



May 20, 2019

Ms. Maria Galla
Administrator
Grove Manor
435 North Broad Street
Grove City, Pennsylvania 16127

RE: Grove Manor I
License #451310

Dear Ms. Galla:

As a result of the Department's Bureau of Human Services Licensing annual inspection on October 3, 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". The signature is stylized and cursive.

Jacqueline L. Rowe
Director

Enclosure
Violation Report

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: Grove Manor I		RECEIVED	Licensee Number: 45131
Address: 435 North Broad Street, Grove City, PA 16127		JAN 11 2019	County: Mercer
Administrator: Marla Galla			Region: WEST
Legal Entity Name: Grove Manor		WEST REGION FIELD OFFICE Human Services Licensing	
Legal Entity Address: 435 North Broad Street, Grove City, PA 16127			
Certificate(s) of Occupancy			
C-2 LP 06/28/1999 Dept of L & I			
Staffing Hours			
Resident Support: 0	Total Daily Staff: 30	Waking Staff: 23	
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced	
Reason(s) for Inspection(s)			
Renewal			
On-Site Inspections Dates and Department Representatives On-Site			
10/03/2018: Garvey, Jody; Gillette, Lori			
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: 30 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: 1 Are 60 Years of Age or Older: 29 Have Mental Illness: 8 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 0	

JAN 11 2019

Violation Report: 45131 - 10/03/2016 - Garvey, Jody

PCH Name: Grove Manor I

WEST REGION FIELD OFFICE

Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.42(e) - A resident shall have access to a telephone in the home to make calls in privacy. Nontoll calls shall be without charge to the resident.

2a. DESCRIPTION OF VIOLATION

Resident #2 has no phone in his/her bedroom and no access to a telephone in the home to make calls in private. There is no telephone in the home for residents to make calls in private.

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.

Cordless phone placed in resident living room on 10-9-18. Residents without personal phones identified and educated as to phone location and use.

Residents educated during Resident Council on 10-23-18.

Staff educated on phone use, offering phone to resident and to report any issues with the phone.

Maintenance inspects phone monthly

Any issues with the use of the phone, residents' ability to use the phone and working condition of the phone will be reported monthly at the Quality Assurance Committee Meeting.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Maria Galla

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

MARIA GALLA

Date

1-11-18

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

The above plan of correction is approved as of 5/2/19 (Date)

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

Plan of correction implementation status as of 5/2/19 (Date)

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

JAN 11 2019

Violation Report: 45131 - 10/03/2018 - Garvey, Jody

PCH Name: Grove Manor I

WEST REGION FIELD OFFICE

Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.90(b) - For a home serving nine or more residents, there shall be a system or method of communication that enables staff persons to immediately contact other staff persons in the home for assistance in an emergency.

2a. DESCRIPTION OF VIOLATION

The home serves 30 residents and does not have a system or method of communication in place that enables staff members to immediately contact other staff members in the home for assistance in the event of an emergency.

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.

Two way communication put in place on 10-5-18. Staff instructed by Maintenance Director on use and care of walker talkies.

Immediately, then at least monthly, the administrator or designated staff person shall test the two-way communication system to ensure it is functioning properly. Any deficiencies discovered shall immediately be repaired or replaced.

SE 5/2/19

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

Signature of Legal Entity Representative (Required on EVERY Page) Maria Galla

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

Date 1-11-19

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Plan of correction implementation status as of 5/2/19 (Date)

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

Violation Report: 45131 - 10/03/2018 - Garvey, Jody
PGH Name: Grove Manor I

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident #3 was admitted on 3/1/17; however, the resident's medical evaluation was completed 12/13/16, which exceeds 60 days prior to admission.

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.

