photographs taken within the past 2 years. Resident 1's photograph was dated 7-20-14. Resident 2's photograph was dated 1-25-15


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.

New photograph was taken of resident #1 on April 28, 2017. The Resident records for resident #1 was updated with new printed photographs on April 28, 2017. Staff person was misinformed to think photographs need to be updated every 3 years. Staff person has been educated by the administrator that resident photographs need to be updated every 2 years. Administrative Assistant did have current photographs stored on the computer, but not all the staff were aware. Staff will be educated where to access these photo files on the office computer. The Home will take new photographs of all residents yearly and update residents records with printed photographs yearly. Resident #2 photograph date is Feb 09, 2016 as indicated on cover of resident record. Resident #2 photograph was updated within the two-year time limit and is not a violation.

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



Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) David Balouch President Date 5-16-17

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