



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 26 2018

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 November 9, 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,

Jacqueline L. Rowe
Director

Enclosure
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 | | |
| Certificate(s) of Occupancy C-2 LP 11/16/1988 L & I | | RECEIVED JAN 16 2018 WEST VIRGINIA DEPARTMENT OF HEALTH & HUMAN SERVICES (Division of Health Planning & Development) |
| Staffing Hours | | |
| Resident Support: 0 | Total Daily Staff: 12 | Waking Staff: 9 |
| Type of Inspection: Full | BHA Docket Number: | Notice: Unannounced |
| Reason(s) for Inspection(s) Renewal | | |
| On-Site Inspections Dates and Department Representatives On-Site 11/09/2017: Georgoulis, Karen; 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 Served: 10 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: 0 | Number of Residents who: Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 9 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 2 Have a Physical Disability: 0 | |

Violation Report: 44757 - 11/09/2017 - Georgoulis, Karen
PCH Name: THE GROVE AT HARMONY

WEST VIRGINIA STATE UNIVERSITY
POLICE DEPARTMENT

1. REGULATION 55 Pa.Code §2600

2600.25(d) SOPb2 - If the home collects a resident's rent rebate under § 2600.25(a), the resident-home contract is to include the home's intended use of the revenue collected from the rent rebate.

2a. DESCRIPTION OF VIOLATION

The home collects a portion of the rent rebate benefit for resident #1. However, the rent rebate documentation does not indicate the homes intended use for the rent rebate revenues collected.

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 residents educated on Rent Rebate Handling A rent rebate Handling form that indicates the homes intended use for the rent rebate revenues collected. All residents informed and signed and dated the form. This form will be put in all contracts so all new residents coming in are aware of rent rebate handling & so this will not happen again

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Carrie Spahr LPN PCNA* Date *1-12-2018*

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

The above plan of correction is approved as of 2-8-18 (Date)

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

Plan of correction implementation status as of 2-8-18 (Date)

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

Violation Report: 44757 - 11/09/2017 - Georgoulis, Karen
PCH Name: THE GROVE AT HARMONY

WEST VIRGINIA POLICE
MARTINSBURG, WV 26101

1. REGULATION 65 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

Bedroom #12 has a very strong pungent odor that has also permeated into the shared bathroom between bedrooms #11 and #12.
There are multiple windows in the home that have a heavy accumulation of dirt, hair, dust and dead bugs in the window panes, to include the window on the furthest right, facing the home on the main floor.

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 Bathrooms were deep cleaned by housekeeping staff. Housekeeping staff will deep clean bathrooms daily. Personal Care Staff will check all bathrooms daily to ensure there are no odors. Personal Care staff will sign off on daily Audits that bathrooms are odor free to prevent this from happening again. Personal Care staff will Audit Daily for 3 months.

All window panes and sills were cleaned by housekeeping staff and will be cleaned weekly by housekeeping staff. Personal Care staff will check all window panes and sills weekly to ensure they are clean and free from debris to prevent this from happening again. Personal Care staff will sign off on weekly Audits for 3 months.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Carrie Spahr LPN PCNA

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

Carrie Spahr LPN PCNA

Date

1-12-2018

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(Date)

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(Initials)

Violation Report: 44757 - 11/09/2017 - Georgoulis, Karen

PCH Name: THE GROVE AT HARMONY

1. REGULATION 55 Pa.Code §2600

2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

The kitchen exit fire door is deteriorated and rusted out along the entire bottom of the door leaving an opening of approximately 3" along the bottom. The door panel has protruding sharp edges where the rust has worn away the door panel.

The emergency exit doors on the back side of home facing the field have a metal panels with three screws at the bottom. The left panel and trim has pulled away 14" wide by 4" in depth from door, exposing the three screws and the right door starts to bow out 16" by 3" depth exposing the three screws.

There was water coming from a boiler pipe. There was bucket under the pipe which was overflowing with water. The water was leaking on to the floor covering the entire floor under the boiler was covered with rust colored water.

