



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

DEC 20 2018

Ms. Maria Galla  
Administrator  
Grove Manor  
103 North 13<sup>th</sup> Street  
Franklin, Pennsylvania 16323

RE: The Caring Place PC  
Certificate #: 468690

Dear Ms. Galla:

As a result of the Department's Bureau of Human Services Licensing annual inspection on August 10, 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](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: 46869 - 08/10/2018 - Hoover, Josh  
 PCH Name: THE CARING PLACE P C

**1. REGULATION 55 Pa.Code §2600**

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

**2a. DESCRIPTION OF VIOLATION**

The licensing inspection summary, dated 8/3/2017, with the attached resident privacy coding document including the names of residents #1, #2, and #3, was in a binder in the foyer of the home.

**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.*

*Plan of correction attached*

See Pages 2A and 2B of 5

Repeat Violation: No	Date(s) of Previous Violation(s):		
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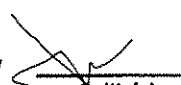
Signature of Legal Entity Representative  
 (Required on EVERY Page) *Maria Galla PCH Adm*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <b>MARIA GALLA</b>	Date <i>11-30-18</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 12/6/18  
 (Date)

Plan of correction implementation status as of 12/6/18  
 (Date)

The above plan of correction was approved by   
 (initials)


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

NOV 29 2018

Quality Assessment & Performance Improvement Plan

POC #3

<b>FACILITY NAME:</b>		The Caring Place Personal Care		Quarter: 2nd quarter	
<b>DATE Started:</b>		8-2018		<b>TEAM MEMBERS</b>	
<b>Date Completed:</b>		8-10-18			
<b>PROBLEM STATEMENT:</b>		Resident names found attached to the violations report of state survey		1.	Administrator
<b>GOAL:</b>		The resident names will not be attached to the violations report in the state survey book		2.	Wellness Director
<b>BASELINE DATA:</b>		State survey revealed that resident name roster was not removed prior to placing violations in binder for public view		3.	Resident Care Coordinator
<b>ROOT CAUSE(S):</b>		Before placing violation paperwork in binder, it was not reviewed to ensure resident roster was removed		4.	
				5.	
				6.	
				7.	
				8.	
				9.	
<b>BARRIER(S):</b>		Be aware that resident names may not be in the violation binder		1.	
				2.	
				3.	
TASKS	RESPONSIBLE TEAM MEMBER	START DATE	ESTIMATED COMPLETION DATE	ACTUAL COMPLETION DATE	COMMENTS (STATUS, OUTCOMES, EVALUATION, ETC.)
Educate staff for privacy of resident rights	Administrator	8-2018	8-2018	8-13-18	Compliant

 12/6/18

MARIA CALLA  
 Maria Calla PCH Adm

468690

Plan #

NOV 29 2018

Quality Assessment & Performance Improvement Plan

POC #3

FACILITY NAME:	The Caring Place Personal Care			Quarter: 2nd quarter		
TASKS	RESPONSIBLE TEAM MEMBER	START DATE	ESTIMATED COMPLETION DATE	ACTUAL COMPLETION DATE	COMMENTS (STATUS, OUTCOMES, EVALUATION, ETC.)	
Remove the resident names from the violation binder	Administrator	8 -2018	8 -2018	8-10-2018	The binder is now in compliance	
Review binder annually to ensure compliance is achieved	Administrator	8 - 2018	Ongoing annually	Ongoing annually	<i>Audits attached</i>	
Report findings of annual audit to the QAPI committee for review	Administrator	8 -2018	Ongoing annually	Ongoing annually		

*[Signature]*  
12/6/18

MARIA GALIA

*Maria Galia PCH Admin*

Violation Report: 46869 - 08/10/2018 - Hoover, Josh  
PCH Name: THE CARING PLACE PC

1. REGULATION 55 Pa.Code §2600

2600.25(c)(2) - The contract shall specify a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services

2a. DESCRIPTION OF VIOLATION

The addendum, dated 11/28/2016, to resident #4's resident-home contract indicates as of 1/1/2017 the daily rate for room and board was \$130 per day. However, the daily rate has been \$135 per day since 1/1/2018 and there is no additional addendum to resident #4's resident-home contract reflecting this change.

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.

*POC and Audit Sheet attached*

SEE PAGES 3A and 3B of 5

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


Signature of Legal Entity Representative  
(Required on EVERY Page) *Maria Galla PCH Adm.*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *MARIA GALLA*      Date *11-30-18*

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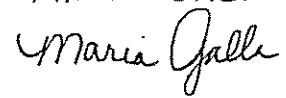
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Quality Assessment & Performance Improvement Plan

