



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 15 2017

Ms. Janelle M. Haynie, LPN
Personal Care Administrator
Trinity Living Center, LP
400 Hillcrest Avenue
Grove City, Pennsylvania 16127

RE: Quality Life Services – Grove City
Certificate #: 416680

Dear Ms. Haynie:

As a result of the Department of Human Services' annual licensing inspection on September 20, 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 that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 56 Pa.Code Chapter 2600**

PCH Name: TRINITY LIVING CENTER		License Number: 41668
Address: 400 HILLCREST AVENUE, GROVE CITY, PA 16127		County: Mercer
Administrator: Mikala Medberry		Region: WEST
Legal Entity Name: TRINITY LIVING CENTER LP		
Legal Entity Address: 400 HILLCREST AVENUE, GROVE CITY, PA 16127		
Certificate(s) of Occupancy C-2 LP 08/04/2002 PA L and I		NOV 10 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 15	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 09/20/2017: Grace, Desmond; Flinner-Alman, Lisa		
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 who:	
Number of Residents Served: 15	Receive Supplemental Security Income: 1	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 15	
Area:	Have Mental Illness: 2	
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: 1	
Number of Hospice Residents in past year: 0		

Violation Report: 41668 - 09/20/2017 - Grace, Desmond
PCH Name: TRINITY LIVING CENTER

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

NOV 13 2017

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Approximately 60+ cigarette butts spread throughout the area on the ground in the employee/resident shared smoking area.

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 to do rounds daily in smoking area to ensure sanitary conditions shall be maintained.

PCA will round weekly for two weeks to ensure sanitary conditions are met and report results to QA monthly.

Staff will be educated on violations and corrections by 12/1/17

Smoking area cleaned and free of cigarette butts.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Mikala Medberry*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Mikala Medberry CN/PE Administrator* Date *11-9-17*

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

The above plan of correction is approved as of 11-14-17 (Date)

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

Plan of correction implementation status as of 11-14-17 (Date)

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

Violation Report: 41668 - 09/20/2017 - Grace, Desmond
 PCH Name: TRINITY LIVING CENTER

NOV 13 2017

1. REGULATION 55 Pa.Code §2600 WEST REGION FIELD OFFICE
 2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents. *Human Services Licensing*

2a. DESCRIPTION OF VIOLATION
 At approximately 9:20 a.m., there was an uncovered trash can in the main kitchen area near the dishwasher partially filled with paper trash and cups.

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 trash cans in kitchen and bathrooms shall have lids and be in place.

Dietary Manager shall round daily to ensure garbage cans are closed to prevent the penetration of insects and rodents.

Audits shall be conducted for two weeks and shall be reported to PCA and QA for one month.

All trash cans in kitchen and bathrooms have lids on at this time.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Mikala Merberry*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Mikala Merberry LNJ/ PC Administrator* Date *11-9-17*

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The above plan of correction is approved as of 11-14-17 (Date)

Plan of correction implementation status as of 11-14-17 (Date)

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

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

Violation Report: 41668 - 09/20/2017 - Grace, Desmond
PCH Name: TRINITY LIVING CENTER

1. REGULATION 55 Pa.Code §2600
2600.103(g) - Food shall be stored in closed or sealed containers.

NOV 13 2017

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

At 10:15 a.m., there was an opened and uncovered 5LB bag of parmesan cheese in the walk-in main kitchen refrigerator.

At 10:20 a.m., there was an uncovered container filled with multiple open and unsealed 1 gallon Ziploc bags of assorted lunch meats in the reach-in cooler of the main kitchen.

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 food shall be stored in closed or sealed containers.

Dietary Manager shall round daily to ensure all food is sealed in closed or sealed containers.

Audits shall be conducted for two weeks and shall be reported to PCA and QA for one month.

All food that was open in refrigerator was thrown away 9/20/17

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Mikala Medhavy*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Mikala Medhavy LSA/PA Administrator* Date *11-9-17*

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

The above plan of correction is approved as of 11-14-17
(Date)

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

Plan of correction implementation status as of 11-14-17
(Date)

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

RECEIVED

Violation Report: 41668 - 09/20/2017 - Grace, Desmond
PCH Name: TRINITY LIVING CENTER

1. REGULATION 55 Pa.Code §2600
2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION
The home's fire drill record does not include the specific time of the fire drills conducted on 3/31/17 or 4/4/17. The fire drill only indicates "3/31/17 at 2:45 and 4/4/17 at 6:45".

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.

Home will use state recommended form to include times with a.m. and p.m. designated.

Fire drill records will be audited monthly by PCA and maintenance director for six months and reported to QA monthly.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Mikala Medberry*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Mikala Medberry LPA/PC Administrator* Date *11-9-17*

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

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(Date)

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

Plan of correction implementation status as of 11-14-17
(Date)

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

Violation Report: 41668 - 09/20/2017 - Grace, Desmond
PCH Name: TRINITY LIVING CENTER

DEPARTMENT OF LICENSING
HEALTH SERVICES

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

At 2:19 p.m., resident #3's prodigy Glucometer (serial number 51850-3163552) was not calibrated to current date and time. The time and date indicated by the glucometer was 6/24/17 at 6:17 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.

Glucometer Calibrated with correct date and time on day of inspection.

Glucometer will be calibrated monthly to maintain correct time and date. Control Solution test will be performed with all new strips received.

Staff will be educated on violation and correction by 12/1/17

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

Signature of Legal Entity Representative (Required on EVERY Page) *Mikala Madburg*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Mikala Madburg RN/PA Administrator* Date *11-9-17*

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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

NOV 10 2017

WEST PENNSYLVANIA OFFICE
Human Services Licensing

Violation Report: 41868 - 09/20/2017 - Grace, Desmond

PCH Name: TRINITY LIVING CENTER

1. REGULATION 65 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 was admitted to the home on [redacted]. However the resident's preadmission screening is dated 7/4/15.

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.

All preadmission screenings will be audited for timely completion.

All preadmission screenings will be completed within 30 days prior to admission.

PCA will audit preadmission screenings Semi-Annual.

Immediately! Preadmission screening audits shall be completed upon resident admission 11-14-17.g

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/31/2016	
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Signature of Legal Entity Representative (Required on EVERY Page) *Mikala Madberry*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Mikala Madberry, LPA / PA Administrator* Date *11-9-17*

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