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 measured the kitchen exit fire door, A door channel will be fabricated for the bottom of the door that channel will be installed by maintenance by 2-12-2018

The metal panels were screwed into the bottom of the doors with screws this was done by maintenance Personal Care staff will do weekly Audits for 6 months to ensure panels are secured to doors

Bucket will be put on preventative maintenance program will be monitored and the bucket will be dumped when full Daily Audits will be done by personal care staff for 6 months to ensure this will not happen again

Add-26-18 There are sump pumps in floor that were unoperable at time of inspection they were worked on by maintenance and repaired - Carrie Spahr LPN PCNIA 1-26-18 will continue to audit Q1

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Carrie Spahr LPN PCNIA

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

Carrie Spahr LPN PCNIA

Date

1-26-2018

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CS (Initials)

Violation Report: 44757 - 11/09/2017 - Georgoulis, Karen
PCH Name: THE GROVE AT HARMONY

PHILADELPHIA DEPARTMENT OF
HEALTH CARE SERVICES

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

On 11/9/17 at approximately 2:30 p.m., none of the required telephone numbers were posted on or by the telephone in the bedroom of resident #2.

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.

Emergency Phone Number sheet was Immediately re posted and secured to wall. Daily Audits by Personal Care Staff will be done on all Rooms to ensure Emergency Phone numbers are present for all phones to ensure this will not happen again. For 3 months Audits will be done daily then after that weekly Audits

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Carrie Spahr LPN PCNA* Date *1/12/2018*

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Violation Report: 44757 - 11/09/2017 - Georgoulis, Karen
PCH Name: THE GROVE AT HARMONY

1. REGULATION 55 Pa.Code §2600
2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION

There was no screen in the window of the last window on the right of the main floor, facing the building.
There is no screen in the front two windows to the left when facing the home on the first floor. The second window from the door has a top panel that is crooked and the bottom panel is broken off.

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 windows were measured for screens order will be placed for screens for all windows and will be at facility by 2-12-2018 and will be able to use screens by this date monthly audits will be done to ensure all windows have screens by Personal Care Staff upon receiving the screens

Add: ¹⁻²⁶⁻¹⁷ Screens were purchased at Lowes for all windows and are being delivered to facility. I will send purchase order beginning of next week

Carrie Sphear - 1-26-18

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

Signature of Legal Entity Representative (Required on EVERY Page) - *Carrie Sphear LPN-RNA*

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

Date - 1-26-2018

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

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

Plan of correction implementation status as of 2-8-18 (Date)

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- Not Implemented

Violation Report: 44757 - 11/09/2017 - Georgoulis, Karen
PCH Name: THE GROVE AT HARMONY

DEPARTMENT OF COMMUNITY DEVELOPMENT
DIVISION OF PLANNING

1. REGULATION 55 Pa.Code §2600
2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
The front porch ceiling has pieces of trim missing and wood rotted out. There were multiple holes in the ceiling measuring approximately 2' by 2', 2' by 3', 1' by 2' and 1' by 2'.

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.

Bids are being secured for repair of front porch ceiling. Repairs will be conducted when weather is appropriate for outdoor work. There is mesh in place currently covering holes.

Immediately: The administrator or designated staff person shall conduct a monthly assessment of the exterior of the building, building grounds and yard to ensure all areas are in good repair and free of hazards. Any hazards will be immediately corrected. 2-8-18

Repeat Violation: Yes Date(s) of Previous Violation(s): 06/22/2018

Signature of Legal Entity Representative (Required on EVERY Page) *Carric Spkar LPN PCNA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Carric Spkar LPN PCNA* Date *1/12/2018*

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

The above plan of correction is approved as of 2-9-18 (Date)

The above plan of correction was approved by 8 (Initials)

Plan of correction implementation status as of 2-8-19 (Date)

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

Violation Report: 44757 - 11/09/2017 - Georgoullis, Karen
PCH Name: THE GROVE AT HARMONY

PHILADELPHIA DEPARTMENT OF
PUBLIC WORKS

1. REGULATION 55 Pa.Code §2600

2600.100(b) - The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

2a. DESCRIPTION OF VIOLATION

There is an accumulation of leaves and debris on the sidewalk on the exterior side of the emergency exit door at the kitchen.
The sidewalk at the front left side of the home is covered with leaves in some areas has a heavy accumulation.

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 leaves and debris were removed from All sidewalks, walk ways, and egress ways by maintenance and house keeping. Maintenance and Housekeeping will remove leaves and debris daily. Personal care staff will do daily Audits to ensure all leaves and debris are removed to prevent this from happening again for 3 months Audits will be done daily

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Carrie Sphar *Carrie Sphar* LNP/PCA

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

Carrie Sphar LNP/PCA

Date

1/13/2018

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The above plan of correction is approved as of

2-8-18
(Date)

Plan of correction implementation status as of

2-8-18
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 44757 - 11/09/2017 - Georgoulis, Karen

PCH Name: THE GROVE AT HARMONY

1. REGULATION 55 Pa.Code §2600

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

The emergency exit doors (double doors) near the boiler room that leads to the main parking lot on side of the home, could not be opened without great difficulty. The second door has a pin that was rusted over and has to be pushed up to open.