POC #1

<b>FACILITY NAME:</b>	The Caring Place Personal Care	<b>Quarter: 2nd quarter</b>			
<b>DATE Started:</b>	8-2018				<b>TEAM MEMBERS</b>
<b>Date Completed:</b>					Facility
<b>PROBLEM STATEMENT:</b>	Notification for room rate increase was not placed in the resident chart	1.	administrator		
		2.	Wellness nurse		
<b>GOAL:</b>	That any notification of room rate changes will be located on the chart	3.	Resident care coordinator		
<b>BASELINE DATA:</b>	State inspection identified that not all room rate change notifications were able to be located on the chart	4.			
		5.			
<b>ROOT CAUSE(S):</b>	No system in place to ensure follow thru for monitoring documentation of notification on the chart	6.			
		7.			
		8.			
<b>BARRIER(S):</b>	No one person was responsible for ensuring that documentation was located on the chart	9.			
		1.			
		2.			
	Audits were not completed to ensure follow up	3.			
TASKS	RESPONSIBLE TEAM MEMBER	START DATE	ESTIMATED COMPLETION DATE	ACTUAL COMPLETION DATE	COMMENTS (STATUS, OUTCOMES, EVALUATION, ETC.)
Staff will be educated as to the room rate change notification and where it should be placed on the chart	Administrator/ designee	8-2018	11-2018	11-21-18	Compliant

 12/6/18


MARIA GALLA  



11/29/2018 THU 14:55 FAX 814 437 9536 The Caring Place 0007/025

Quality Assessment & Performance Improvement Plan

POC #1

FACILITY NAME:	The Caring Place Personal Care			Quarter: 2nd quarter		
TASKS	RESPONSIBLE TEAM MEMBER	START DATE	ESTIMATED COMPLETION DATE	ACTUAL COMPLETION DATE	COMMENTS (STATUS, OUTCOMES, EVALUATION, ETC.)	
An audit of charts will be completed to ensure that all room rate changes are in place on the chart	Wellness nurse/ designee	8 - 2018		11-21-18		
A chart check off list will be reviewed with staff and education will be done to include room rate change notification documentation	Administrator	8 - 2018	8-2018	8-14-18		
An audit will be done annually when there is a room rate change to ensure that room rate change documentation is complete and on the chart	Administrator/ designee	8 - 2018	ongoing	Annual audit Nov. 2018	All residents have notice of room rate change.	
Audits will be submitted to the QAPI team for review on an annual basis	Administrator/ designee					

 12/6/18

MARIA GALLA  


Violation Report: 46869 - 08/10/2018 - Hoover, Josh  
PCH Name: THE CARING PLACE P C

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION

There was not a fire drill conducted during sleeping hours once every 6 months. 10 months elapsed between the fire drill held during sleeping hours on 8/2/2017 at 6:50 AM and the fire drill held during sleeping hours on 6/14/2018 at 4:30 AM.

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.

*P.O.C. Attached*

SEE PAGES 5A and 5B OF 5

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Maria Galla PCH Adm*

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

MARIA GALLA

Date

11-30-18

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(Initials)

468690

Quality Assessment & Performance Improvement Plan


FACILITY NAME:		Caring Place Personal Care		POC			
DATE Started:						TEAM MEMBERS	
Date Completed:		COMPLIANCE DATE 11-30-18				Facility	
PROBLEM STATEMENT:		Fire Drills were not conducted timely				1.	ADMIN
						2.	Maintenance Director
GOAL:		Fire Drills will be conducted during the sleeping hours bi-annually				3.	Maintenance Assistant
BASELINE DATA:		Federal and state survey 8-2018				4.	
						5.	
ROOT CAUSE(S):						6.	
Failure to monitor calendar for fire drill compliance						7.	
						8.	
						9.	
BARRIER(S):							
Communication to Administrator						1.	
						2.	
						3.	
TASKS	RESPONSIBLE TEAM MEMBER	START DATE	ESTIMATED COMPLETION DATE	ACTUAL COMPLETION DATE	COMMENTS (STATUS, OUTCOMES, EVALUATION, ETC.)		
Fire drill to be conducted during the sleeping hours	Maintenance Director	immediately	Ongoing biannually	11-30-18			

 12/6/18

Maria Galla PCH Adm  
MARIA GALLA

Quality Assessment & Performance Improvement Plan

FACILITY NAME:		Caring Place Personal Care			POC	
TASKS	RESPONSIBLE TEAM MEMBER	START DATE	ESTIMATED COMPLETION DATE	ACTUAL COMPLETION DATE	COMMENTS (STATUS, OUTCOMES, EVALUATION, ETC.)	
Maintenance Director to be reeducated on fire safety drills and regulations <i>± Maint. Assistant</i>	Administrator	11-28-18	11-28-18	11-28-18		
Maintenance Director to be reeducated on time frames for conducting fire drills per regulation <i>± Maint. Assistant</i>	Administrator	11-28-18		11-28-18		
Calendar to be developed to ensure timely fire drills take place on each shift	Maintenance Director Administrator	11-28-18		11-28-18		
Log all fire drills and reported to QAPI committee for review	Maintenance Director		Ongoing			

 12/6/18

*M. Galla PCH Adm*  
MARIA GALLA

11/27/2018 10:57 AM / 11/27/2018 10:57 AM / 11/27/2018 10:57 AM / 11/27/2018 10:57 AM / 11/27/2018 10:57 AM