



pennsylvania
DEPARTMENT OF HUMAN SERVICES

FEB 05 2019

Ms. Mikala Medberry, 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. Medberry:

As a result of the Department's Bureau of Human Services Licensing annual inspection on September 7, 2018, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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
Violation Report

Violation Report: 41668 - 09/07/2018 - Mulick, Cindy
 PCH Name: QUALITY LIFE SERVICES GROVE CITY

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
 At approximately 10:55 a.m., resident #1's pharmacy label for Polyethylene Glycol was on the open, unlocked and unattended roll-top desk located in the lounge 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.

Pharmacy label was removed from desk and taken to a locked area.

Family and staff notified of lock box to be placed on the wall by closet area for all confidential papers.

Administrator or designee will check box daily for any new information.

This plan of correction will be reported to QA.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Mikala Modberry*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Mikala Modberry LPN / Personal Care Administrator</i>	Date <i>1-4-19</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>1/18/19</u> (Date)	Plan of correction implementation status as of <u>1/18/19</u> (Date)
The above plan of correction was approved by <u>JW</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JW</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 41668 - 09/07/2018 - Mulick, Cindy
 PCH Name: QUALITY LIFE SERVICES GROVE CITY

1. REGULATION 55 Pa.Code §2600
 2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION
 At approximately 10:00 a.m., all 3 industrial dryers all had a football-sized clump of lint in the bottom compartment.

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.

Lint was removed immediately from lint trap and drum of each clothes dryer the day of survey.
 Signs posted on each clothes dryer to remove lint from dryer after each load on day of survey.
 Laundry Supervisor retrained staff on violation day of survey.
 Laundry Supervisor or designee to audit lint trap in dryers every shift for two weeks.
 Results to be reported to QA

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Mikala Medberry*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Mikala Medberry LPN/Personal Care Administrator</i>	Date <i>1-4-19</i>
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Violation Report: 41668 - 09/07/2018 - Mulick, Cindy
 PCH Name: QUALITY LIFE SERVICES GROVE CITY

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
 At approximately 11:25 a.m., exit door #3 did not easily open and required excessive force to be opened by an agent of the Department.

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.

Door repaired immediately by Maintenance Department on day of Survey.

Maintenance Department or designee to Audit Stairways, hallways, doorways, passageways and egress routes from rooms and from the building that they are unlocked and unobstructed -at least weekly. *JW* 1/18/19
 Audits to be done everyday for two weeks and results reported to QA

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Mikala Madbery*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Mikala Madbery LPA/Personal Care Administrator* Date *1-4-19*

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Violation Report: 41668 - 09/07/2018 - Mulick, Cindy
 PCH Name: QUALITY LIFE SERVICES GROVE CITY

1. REGULATION 55 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

At approximately 10:35 a.m., there was a folded cardboard box approximately 1 inch from the furnace located in the "old" side of the building. Additionally, there was a blanket located approximately 1 foot from the furnace.

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.

Cardboard and blanket removed immediately by Maintenance Department from area.

Maintenance Director or designee to do audits that no combustible or flammable material is located near heat source or hot water. - at least weekly. JW 1.18.19

Audits to be done everyday for two weeks. Results to be reported to QA.

Door mentioned in violation will remain locked at all times to ensure combustible materials are not stored in area.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Mikala Mackemy, LMS Personal Care Administrator* Date *1-4-19*

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Violation Report: 41668 - 09/07/2018 - Mulick, Cindy
 PCH Name: QUALITY LIFE SERVICES GROVE CITY

1. REGULATION 55 Pa.Code §2600

2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION

Resident #2's OTC Vitamin D3 125mcg tablets and Digestion Advantage tablets were not identified with the resident's name.

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.

Residents name added to OTC Vitamin D³ 125mcg tablet and Digestion Advantage tablet.

Staff reeducated to have residents name on all OTC/medications that belong to them.

PC Administrator or designee will do Cart Audits everyday for two weeks to ensure all medications are labeled correctly. Results will be reported to QA.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Mikala Mackenzie*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Mikala Mackenzie LPN/Personal Care Administrator</i>	Date <i>1-4-19</i>
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Plan of correction implementation status as of 1/18/19
 (Date)

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- Partially Implemented - Adequate Progress *JW*
- Partially Implemented - Inadequate Progress
- Not Implemented