



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

APR 26 2018

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

RE: Grove Manor I  
Certificate/License #: 451310

Dear Ms. Bennett:

As a result of the Department of Human Services' annual licensing inspection on October 5, 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](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 - 55 Pa.Code Chapter 2600**

PGH 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		RECEIVED
Certificate(s) of Occupancy C-2 LP 06/28/1999 Dept. of L & I		FEB 01 2018 WEST VIRGINIA STATE OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 28	Waking Staff: 21
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 10/05/2017: Culler, Jan; Finner-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: 40 Number of Residents Served: 27 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: 0 Number of Hospice Residents in past year: 2		Number of Residents who: Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 28 Have Mental Illness: 3 Have an Intellectual Disability: 1 Have a Mobility Need: 1 Have a Physical Disability: 0

WPC 31750

FEB 01 2018

Violation Report: 45131 - 10/05/2017 - Cullar, Jan  
PCH Name: GROVE MANOR I

WEST PENNSYLVANIA COLLEGE OFFICE  
P.O. Box 10000  
Greensburg, PA 15601

1. REGULATION 65 Pa.Code §2600  
2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION  
A wooden table with 3 plastic drawers on top was resting up against the furnace in the furnace 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.

Cushion was removed 10/05/2017 (Day of Survey). Maintenance staff will inspect this area weekly and document. Director of Environmental Services will report findings at quality assurance meeting.

*The wooden table with plastic drawers was removed on 10/5/17. ms 2/15/18*

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* Administrator      Date *01/31/2018*

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

The above plan of correction is approved as of <u>2/15/18</u> (Date)	Plan of correction implementation status as of <u>2/15/18</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>MS</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 46131 - 10/06/2017 - Cutler, Jan  
PCH Name: GROVE MANOR I

COOPER COUNTY HEALTH DEPARTMENT  
2400 S. STATE ST. SUITE 101  
DUNSMITH, MO 64729

1. REGULATION 65 Pa.Code §2600

2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION

There was a fabric covered cushion on a chair next to the table in the smoking pavilion that did not have a tag indicating it was fire resistant.

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.

Wooden table with 3 plastic drawers was removed 10/05/2017 (Day of Survey). Maintenance staff will inspect this area weekly and document. Director of Environmental Services will report findings at quality assurance meeting.  
*The fabric covered cushion was removed on 10/5/17. ms 2/15/18*

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Violation Report: 45131 - 10/05/2017 - Cutler, Jan  
PCH Name: GROVE MANOR I

WEST PENNSYLVANIA LEAD OFFICE  
(412) 261-2000

1. REGULATION 56 Pa.Code §2600  
2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION  
The first aid kit which is taken on the vehicle to transport residents did not contain eye coverings.

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 First Aid Kit that is taken to the van was refilled and checked for the appropriate materials. *to include eye coverings. ms 2/15/18*  
A breakaway seal is placed on the First Aid Kit after inventory to ensure that kit has the appropriate materials in it. Prior to each van trip, the First Aid Kit will be checked for intact breakaway seal. If breakaway seal is broken, the kit will be inspected for appropriate content and missing items will be replaced. Any discrepancies will be reported to the Administrator and to Quality Assurance Committee.

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FEB 03 2018

Violation Report: 45131 - 10/05/2017 - Cutter, Jan  
PCH Name: GROVE MANOR I

1. REGULATION 66 Pa.Code §2600  
2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION  
Resident #1 keeps his/her medications, to include Finasteride 5 mg, Lisinopril 10 mg and Levodopa 0.175 mg, in an unlocked box under the bathroom sink. The resident's bedroom door does not have a lock which leaves these medications unlocked when the resident leaves the 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.*

Resident #1 continues to self-medicate appropriately. Bedroom door lock was provided and installed on 10/10/2017 for the resident door. Resident #1 locks door appropriately without difficulty. Medication Technician will retain a master key in the event of an emergency.

*Immediately - Resident #1 will be instructed to lock the bedroom door each time he/she exits the room. Documentation of education shall be kept. MS 2/15/18*

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FEB 01 2018

Violation Report: 45131 - 10/05/2017 - Culler, Jan  
PCH Name: GROVE MANOR I

1. REGULATION 55 Pa.Code §2600  
2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:  
(1) The resident's name.  
(2) The name of the medication.  
(3) The date the prescription was issued.  
(4) The prescribed dosage and instructions for administration.  
(5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION  
Resident #2 is prescribed Tramadol HCL 50 mg 1 tablet two times a day and 1 tablet three times a day as needed; however, the pharmacy label for this medication indicates Tramadol HCL 50 mg 1 tablet every 8 hours as needed.  
Resident #3 is prescribed Trazadone 50 mg take one tablet daily at bedtime; however the pharmacy label for this medication indicates take one tablet daily at bedtime as needed.

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.

Whenever the physician changes the dosage of a medication or orders a new medication, the following will be completed:  
a) Get a written prescription from the physician  
b) Change the instructions of the MAR. Every new order must be a new entry on the MAR. DO NOT change the existing orders. Existing order shall be discontinued.  
c) Discard all old medication, or if it is a change in dosage only, the directions on the container relating to that medication should be over-labeled securely with a pre-printed label saying "see MAR Sheet for Directions". Label must not obscure the details of the person.  
d) The directions on the label should be amended as soon as possible.  
e) Medication order faxed to Pharmacy.  
Changes in dosage of medication will be recorded in the shift log and copy of changes will be given to the Administrator. Administrator will review changes to ensure accuracy.

Resident #2 and Resident #3 medication were corrected with direction change labels 10/05/2017. Medication cart audit was completed 10/10/2017. Within 30 days of receipt of the plan of correction - a designated staff person will continue a medication cart audit for the next 3 months. MS 2/15/18

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