Administer completed a chart audit on Resident #3. DME was completed by physician on 10-11-18. Resident was seen by physician on 10-1-18. Audits completed on every resident chart to assure proper timing of forms are in compliance. Audits completed on 5 Random charts monthly by Admin. or designee. Staff educated on chart compliance to ensure correct paperwork is in the charts timely. Audit results reported during Quality Assurance meeting.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) MARIA GALLA Date 1-11-19

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(Date)

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

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(Date)

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Violation Report: 45131 - 10/03/2018 - Garvey, Jody
 PCH Name: Grove Manor I

JAN 11 2019

1. REGULATION 56 Pa.Code §2600
 2600.141(h)(1) - A resident shall have a medical evaluation at least annually.

WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #3 was admitted on 3/1/17 and the most recent medical evaluation was completed on 12/13/16.

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.

DME completed on 10-11-18. Chart audit completed on Resident #3.
 Admin completed ^{audit} on all charts to ensure proper paperwork is located in each chart. Random charts audited monthly.
 Staff educated on chart compliance to ensure correct paperwork is in charts timely. Audit results reported during QA meeting.

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

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

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

Date 1-11-19

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Violation Report: 45131 - 10/03/2018 - Garvey, Jody
PCH Name: Grove Manor I

WEST REGION FIELD OFFICE
Human Services Licensing

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 #1 was prescribed Artificial Tears sol 2.4%- Inellil 1 drop in each eye four times a day for dry eyes; however, the pharmacy label indicates Artificial tears- place 1 drop into both eyes three times a day.

Resident #1 was prescribed Tramadol HCL 50 mg- give 1 tab by mouth every six hours as needed for pain; however, the pharmacy label indicates Tramadol HCL 50 MG Tablet- Take 1 tablet every 12 hours for moderate pain and 1 tablet every 8 hours for breakthrough pain.

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 errors corrected. Orders verified with physicians and communicated to pharmacy on 10-3-18. A complete audit of residents' charts conducted to ensure all medication labels are accurate to the physician orders and match the Med. administration record (MAR). Discrepancies were verified with physician and corrected. New medication orders are checked by Admin. or designee. Random chart/med cart audits are done monthly to ensure physician orders match the label and the MAR. Staff has been educated on proper transcribing of physician orders on the MAR and communication techniques to pharmacy. Audit results reported in QA meetings.

Pharmacy performed an audit of both med carts on 10-19-18. All identified errors corrected.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/05/2017	
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Signature of Legal Entity Representative
(Required on EVERY Page) *Maria Galla*

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

Date 1-11-18

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Violation Report: 45131 - 10/03/2018 - Garvey, Jody
PCH Name: Grove Manor I

WEST REGION FIELD OFFICE
Human Services Licensing

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

On 10/1/18 at 7:00 AM, resident #2's blood glucose level was 85; however, the resident's October 2018 medication administration record (MAR) indicates the resident's blood glucose level was 86.

On 10/3/18 at 7:00 AM, resident #2's blood glucose level was 87; however, the resident's October 2018 MAR indicates the resident's blood glucose level was 82.

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.

Staff re-educated on correct documentation of Blood glucose monitoring (BGM). Audits completed on resident charts that are ordered BGM's. Monthly audits will continue of BGM machines and documentation on the MAR's to identify discrepancies. Audits reported during QA meetings.


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

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PCH Name: Grove Manor I

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #1 was prescribed Vitamin D2 50,000 units- take 1 capsule by mouth 2 two times per week. However, the resident's October 2018 MAR indicates Vitamin D3 50,000 units- give 1 cap by mouth twice a week on Tuesday and Friday.

Resident #2 was prescribed Perphenazine tab 4 mg- take 2 tablets (4mg) by mouth once daily as needed along with Amitriptyline. However, the resident's October 2018 MAR indicates Perphenazine tab 4 mg- give 2 tabs (8mg) by mouth once daily as needed for anxiety along with Amitriptyline.

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 identified errors verified with physician, corrected and communicated to pharmacy. Pharmacy completed an audit on each residents' medication and MARs on 10-19-18. Discrepancies identified, verified, orders with physician and communicated to pharmacy. New orders are checked by Admin or designee. Random monthly audits performed by Admin or designee. Staff educated on correct transcription of orders and identifying that the MAR instructions match the medication label.


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

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

Date 1-11-18

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