



December 16, 2019

Ms. Maria Galla
Administrator
Grove Manor
103 North 13th 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 2, 2019, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes).

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, appearing to read "Kevin Hancock", written over a white background.

Kevin Hancock
Deputy Secretary
Office of Long Term Living

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *THE CARING PLACE - P.C.*

License Number: *46869*

Address: *103 NORTH 13TH STREET,, FRANKLIN, PA 16323*

County: *VENANGO*

Region: *WESTERN*

Administrator

Name: *LYNNIE MILLER*

Phone: *8144377024*

Email: *MGALLA@CARINGPLACE.CARE*

Legal Entity

Name: *GROVE MANOR*

Address: *103 NORTH 13TH STREET, FRANKLIN, PA, 16323*

Certificate(s) of Occupancy

Type: *C-1*

Date: *07/21/1995*

Issued by: *Department of Health*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *28*

Working Staff: *21*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

Inspection Dates and Department Representative

08/02/2019 - On-Site: Cindy Mulick, Lori Gillette

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *32*

Residents Served: *25*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *25*

Diagnosed with Mental Illness: *3*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *3*

Have Physical Disability: *0*

25c4 - Payment Responsibility

Regulations

2600.

25.c At a minimum, the contract must specify the following:

- 4. The party responsible for payment.

Description of Violation

The resident-home contract, dated 6/21/19, for resident #1 does not specify the party responsible for payment.

The resident-home contract, dated 8/20/18, for resident #3 does not specify the party responsible for payment.

Plan of Correction (POC) #1

(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.)

Please see attached updated admission contract. All previous residents and payors signed attached "addendum to admission Agreement." All new admissions sign the updated admission contract. Updated information is in yellow highlight.

See pages 2A, 2B, and 2C

Legal Entity Representative

Lynnie Miller
Signature

Lynnie Miller RCHA
Printed Name and Title

11/22/19
Date

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

The above plan of correction is approved as of

11/22/19
(Date)

Plan of correction implementation status as of

11/22/19
(Date)

The above plan of correction was approved by

08/22/2019

BS
(Initials)

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

2 of 5

Quality Assessment & Performance Improvement Plan

FACILITY NAME:	The Caring Place Personal Care	Quarter: first quarter	
DATE Started:	8-2-2019		TEAM MEMBERS
Date Completed:	8-8-2019		Facility
PROBLEM STATEMENT:	Resident-home contract does not specify the party of responsible for payment.	1.	Administrator
		2.	Wellness Nurse
GOAL:	All new admissions will receive new updated admission contract. All current residents & payor including resident #1 and #3 will sign the Addendum to Admission Agreement	3.	
		4.	
BASELINE DATA:	State annual survey revealed that resident-home contract does not specify the part of responsible for payment	5.	
		6.	
ROOT CAUSE(S):		7.	
All new admissions will use updated/new admission contract that specifies on page 2, 3, & 9 who the resident's payor is.		8.	
Team members will thoroughly go over changes in the new contract upon admission.		9.	
Team members provided a copy of new admission contract to all residents and payors			
BARRIER(S):			
All previous contracts shred or deleted from files.		1.	
		2.	
		3.	

Quality Assessment & Performance Improvement Plan

FACILITY NAME:		The Caring Place Personal Care		Quarter: first quarter	
TASKS	RESPONSIBLE TEAM MEMBER	START DATE	ESTIMATED COMPLETION DATE	ACTUAL COMPLETION DATE	COMMENTS (STATUS, OUTCOMES, EVALUATION, ETC.)
Educate Staff on new admission contracts	Administrator	8/2019	8/2019	8/8/2019	Compliant
Maintain a copy of addendum to admission agreement in resident's files.	Administrator	8/2019	8/2019	8/2/2019	Compliant
Use new updated admission contract for new admissions	Administrator Wellness Nurse	8/2019	8/2019	8/8/2019	Updated admission contract specifies who the residents' payor is

J. Miller 11/22/19
468690 Plan #
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Quality Assessment & Performance Improvement Plan

FACILITY NAME:		The Caring Place Personal Care		Quarter: first quarter	
TASKS	RESPONSIBLE TEAM MEMBER	START DATE	ESTIMATED COMPLETION DATE	ACTUAL COMPLETION DATE	COMMENTS (STATUS, OUTCOMES, EVALUATION, ETC.)
Use updated admission contract starting 8/8/2019 for all new admissions	Administrator Wellness Nurse	8/2019	Ongoing Annually	Ongoing Annually	In compliance
Check contracts before new admission chart is put in filing cabinet	Administrator	8/2019	Ongoing Annually	Ongoing Annually	In compliance
Report any findings of audits to the QAPI committee for review	Administrator Wellness Nurse	8/2019	Ongoing Annually	Ongoing Annually	In compliance
All current residents and payor signed addendum to admission agreement	Administrator Wellness Nurse	8/2019	8/2/2019	8/2/2019	In compliance-located in residents cart

85a - Sanitary Conditions

Regulations

2600

85.a Sanitary conditions shall be maintained.

