



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 07 2018

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
Certificate #: 322270

Dear Mr. Boland:

As a result of the Department of Human Services' Adult Residential Licensing's annual licensing inspection on March 29, 2018 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: 32227 - 03/29/2018 - Heemer, Laura
PCH Name: THE GROVES

1. REGULATION 55 Pa.Code §2600
2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:
(1) Medication self-administration training.
(2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
(3) Care for residents with dementia and cognitive impairments.
(4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
(5) Personal care service needs of the resident.
(6) Safe management techniques.
(7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION
The annual training provided to direct care staff person A in training year October 1, 2016-September 30, 2017 did not include training in the "Care for residents with dementia and cognitive impairments" and "Safe management techniques".

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 Groves training staff have reviewed required topics for annual training for the direct care staff. Training plans for October 1, 2017 – September 30, 2018 have been updated to include all required training topics. Staff will be trained on all required topics as stated in regulation 2600.65(f)

* The administrator will review each staff members training on a quarterly basis to identify any missed trainings and assure that the staff member has received the required trainings. Documentation of the completed trainings shall be maintained for Dept. review.
DAS 5/7/18

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *David E Boland President* Date *4-13-18*

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

The above plan of correction is approved as of *5/7/18* (Date)

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

Plan of correction implementation status as of *5/7/18* (Date)

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

PCH Name: THE GROVES

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

2a. DESCRIPTION OF VIOLATION

On 3/29/2018 at approximately 12 pm, the blood sugar of Resident 1 (a new admission to the home) was tested with a glucometer that was labeled "house glucometer". This glucometer had been used in December of 2017 to test the blood sugar level of another resident.

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.

- 1) All Residents that are prescribed insulin currently do have and have always had his/her own labeled glucometer. The procedure at The Groves that is/was in place is as follows.
 - a) The individual glucometers for Residents that are prescribed insulin are labeled with the Resident's name.
 - b) Each labeled glucometer is further placed in an individual pouch labeled with the Residents name.
 - c) The individual glucometer is stored in a separate bin labeled with the Resident's name.

The House glucometer was also labeled and stored separate. The above storage and labeling of glucometers is a standing practice at The Groves.

- 2) The PCP was aware of the use of the House glucometer. Staff of The Groves were verbally in contact with the PCP the day of Resident #1 admission. Following notification by the Inspector to not use the House glucometer, the PCP was notified and helped expedite the approval of Resident's personal Glucometer. The PCP was contacted on 5-2-18 by phone and fax. The Groves requested if the PCP wanted follow-up for Resident #1 regarding using The Groves House glucometer. The PCP replied with a simple No.

The discussion section of reg 2600.85a does not state that a home can not use a House glucometer. The CDC states that a multi-use glucometer may be used if cleaned and disinfected after each use. The Groves has discontinued the use of The House glucometer for emergency situations as requested by the department. The Groves has removed and destroyed the House glucometer. The Groves now requires Residents to have a back up glucometer and test strips for emergency situations. The Groves has purchased two back-up glucometers to be assigned to Residents in emergency situations. Future Residents that require blood sugar testing will not be admitted until The Groves has received a glucometer, test strips and lancets.


Resident #1's well being and current health was prioritized at all times by both The Groves and PCP as to use of the House Glucometer. The need for blood glucose (blood sugar) monitoring and insulin administration took priority over the discussion/interpretation of reg 2600.85a. The Groves feels that no violation of regulation 2600.85(a) occurred as Sanitary Conditions were maintained.

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 E. Boland Date 4-13-18

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

The above plan of correction is approved as of <u>5/7/18</u> (Date)	Plan of correction implementation status as of <u>5/7/18</u> (Date)
The above plan of correction was approved by  (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