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 emergency exit doors have been adjusted for easier opening. Rusty pin has been cleaned. Personal care staff will monitor this door and pin daily for 6 months to ensure this will not happen again.

Immediately: A designated staff person will check the home daily to ensure all stairways, hallways, doorways, passageways and egress routes from rooms and from the building are unlocked and unobstructed.

2-8-18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Carrie Spahr LPN PCNA

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

Carrie Spahr LPN PCNA

Date

1/12/2018

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

The above plan of correction is approved as of

2-8-18
(Date)

Plan of correction implementation status as of

2-9-18
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

JAN 16 2018

Violation Report: 44757 - 11/09/2017 - Georgoulis, Karen
PCH Name: THE GROVE AT HARMONY

WEST VIRGINIA POLICE OFFICE
Home Care Unit

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 indicate times fire drills were conducted as follows:

- * On 3/29/16 at 3:29 - 3 minutes 0 seconds
- * On 5/15/17 no time indicated - 4 minutes
- * On 7/29/17 at 6:10 - 3½ minutes
- * On 9/28/17 at 5:15 - 4½ minutes
- * On 10/28/17 no time indicated - 4 minutes

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 Staff educated on proper way to conduct fire Drills and the proper way to fill out fire drill logs. Personal Care Administrator will review all fire drill logs and sign off that they were reviewed to ensure this from happening again. The time of fire drill will be on all fire drill logs

Repeat Violation: Yes Date(s) of Previous Violation(s): 06/22/2016

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Carrie Spahr LPN PCNA* Date *1/12/2018*

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Plan of correction implementation status as of 2-8-18 (Date)

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

Violation Report: 44757 - 11/09/2017 - Georgoulis, Karen
PCH Name: THE GROVE AT HARMONY

DEPARTMENT OF COMMUNITY DEVELOPMENT
Housing Services Bureau

1. REGULATION 65 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's safe evacuation time determined by a fire safety expert specified a fire safe evacuation time of 4 minutes. However, the home conducted fire drills exceeding the fire safe evacuation time as follows:

- * On 6/28/17 at 10:00p.m. - 5 minutes
- * On 7/29/17 at 6:10 - 10 minutes
- * On 9/28/17 at 5:15 - 4½ minutes

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 staff educated on fire drill policy. Any fire drill lasting over four minutes will be conducted again in the next 3 days. Personal Care Administrator will review all fire drill logs and signed off on review. Personal Care Administrator will ensure all residents are being evacuated in four minutes and if fire drill goes over four minutes another drill will be conducted within 3 days

Immediately: The administrator will complete the following steps to reduce the safe evacuation to a time specified in writing by a fire safety expert within the past year:

- Conduct at least two fire drills a month until the home can meet the safe evacuation time specified in writing by a fire safety expert within the past year, for three consecutive months.
- If the home exceeds the safe evacuation time specified in writing by a fire safety expert within the past year, for two consecutive fire drills, the home will add additional staff to the regular schedule and maintain the staffing level at all times.
- Relocate residents who require special assistance with evacuation closer to exits or fire safe areas.

2-8-18

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

| | |
|--|-----------------------------|
| Signature of Legal Entity Representative (Required on EVERY Page) | <i>Carrie Sphar LPN/CNA</i> |
|--|-----------------------------|

| | |
|---|------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) | Date |
| <i>Carrie Sphar LPN/CNA</i> | <i>1/12/2018</i> |

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

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(Date)

Plan of correction implementation status as of 2-8-18
(Date)

- Fully Implemented
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- Not Implemented

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(Initials)

Violation Report: 44757 - 11/09/2017 - Georgoulis, Karen
PCH Name: THE GROVE AT HARMONY

DEPARTMENT OF HEALTH
Home Care Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION

The home's five consecutive sleeping hour fire drills were conducted between the hours of 5:45 a.m. to 6:30 a.m. as follows:

- * On 4/29/16 at 6:30 a.m.
- * On 7/20/16 at 6:08 a.m.
- * On 10/25/16 at 6:15 a.m.
- * On 1/20/17 at 5:45 a.m.
- * On 4/26/17 at 5:50 a.m.