Description of Violation

At 3:50 p.m., there were no paper towels, mechanical air blower, or other sanitary method of hand drying in Resident #2's bathroom.

Plan of Correction (POC) #4

(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.)

Please see attached insert.
Please see attached Quality Assessment and Performance Improvement Plan

See pages 3A, 3B, and 3C

Legal Entity Representative

Lynnie Miller
Signature

Lynnie Miller Pelita
Printed Name and Title

11-14-19
Date

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

The above plan of correction is approved as of 11/22/19
(Date)

Plan of correction implementation status as of 11/22/19
(Date)

The above plan of correction was approved by BS
08/02/2019 (Initials)

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

Quality Assessment & Performance Improvement Plan

FACILITY NAME:	The Caring Place Personal Care	Quarter: Second Quarter	
DATE Started:	8-2-2019	TEAM MEMBERS	
Date Completed:	8-5-2019	Facility	
PROBLEM STATEMENT:	No paper towels, mechanical air blower, or other sanitary method of hand drying in resident bathroom	1.	Direct Care Staff
GOAL:	Sanitary conditions shall be maintained	2.	Housekeeping
BASELINE DATA:	Resident bathroom did not have paper towels, mechanical air blower or other sanitary method of hand drying	3.	Administrator
ROOT CAUSE(S):	Resident uses cloths & paper towels to clean colostomy. Staff did not round to that room to make sure paper towel dispenser was not empty.	4.	
		5.	
		6.	
		7.	
		8.	
BARRIER(S):	Direct care staff and housekeeping will make sure each bathroom has paper towels in dispenser, wash clothes and hand towels present in bathroom.	9.	
		1.	
		2.	
		3.	

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 Plan # 46869
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Quality Assessment & Performance Improvement Plan

FACILITY NAME:		The Caring Place Personal Care		Quarter: Second Quarter	
TASKS	RESPONSIBLE TEAM MEMBER	START DATE	ESTIMATED COMPLETION DATE	ACTUAL COMPLETION DATE	COMMENTS (STATUS, OUTCOMES, EVALUATION, ETC.)
Staff will make sure each bathroom has sufficient amount of wash cloths, hand towels and paper towels for use.	Direct Care Staff Housekeeping	8/2/2019	8/5/2019	8/5/2019	In Compliance
Staff replaces cloths and towels in each bathroom daily	Direct Care Staff Housekeeping	8/2/2019	8/5/2019	8/5/2019	In compliance
TASKS	RESPONSIBLE TEAM MEMBER	START DATE	ESTIMATED COMPLETION DATE	ACTUAL COMPLETION DATE	COMMENTS (STATUS, OUTCOMES, EVALUATION, ETC.)
Staff will make sure each bathroom has sufficient amount of wash cloths, hand towels and paper towels for use.	Direct care staff Housekeeping	8/2/2019	Ongoing annually	Ongoing annually	In compliance

Quality Assessment & Performance Improvement Plan

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FACILITY NAME:	The Caring Place Personal Care			Quarter: Second Quarter		
Staff replaces cloths and towels in each bathroom daily	Direct care staff housekeeping	8/2/2019	Ongoing annually	ongoing annually	In compliance	

86b - Bathroom

Regulations

2600
86.b A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

Resident #1's private bathroom does not have an outside window and the exhaust fan for ventilation is inoperable.

Resident #2's private bathroom does not have an outside window and the exhaust fan for ventilation is inoperable.

Plan of Correction (POC) #2

(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.)

Please see attached letter from Director of Environmental Services.
Please see attached Quality Assessment and Performance Improvement Plan.

See pages 4A and 4B

Legal Entity Representative

Lynnie Miller
Signature

Lynnie Miller PCHH
Printed Name and Title

11/22/19
Date

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The above plan of correction is approved as of 11/22/19
(Date)

Plan of correction implementation status as of 11/22/19
(Date)

The above plan of correction was approved by BB
08/02/2019 (Initials)

