



June 11, 2019

Mr. Jim Roberts
Director
Christian Residential Opportunities & Social Services Inc.
712 Pinola Road
Shippensburg, Pennsylvania 17257

RE: Griffith House
1345 Apple Way
St. Thomas, Pennsylvania 17252
Certificate #: 363350

Dear Mr. Roberts:

As a result of the Department's Bureau of Human Services Licensing's annual licensing inspection on May 6, 2019 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

Facility Information

Name: *GRIFFITH HOUSE*

Address: *1345 APPLE WAY, ST THOMAS, PA 17252*

County: *FRANKLIN*

Region: *CENTRAL*

License Number: *363350*

Administrator

Name: *Suzanne Diller*

Phone: *7173692910*

Email: *na*

Legal Entity

Name: *CHRISTIAN RESIDENTIAL OPPORTUNITIES & SOCIAL SERVICES INC*

Address: *712 PINOLA ROAD, PA, 17257*

Certificate(s) of Occupancy

Type: *C-3 SP*

Date: *06/12/1999*

Issued By: *L&J*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *6*

Waking Staff: *5*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

Inspection Dates and Department Representative

05/06/2019 - On-Site: Israel Springs

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *0*

Residents Served: *6*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents:

Number of Residents Who:

Receive Supplemental Security Income: *6*

Are 60 Years of Age or Older: *4*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *6*

Have Mobility Need: *0*

Have Physical Disability: *0*

132c - Fire Drill Records

Regulations

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drill conducted on 4/19/19 does not include documentation of the amount of time for the evacuation of the facility.

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 will be reminded again at Staff mtg on June 5th about proper documentation for fire drills.

*The administrator will review the fire drill log each month to ensure that a fire drill has been completed and properly documented. This record shall be retained for Department review. BAS 5/30/19

Legal Entity Representative

Signature *Bonnie Engle*

Bonnie Engle, Administrator
Printed Name and Title

5-21-19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 5/30/19 (Date)

Plan of correction implementation status as of 5/30/19 (Date)

The above plan of correction was approved by BAS (Initials)

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

187a - Medication Record

Regulations

2600.

187.a.12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

The diagnosis for Resident #'s prescribed Citalopram is documented as "Behavior".

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.)

Medical Coordinator will work with pharmacy to have this changed. MARs will be reviewed when new meds are added to ensure vernacular is correct.

*The administrator, and/or Medical Coordinator, will audit all resident Medication Administration Records to ensure that each medication has a properly documented diagnosis or purpose of the medication. This audit shall be completed within 5 days from the receipt of this plan.

All staff that provide medication administration shall be re-educated on the required documentation required in the Medication Administration Record in accordance with regulation 2600.187(a). This education will be completed within 15 days from the receipt of this plan. BAS 5/30/19

Legal Entity Representative

Bonnie Engle
Signature

Bonnie Engle - Administrator
Printed Name and Title

5-31-19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of	5/30/19 (Date)	Plan of correction implementation status as of	5/30/19 (Date)
		<input type="checkbox"/> Fully Implemented	
The above plan of correction was approved by	BAS (Initials)	<input checked="" type="checkbox"/> Partially Implemented - Adequate Progress	
		<input type="checkbox"/> Partially Implemented - Inadequate Progress	
		<input type="checkbox"/> Not Implemented	

252 - Record Content

Regulations

2600.

252.3. A photograph of the resident that is no more than 2 years old.

Description of Violation

The resident records for Residents #1, #2, and #3 had photos older than 2 years.

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.)

Updated photos will be taken and put in resident files by May 31, 2019. Administrators will add this to yearly Quality Management Checklist

Legal Entity Representative

Signature *Ry Engle*

Bonnie Engle Administrator 5/31/19
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 5/30/19 (Date)

Plan of correction implementation status as of 5/30/19 (Date)

The above plan of correction was approved by BAS (Initials)

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