



November 5, 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 August 28, 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, appearing to read "Kevin Hancock", written over a white background.

Kevin Hancock
Deputy Secretary
Office of Long Term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: *QUALITY LIFE SERVICES - GROVE CITY*

License Number: 41668

Address: *400 HILLCREST AVENUE,, GROVE CITY, PA 16127*

County: *MERCER*

Region: *WESTERN*

Administrator

Name: *Mike Ligo*

Phone: *724-487-1974*

Email: *mligo@qualitylifeservices.com*

Legal Entity

Name: *TRINITY LIVING CENTER LP*

Address: *400 HILLCREST AVENUE, ATTN MIKALA MEDBERRY, GROVE CITY, PA, 16127*

Certificate(s) of Occupancy

Type: *C-2 LP*

Date: *08/04/2002*

Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *17*

Waking Staff: *13*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

Inspection Dates and Department Representative

08/28/2019 - On-Site: Josh Hoover, Belinda Graziano

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *20*

Residents Served: *15*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *15*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *2*

Have Physical Disability: *1*

17 - Record Confidentiality

Regulations

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.

Description of Violation

The licensing inspection summary, dated 12/15/2017, that was posted on the wall across from the dining area, included a resident privacy coding document containing the names of residents #1 and #2.

The licensing inspection summary, dated 9/7/2018, that was posted on the wall across from the dining area, included a resident privacy coding document containing the names of residents #3 and #4.

Repeat Violation - 9/7/2018

Plan of Correction (POC)

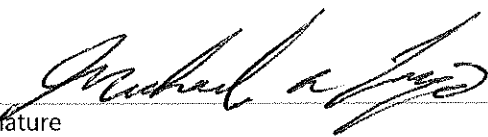
(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

The Resident and staff Identifiers were Immediately removed from the Postings on 8/28/19 The posting of the VR for the 8/28/19 Survey will be posted not including the Identifiers

The administrator will verify that the privacy coding documents are removed from licensing inspection summaries prior to posting publicly.

- JRW 10/3/19

Legal Entity Representative

Signature 

Printed Name and Title Michael Ligo NHA 

Date 10/2/19

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

The above plan of correction is approved as of 10/3/19 (Date)

Plan of correction implementation status as of 10/3/19 (Date)

The above plan of correction was approved by

 (Initials)

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

65f - Training Topics

Regulations

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person A did not receive training in medication self-administration or care for residents with dementia and cognitive impairments during the 2018 training year.

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 person A will complete further Dementia training and self medication training in the month of October she did complete Dementia training on 8/4/18 all staff training will be Audited for compliance

Audits will be completed at least quarterly as part of the home's quality management review, to ensure all staff complete required annual trainings. - JRW 10/3/19

Legal Entity Representative

[Handwritten Signature]
 Signature

Michael Ligo NHA RPO 10/4/19
 Printed Name and Title Date

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65g - Annual Training Content

Regulations

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Direct care staff person A did not receive training in resident rights during the 2018 training year.

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 person A completed Training on Residents Rights on 9/30/18. All staff training will be Audited for completion.

Audits will be completed at least quarterly as part of the home's quality management review, to ensure all staff complete required annual trainings. - JRW 10/3/19

Legal Entity Representative

[Handwritten Signature]
Signature

Michael Liso NHA RPO 10/3/18
Printed Name and Title Date

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85e - Trash Outside Home

Regulations

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

The lid on the left side of the trash compactor was open and inside it were numerous bags of trash.

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 compactor lid was repaired the week of 9/15/19 to include a magnetic latch to keep the lid closed. Housekeeping staff was educated and signed off that the lid is to be kept closed at all times every shift. Compliance will be audited for one week and reported to QA

By 10/31/19 - The administrator or designated staff person will monitor the trash area at least weekly to ensure trash is kept inside the compactor and the lid is kept closed. - JRW 10/3/19

Legal Entity Representative

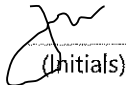

Signature

Michael Ligo NHA RDS 10/2/19
Printed Name and Title Date

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102d - Grab/Hand/Assist Bar/Slip-Resistant Surface

Regulations

2600.

102.d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

Description of Violation

There was no grab bar or hand rail near the toilet in the bathrooms of resident #6.

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 Grab Bar for resident #6 was installed near the toilet for safety. See attached picture. Rounds completed to ensure other Bathrooms have Grab Bars.

Legal Entity Representative


Signature 

Printed Name and Title Michael Ligo NMA RDO Date 10/2/18

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103f - Refrigerator/Freezer Temps

Regulations

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

The temperature in the large stainless-steel refrigerator in the main kitchen measured 44 degrees Fahrenheit at 9:45a.m., 10:06a.m., and 10:36a.m.

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.)

There are Daily Audits completed to ensure that refrigerator temperature between 40-0 degrees, the refrigerator was also serviced and repaired on 9/30/19. Temp Audits will continue and be reported to QA.

