



May 20, 2019

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's Bureau of Human Services Licensing annual inspection on November 6, 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: 44757 - 11/06/2018 - Garvey, Jody
 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 fire exit door next to bedroom #15 was sticking on the bottom left hand side and catching on the door jam. The door lead to an interior staircase and the exit door to the exterior of the home.

There was water leaking from a steam heater into a plastic container that was overflowing onto the floor in the interior staircase between the exit next to bedroom #15 and the exterior 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.

The leaking steam heater in the interior staircase between the exit next to bedroom #15 was completely removed. By Removing this steam heater it will prevent this from happening again

Thresh hold adjusted on door next to bedroom #15 which prevent it from sticking Also An Audit is in place to prevent this from happening again

The home is checking daily to ensure the fire exit door by room #15 is not sticking. The home is documenting daily checks.



5/1/19

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Carrie Spahr LNP/PCA

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

Carrie Spahr LNP/PCA

Date

5-1-2019

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

The above plan of correction is approved as of

5/1/19

(Date)

Plan of correction implementation status as of 5/1/19

(Date)

The above plan of correction was approved by



(Initials)

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

Violation Report: 44757 - 11/06/2018 - Garvey, Jody
 PCH Name: THE GROVE AT HARMONY

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 Resident #1's most recent medical evaluation was completed on 5/1/18; however, the resident's previous annual medical evaluation was completed on 2/21/17.

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 medical evaluations were reviewed immediately to ensure they were done annually. An Audit was put into place to check medical evaluations monthly to ensure they are done Annually and so this does not happen again

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

Signature of Legal Entity Representative (Required on EVERY Page) *Carrie Spahr LPM PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Carrie Spahr LPM PCHA* Date *1-16-2019*

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

The above plan of correction is approved as of 5/1/19
 (Date)

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

Plan of correction implementation status as of 5/1/19
 (Date)

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

Violation Report: 44757 - 11/06/2018 - Garvey, Jody
 PCH Name: THE GROVE AT HARMONY

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
 Resident #2 was prescribed Amoxicillin Cap 500 MG-take 4 capsules by mouth once daily prior to dental appointment until 9/18/18 and the medication was still present in 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.

The cart was gone through immediately making sure all prescriptions were current in the medication cart. Also an Audit was put into place checking for only current prescriptions in the medication cart to ensure this will not happen again on a monthly basis 5/1/19

SE 5/1/19

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

Signature of Legal Entity Representative (Required on EVERY Page) *Carrie Sphar LPN/PCA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Carrie Sphar LPN/PCA* Date *1-16-2019*

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

The above plan of correction is approved as of <u>5/1/19</u> (Date)	Plan of correction implementation status as of <u>5/1/19</u> (Date)
The above plan of correction was approved by <u><i>SE</i></u> (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

Violation Report: 44757 - 11/06/2018 - Garvey, Jody
 PCH Name: THE GROVE AT HARMONY

1. REGULATION 55 Pa.Code §2600
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION

The resident records for the following residents did not include a current photo of the residents that was no more than two years old:
 *Resident #1, photo dated 6/23/16
 *Resident #2, no photo
 *Resident #3, photo dated 6/23/16
 *Resident #4, no photo

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 photos were immediately taken and added to the electronic MAR. An Audit was put into place to check that all pictures are current & present to ensure this will not happen again

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Carrie Schar LPN/PCNA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Carrie Schar LPN/PCNA* Date *1-16-2019*

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

The above plan of correction is approved as of 5/1/19
 (Date)

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

Plan of correction implementation status as of 5/1/19
 (Date)

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