There is only one staff person on duty between the hours of 10:30 p.m. and 6:30 a.m. Sleeping hour fire drills were conducted regularly with additional staff persons participating in the evacuation of residents as follows:

- * On 1/20/17 at 5:45 a.m. - 5 staff participated
- * On 4/26/17 at 5:50 a.m. - 2 staff participated
- * On 7/29/17 at 6:10 a.m. - 2 staff participated
- * On 11/14/17 at 11:30 p.m. - 2 staff participated

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 staff Educated on fire drills conducted during sleeping hours Drills will be held on different days and different times during the nights not routinely. Personal Care Administrator will monitor days and times of drills to ensure this will not happen again

Maintenance Staff Educated on fire drills some drills will be held with only one staff member Personal Care Administrator will review all drills to ensure one staff member will evacuate on night shift

See Page 13A of 16

Repeat Violation: Yes

Date(s) of Previous Violation(s):

06/22/2016

Signature of Legal Entity Representative
(Required on EVERY Page)

Carrie Spahr LPW PCNA

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

Carrie Spahr LPW PCNA

Date

1/12/2018

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2-8-18
(Date)

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(Date)

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[Signature]
(Initials)

For staff members on duty between 10:30 pm and 6:30 AM should be conducted with only one staff person due to only one staff member being on duty that shift.

On 4-26-2017 [REDACTED] was the only one who participated in the fire drill. [REDACTED] signed because he conducted the drill. He did not help evacuate he pulls the alarm times the drill. Gives a inservice after each drill and does the paper work.

On 7-29-17 [REDACTED] was the only staff member on duty and the only staff member to evacuate the residents. Again [REDACTED] only conducted the drill. We will not have the maintenance person sign the Fire Drill Attendees sheet if they are only conducting the fire drill.

2-8-18

Violation Report: 44757 - 11/09/2017 - Georgoullis, Karen
PCH Name: THE GROVE AT HARMONY

DEPARTMENT OF LICENSING
COMMUNITY CARE SERVICES DIVISION

1. REGULATION 55 Pa.Code §2600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #2, dated 10/17/17, does not include a mobility needs assessment. The 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.

Personal Care Administrator will go over medical evaluations with the Doctor x2 on Initial and Annual evales to ensure they are done properly. Personal Care Administrator will do monthly audits on all medical evaluations to ensure this will not happen again

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Carrie Sphar LPW PCNA* Date *1/12/2018*

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(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

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

RECEIVED BY: [unclear]
DATE: [unclear]

Violation Report: 44757 - 11/09/2017 - Georgoulis, Karen
PCH Name: THE GROVE AT HARMONY

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

Resident #3's glucometer indicated a date and time of 11/10/17 at 3:30 a.m. However, the actual date and time was 11/9/17 at 3:30 p.m.

Resident #4 glucometer indicated a time of 11:45 p.m. However, on 11/9/17, the actual time was 11:45 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.

The Glucometers were calibrated to the proper date and time. Audits will be done on night shift every night to ensure this will not happen again

Immediately: The administrator shall check all glucometers monthly to ensure all glucometers are properly calibrated to the correct time and date. 2-8-18

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]* LPN/PCNA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Carrie Spahr LPN/PCNA* Date *1/12/2018*

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

The above plan of correction is approved as of 2-8-18 (Date)

Plan of correction implementation status as of 2-8-18 (Date)

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

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

JAN 16 2018

Violation Report: 44757 - 11/09/2017 - Georgoulis, Karen
PCH Name: THE GROVE AT HARMONY

STATE OF PENNSYLVANIA
DEPARTMENT OF SENIORS AND ASSISTIVE SERVICES

1. REGULATION 55 Pa.Code §2600

2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION

Resident #1 record did not contain any documentation that the resident was educated on the resident's right to question or refuse medication if the resident believes that there may be a medication error.

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 Care Administrator will review and have residents sign documentation stating that All residents have the right to question and/or refuse medications if resident believes there may be a medication error. This documentation will be added to the Personal Care Contract to ensure every resident will receive this information and it doesn't happen again

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

Signature of Legal Entity Representative (Required on EVERY Page) *Carmel Spohak LPN PCNA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Carmel Spohak LPN PCNA* Date *1/12/2018*

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

The above plan of correction is approved as of 2-8-18 (Date)

Plan of correction implementation status as of 2-8-18 (Date)

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

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