Legal Entity Representative

[Handwritten Signature]
Signature

Michael Ligo NHA RDO 10/2/19
Printed Name and Title Date

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105g - Lint Removal and Duct Cleaning

Regulations

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

There was an accumulation of lint measuring approximately 18 inches wide by 18 inches long by ¼ inch thick in the lint trap of the middle commercial dryer in the laundry room.

Repeat Violation - 9/7/2018

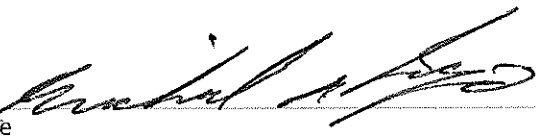
Plan of Correction (POC)

(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 Dryers were cleaned immediately. Signs were posted to clean Dryers After every load. Staff was Educated and signed off on 10/2/19 - JRW 10/3/19
Per shut + times one week and Reported to QA
Compliance will be Audited once

By 10/31/19 - The administrator or designee will monitor clothes dryers to ensure there is no lint build-up. - JRW 10/3/19

Legal Entity Representative



Signature

Michael Ligo NHA RPO 10/2/19
Printed Name and Title Date

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141b1 - Annual Medical Evaluation

Regulations

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

The medical evaluation for resident #7, dated 8/28/2019, is blank in the areas of blood pressure, pulse rate, temperature, and immunization history.

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 missing information was added on 8/28/19 as the DME was completed by CRNP earlier that day 8/28/19 All DME checked for completion

The administrator or designated staff person will review all newly completed medical evaluation forms to ensure they are completed in their entirety. - JRW 10/3/19

Legal Entity Representative


Signature 

Printed Name and Title Michael Ligo MHA RPO Date 10/3/19

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144c1 - Smoking Area Guidelines

Regulations

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

There were two chairs with vinyl fabric in the home's designated smoking area for residents.

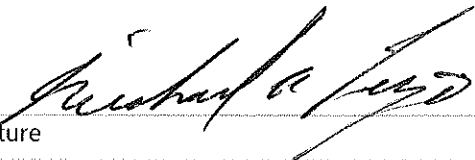
Plan of Correction (POC)

(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 vinyl chairs were immediately removed from the smoking area and discarded so they can not return. See picture attached

By 10/31/19 - The administrator or designated staff person will monitor the smoking area daily to ensure only fire resistant furniture used. - JRW 10/3/19

Legal Entity Representative

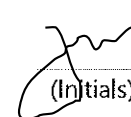

Signature

Michael Ligo RDN/HA 10/3/19
Printed Name and Title Date

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(Date)

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(Date)

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171b5 - First Aid Kit

Regulations

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

The were no thermometers in the first aid kits for the home's vehicles, a bus and a car, used to transport residents.

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.)

thermometers were added to both first aid kits.
First aid kit check list have been established
and will be checked monthly.

Legal Entity Representative


Signature 

Printed Name and Title Michael Ligo NHA-RDO Date 10/6/19

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(Date)

Plan of correction implementation status as of 10/3/19
(Date)

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184a - Labeling OTC/CAM

Regulations

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.

Description of Violation

The Basaglar insulin pen for resident #6, stored in the medication cart, did not have a pharmacy label.

Resident #8 is ordered Ventolin HFA-inhale 1 puff by mouth every 6 hours as needed for shortness of breath; however, the label for this medication indicates "Inhale puffs by mouth every 6 hours as needed for shortness of breath, and does not indicate the number of inhalations per use.

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.)

Resident #6 pen was put in a plastic bag that includes the pen and the label. (see picture) the label and order were clarified and match (see Attached) audits will be completed to ensure compliance

Audits will be completed at least monthly. - JRW 10/3/19

Legal Entity Representative

Signature: 

Printed Name and Title: Michael A Ligo NMA RPO 10/2/19
Date

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The above plan of correction is approved as of

10/3/19
(Date)

Plan of correction implementation status as of

10/3/19
(Date)

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(Initials)

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

190a - Completion Medication Course

Regulations

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

The most recent annual medication administration practicum for staff person A was completed in May of 2018. Staff person A regularly administers medications to residents, including the following dates and times:

- All medications between the hours of 6:30a.m. and 2:30p.m. on 8/2/2019, including Armour Thyroid, Lisinopril, and Glyburide for resident #6.
- All medications between the hours of 6:30a.m. and 2:30p.m. on 8/11/2019, including Levothyroxine, Omeprazole, and Ventolin for resident #8.

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 person was taken off med pass until her med practicums were updated on 8/19/19
All other staff will be audited to ensure compliance.

Audits will be completed quarterly, as part of the quality management review, to ensure all staff who administer medications have the required training and documentation of training is completed in full.

- JRW 10/3/19

Legal Entity Representative

[Signature] *Michael Ligo NHA RPO* *10/3/19*
 Signature Printed Name and Title Date

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 (Date) (Date)

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