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

Quality Assessment & Performance Improvement Plan

FACILITY NAME:	The Caring Place Personal Care	Quarter: Second Quarter				
DATE Started:	8-2-2019	TEAM MEMBERS				
Date Completed:	8-2-2019					
PROBLEM STATEMENT:	Exhaust fan inoperable	Facility				
GOAL:	All units inspected quarterly and any issues are addressed at that time.	1.	Administrator			
BASELINE DATA:	Private bathroom does not have an outside window and the exhaust fan for ventilation is inoperable	2.	Director of Environmental Services			
ROOT CAUSE(S):		3.				
	Roof top unit had a faulty motor.	4.				
		5.				
		6.				
		7.				
		8.				
		9.				
BARRIER(S):						
	Quarterly inspections	1.				
		2.				
		3.				
TASKS	RESPONSIBLE TEAM MEMBER	START DATE	ESTIMATED COMPLETION DATE	ACTUAL COMPLETION DATE	COMMENTS (STATUS, OUTCOMES, EVALUATION, ETC.)	
Educated maintenance staff	Administrator	8/2019	8/2019	8/2/2019	Compliant	

Quality Assessment & Performance Improvement Plan

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FACILITY NAME:	The Caring Place Personal Care			Quarter: Second Quarter		
TASKS	RESPONSIBLE TEAM MEMBER	START DATE	ESTIMATED COMPLETION DATE	ACTUAL COMPLETION DATE	COMMENTS (STATUS, OUTCOMES, EVALUATION, ETC.)	
Check all exhaust fans in bathrooms	PC Maintenance	8/2019	8/2019	8/2/2019	All exhaust fans are properly in working order.	
Check exhaust fans quarterly and address any issues at that time	PC Maintenance	8/2019	Ongoing Annually	Ongoing Annually	In compliance	
Report findings of quarterly inspections to the QAPI committee for review	PC Maintenance Administrator Director of Environmental Services	8/2019	Ongoing annually	Ongoing annually	In Compliance	

101j7 - Lighting/Operable Lamp

Regulations

2600

101j Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

At approximately 4:05 p.m., resident #3 does not have a source of lighting that can be turned on/off at bedside.

Plan of Correction (POC) #3

(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.)

Please see attached insert sheet completed for housekeeping.

Please see attached Quality Assessment and Performance Improvement Plan.

See pages 5A and 5B

Legal Entity Representative

Signature *Lynn Miller*

Printed Name and Title *Lynn Miller PCNA*

Date *10-16-19*

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The above plan of correction is approved as of (Date)

11/22/19

Plan of correction implementation status as of (Date)

11/22/19

The above plan of correction was approved by (Initials) *BB*
08/02/2019

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

Quality Assessment & Performance Improvement Plan

FACILITY NAME:	The Caring Place Personal Care	Quarter: Second Quarter			
DATE Started:	8-2-2019	TEAM MEMBERS			
Date Completed:	8-5-2019				
PROBLEM STATEMENT:	Resident did not have a source of lighting that can be turned on/off at bedside	1.	Housekeeping		
GOAL:	All residents have a source of light at bedside within reach	2.	PC Maintenance		
BASELINE DATA:	No source of light at bedside within reach.	3.	Administrator		
ROOT CAUSE(S):	Resident did not have a light at bedside within reach without getting out of bed to turn light on.	4.			
		5.			
		6.			
		7.			
		8.			
BARRIER(S):		9.			
	Housekeeping given a copy of attached in-service sheet and will follow the regulations regarding resident bedroom each time they clean residents room	1.			
	Housekeeping will immediately notify administrator if resident does not have an item in room.	2.			
	Administrator will notify family with an item is missing in the residents' room.	3.			
TASKS	RESPONSIBLE TEAM MEMBER	START DATE	ESTIMATED COMPLETION DATE	ACTUAL COMPLETION DATE	COMMENTS (STATUS, OUTCOMES, EVALUATION, ETC.)
Educated housekeeping & maintenance	Administrator	8/2/2019	8/5/2019	8/5/2019	In Compliance

Quality Assessment & Performance Improvement Plan

3

FACILITY NAME:	The Caring Place Personal Care			Quarter: Second Quarter		
TASKS	RESPONSIBLE TEAM MEMBER	START DATE	ESTIMATED COMPLETION DATE	ACTUAL COMPLETION DATE	COMMENTS (STATUS, OUTCOMES, EVALUATION, ETC.)	
Housekeeping & maintenance with check each room during their visits	Housekeeping Maintenance	8/2/2019	8/5/2019	8/5/2019	All residents' room has a bedside light within reach without getting out of bed. All residents rooms have items per regulation	
Check each room during housekeeping and maintenance visits and address any issues at that time	Housekeeping Maintenance	8/2019	Ongoing annually	Ongoing annually	In compliance	
Report any findings to administrator immediately to be resolved.	Housekeeping Maintenance Administrator	8/2019	Ongoing annually	ongoing annually	In compliance	
Report findings to the QAPI committee for review	Housekeeping Maintenance	8/2019	ongoing annually	ongoing annually	In compliance	